

FOR HEALTHCARE LEADERS  
**HSJ** 2015  
AWARDS  
WINNER



# Annual Review 2015/16

our vision: the very best care for every patient, every day

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# Welcome to our annual review 2015/16

Our vision is “the very best care for every patient, every day” and as you flick through this, we hope you agree that this is more than mere words here at West Hertfordshire Hospitals NHS Trust.

There have been huge improvements across a range of areas over the last 18 months. Our success with rolling out new ways of working, of meeting targets missed previously and in winning national awards and plaudits for our care is something we are rightly proud of.

Being rated ‘inadequate’ by the Care Quality Commission and then placed in special measures in 2015 was the catalyst for an ambitious and wide-reaching programme of change.

The appetite of staff to raise our game has led to numerous improvements, including:

- More than 300 new nurses and midwives recruited – significantly reducing our reliance on agency staff.
- A new ‘hospital at night’ team to provide additional expert care to acutely unwell patients overnight and which is helping deliver a 50% reduction in cardiac arrest rates on our wards.
- The opening of the ‘Windsor unit’ which provides specialist assessment for older people with complex needs who attend our emergency department, enabling treatment to start quickly and community support to be arranged as an alternative to hospital admission for nearly half the unit’s patients.
- A complete overhaul of our governance and risk management systems – the processes that help us ensure we provide consistent, safe and high quality care.

You will read that we have sustained excellent mortality rates across the Trust for well over a year now. Figures show that there are fewer in-hospital deaths than expected. Our rates compare extremely favourably against others nationally and illustrate our dedication to safety.

Whilst we are proud of our achievements, we recognise that there is much still to do and in particular around our physical environment which is increasingly hard to maintain.

Our improvements do not make any of us complacent. In fact, the opposite is true – we are inspired by our success to drive our standards up still further.

We would like to end this message with a very big thank you to our staff and volunteers whose continued commitment and compassion is greatly valued.



**Professor Steve Barnett**  
chairman



**Katie Fisher**  
chief executive

# West Herts Hospitals in numbers during

It took,  
on average,  
**30** days to respond  
to a complaint



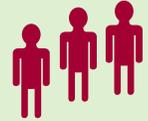
We have  
**446**  
volunteers



**5,300**  
babies born  
under our care



**136,000**  
attendances  
at A&E,  
Urgent Care Centre and  
Minor Injuries Unit



**475,000**  
attendances  
at outpatient  
appointments



**45,000**  
elective patients  
admitted



We have  
**20** voluntary  
drivers who  
provided transport  
for 1,310 people



We had  
**4,428**  
staff at the  
end of March 2016



**39,000**

emergency patients were admitted



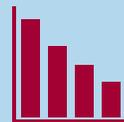
We have

**17** Board Members –**6** of these are non-executive members and the other **11** are executive directors

We have the

**4th lowest**

HSMR (Hospital Standardised Mortality Ratio) within the East of England

**94%**

of patients said they "would recommend our hospital"



Our harm-free care figure for 2016 is

**99.04%**, which is above the national average

We have

**5,000** followers on Twitter

More than

**9,000**

operations were performed at our day surgery unit at St Albans





In 2015/16, we received the highest rating, that of **'outstanding'** from the Care Quality Commission for the caring aspect of our services for children and young people.



# Quality and safety – our top priority

**Our vision is to provide the very best care for every patient, every day.**

We have set ourselves four key aims to help guide our work over the next few years.

- Deliver the best quality care for our patients
- Be a great place to work and learn
- Improve our finances
- Develop a strategy for the future

The Care Quality Commission (CQC) visited the Trust in April and May 2015. Its report highlighted many areas of excellent practice, for example, the outstanding care we provide to children and young people, our innovative services for people with dementia and delirium and our significant reduction we achieved in mortality rates. However, it also raised some serious concerns and highlighted a number of areas where significant improvements were required.

The final CQC reports were published in September 2015. Overall, the CQC found services provided by the Trust to be inadequate.

Hemel Hempstead Hospital was rated as ‘requires improvement’ and the other two hospitals, Watford Hospital and St Albans City Hospital were rated as ‘inadequate’.

After the CQC inspection, we took the time to reflect and refocus. We wanted to get to the root causes of some of the failings the CQC identified rather than just respond to the symptoms.

We worked with our staff, health and social partners and other stakeholders to identify the changes that we believed would make the most difference to patient care and in October 2015 we launched our Quality Improvement Plan with more than 200 actions. The vast majority of these are now implemented.

Ideas and insight from our staff and other stakeholders helped to identify five improvement themes to help us to strengthen the safety, effectiveness, care and responsiveness of our services whilst improving how we lead and develop our organisation. The five themes of our improvement journey are:

- **our people**
- **getting the basics right**
- **patient focus**
- **infrastructure**
- **governance, risk management and making informed decisions**

This review features our activities under these themes – please turn over to find out more...



# Our people

## The colour purple

Congratulations to the abdominal aortic aneurysm team for winning the 'Purple Star' award. This is given by Hertfordshire County Council to recognise services that go the extra mile for people with learning disabilities.

Diagnostic services can be harder to explain to patients with learning disabilities who don't always understand why they need to be in hospital as they may not feel unwell or have an obvious health problem.

Lesley Marks, the trust's screening co-ordinator, said: "I'm so pleased we've been recognised for the steps that we've taken to ensure that people with learning difficulties are able to access our services.

"We've invested time in reshaping our literature, making adjustments to our physical environment and running staff training sessions to improve our practices for people with learning difficulties. We also provide longer clinic appointment sessions when required.

"This award really does acknowledge some of the great work we've been doing to improve services for our patients."

## Record-breaking recruitment

In September 2015, our junior nurse vacancy rate stood at 32.4%, one of the highest in the UK. Since this time we've recruited more than 300 new nurses and midwives to help us deliver the best quality care to our patients. By the end of March 2016, our junior nurse vacancy rate had dropped to 6.8%.

Around half of our new starters are from overseas and so will have all been through an extended induction process, including language skills. They are now settling into their jobs across our three hospitals.

Clinical skills facilitator Sarah Griffin has been busy welcoming them: ***"I'm really happy to have these new recruits on board. They are dedicated to helping us give the best possible care to every patient who walks through our doors. I am looking forward to watching them develop their careers at our hospitals."***

New starter Lucian Miron, is from Romania's capital city Bucharest. He's working with acutely ill patients on Croxley Ward at Watford and says he loves his job. "All the staff are friendly and co-operative. They are good people and I want to continue my career here at the hospital."



The AAA screening team receiving their Purple Star award

## Well done to the respiratory medicine team!

Our services for patients with respiratory conditions has been completely transformed. Staff across the trust now have ready access to experts and clinics have been re-worked so that patients are saved additional trips to hospital. Dr Andrew Barlow, clinical lead for respiratory medicine, explained how this has been done:

"It's not an overstatement to say that respiratory medicine was heading for a crisis 18 months ago. Requests for outpatient appointments exceeded our capacity and the inpatient demands were equally challenging. The need to improve the support to patients with respiratory failure was acknowledged in an internal review and in the subsequent public report by the Care Quality Commission.

"Supported by my consultant colleagues Dr David Evans, Dr Matthew Knight, Dr Julius Cairn and Dr Abi Jackson we drove through improvements to specialist care for all our patients in A&E, the acute admissions unit and in the community. The changes include establishing an acute respiratory response team and an effective bleep and telephone system to access consultant advice 24/7.

"The increase in consultant numbers to nine means we now run two separate ward-based rotas; one for the specialist respiratory ward at Watford and one for all the respiratory referrals across the hospital.

"New outpatient services include our ambulatory pleural service for patients with fluid collections around their lungs. Now, in one outpatient visit – which replaces an inpatient stay in many cases – we provide a detailed clinical assessment, followed by diagnostic procedures and in some cases definitive treatments. In doing this, we have stripped out 800-1,000 hospital bed days a year so it's good news all round, with patients and the healthcare economy benefitting.

"Transforming the respiratory service for our patients is about so much more than recruiting extra staff. We have rewritten protocols, overhauled booking systems and established new clinical competency programmes for nurses and doctors.

"The results show that our efforts have paid off – 14 months ago there were 276 new patients waiting over 13 weeks for a new appointment but at the end of June 2016 there were only six patients waiting over 13 weeks. The follow-ups without an appointment are also impressive, falling from 1,324 from early last year to currently just 28."



Left to right: Dr Julius Cairn, Dr Matthew Knight, Dr Andrew Barlow, Dr Rahul Mogal

### Schwartz Rounds have “exceeded all expectations”

Schwartz rounds are meetings where staff from all disciplines can reflect on the emotional aspects of their work. Staff have hailed them a success with 87% of attendees rating them as ‘excellent’ or ‘exceptional’.

The sessions are led by a group of panellists and everything that’s said is confidential. Evidence from research into the effectiveness of Schwartz Rounds shows the positive impact they have on individuals, teams, patient outcomes and organisational culture.

Louise Hultquist, acute admissions unit senior sister, who attended one of the sessions: **“The session showed me that the Trust believes in caring for its staff as well as its patients. It made me feel valued and part of a bigger team.”**

Some 91% who attended said they would recommend the session to colleagues and 93% said they planned to attend again.



Louise Hultquist  
acute admissions unit senior sister

### Well done from the School of Anaesthetics!

When the School of Anaesthetics visited Watford General Hospital in January 2016, they commended our process for learning from mistakes, saying that it was “one of the best we have seen.”

# Getting the basics right

## Lower mortality rates than expected for the second year running

Statistics from the healthcare information specialist Dr Foster show that we have far fewer deaths than expected. Hospital Standardised Mortality Ratio (HSMR) figures compare the number of patients who die in a hospital with the number expected to.

Put simply, ratios under 100 mean there are fewer deaths in hospital than expected. Our HSMR of 89.3 is lower than expected and our Trust compares favourably against others nationally. We have the 14th lowest HSMR out of 136 non specialist trusts nationally. This statistic – based on figures from April 2015 to March 2016 – puts us in the top 10.3% when compared across England. Within the East of England region, we have the fourth lowest HSMR.

Our rate has dropped from ‘statistically higher than expected’ to ‘statistically lower than expected’ over the last four years, and for the last two we have seen ‘lower than expected’ rates.



Medical director Dr Mike van der Watt said: **“This is extremely pleasing news. Reducing death rates is the result of multiple streams of work to improve patient safety, all coming together.**

**“Monthly reviews of all deaths have allowed for learning to be disseminated quickly. We have moved from being in the worst 10% of hospitals to be in the company of some of the best, with a statistically ‘lower than expected’ mortality on weekdays and weekends.”**



## Hip hip hooray for our award-winning staff!

Well done to the dedicated team who care for patients who need hip surgery following a hip fracture. Their hard work has won them a prestigious national award and a much-deserved regional award.

Judges from the 2015 Health Service Journal awards gave our team the top prize in the patient safety category, saying it was “a clear winner” over more than 150 nominations. More locally, they won a Health Enterprise East Innovation Award for their project ‘Living in comfort, cherishing life’ which judges praised for its “dramatically improved outcomes” for elderly patients following hip fracture surgery.

Following the results of an audit in 2013 into the number of deaths within 30 days of a patient being treated for a hip fracture, the orthopaedic team introduced a number of measures which have revolutionised the care provided to patients. These included the establishment of a dedicated hip fracture unit, an increase in the use of spinal anaesthesia, the employment of a dedicated nurse specialist and the introduction of an out-of-hours outreach service to support patients post-operatively.

Patients admitted to hospital with a hip fracture, are often seriously ill, elderly and frail, resulting in poor outcomes.

The changes introduced, now recognised by the Royal College of Physicians, resulted in a greater than 50% reduction in mortality rate since 2013 and the average length of stay has gone down by more than two days.

The awards demonstrate how rigorously the team has worked to improve the service. And with nearly 500 hip fracture patients coming through our doors each year, it’s good to know that they are in such safe and caring hands.

Dr Latha Thangaraj (right) and team with their Health Enterprise East Innovation Awards prize



## West Herts is taking its 'BEST SHOT' at reducing pressure ulcers

The care and commitment of our nursing staff has helped us reduce the number of hospital acquired grade three pressure ulcers by an impressive 80%.

The reduction is due to vigilance, good nursing, overhauling the care plan, the appointment of skin champions and the pooling of knowledge by the quality nursing team who have come together to share experience and ideas.

Nutrition, continence and pressure ulcers are all linked which is why it was decided that skin champions would be nominated on every ward as a useful way of ensuring that the three linked aspects of care were monitored.

One of our ward sisters devised a handy mnemonic to help colleagues remember all the areas of the body that should be checked for pressure ulcers. It's called 'Best Shot' because it stands for buttocks, elbows/ears, sacrum, trochanter, spine/shoulders, heels, occiput and toes.

In 2014/15 some 66 grade three ulcers were reported. Following the actions above, this dropped to 13 in 2015/16.

Cath Peak, tissue viability specialist nurse, said: "It all starts with appropriate risk assessments and care planning. All ulcers are now reported on the ward scorecard and into Datix (our incident reporting system) so the data is now visible and owned by the wards. Grade two ulcers have also dropped from 166 in 2014/15 to 98 in 2015/16 which is a 41% reduction.

"If pressure ulcers aren't detected or managed it can lead to a patient becoming seriously unwell or even contributing to their death so let's keep up the good work and get the basics right for the patients we all care for."

## Strengthening safeguarding

Safeguarding is about protecting the most vulnerable patients and ensuring that we have the right systems in place. Our commitment to this statutory requirement starts with our Trust Executive committee and the Trust Board, all of whom are compliant with both safeguarding adult and safeguarding children training. Training on safeguarding adults and children now forms part of our reworked induction programme for all staff – meaning that no-one starts work without this valuable knowledge. In addition, our policies have been updated and staff are told how to get in touch with our safeguarding leads if they have any concerns.



Cath Peak  
Tissue viability specialist nurse

## Improving how we care for deteriorating patients

Managing deteriorating patients well is crucial to saving lives. In many cases the reasons for patients going downhill rapidly are related to sepsis, kidney injury or pneumonia. We have focused on fast and effective ways to prevent or arrest decline as a result of these conditions.

**Sepsis:** in the UK, 44,000 patients die annually from sepsis, leading to a national aim to reduce sepsis-related mortality from 30% to 20%. We now screen 59% of eligible emergency patients for sepsis (against the 2015/16 target of at least 50%). We have developed a sepsis screening tool which can be used for adults and children and we have identified sepsis champions within each department.

**Acute kidney injury:** acute kidney injury is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure and normally happens as a complication of another serious illness. It is not the result of a physical blow to the kidneys, as the name might suggest. We have improved care for patients with acute kidney injury by putting in place an electronic warning system based on pathology results and making sure that a full summary is sent to the patient's GP with recommendations for further treatment.

**Pneumonia:** we now use 'care bundles' for the management of community-acquired and hospital-acquired pneumonia. A care bundle is a small, straightforward set of evidence-based practices – generally three to five – that, when performed collectively, reliably and continuously, have been proven to improve patient outcomes.

## Many small changes make a great big difference

Thanks to the hard work and vigilance of our staff, we have reduced the risk of 'new harm' to our patients to 0.06%, meaning that our 'new harm-free care' figure this year is 99.04% – above the national average of 97.9%.

With excellent performance through the year, we have significantly reduced pressure ulcers, falls, catheter-related urinary tract infections and new VTEs (venous thromboembolism) within our hospitals.

We launched 'safety huddles' – regular briefings that increase safety awareness among front-line staff and help us as an organisation to develop a culture of safety.

We improved medication administration, thereby reducing the number of missed doses from 7.8% in early 2015 to 4.5% between June and December 2015.

We improved how we ensure patient records are kept safe and secure, with better adherence to policy and new lockable medical records trolleys and cabinets and confidential waste bins.

We improved security, with security staff and porters completing regular site checks and additional CCTV.

New training sessions have been devised to help staff support patients with mental health problems for loss of capacity.





## Patient focus

### **Hello my name is...**

We are proud to support the national "Hello, my name is..." campaign, aimed at helping to improve the hospital experience for all our patients.

The #hellomynameis campaign was created by Dr Kate Granger, a doctor from Yorkshire, who was diagnosed with terminal cancer. She became frustrated with the number of staff who failed to introduce themselves to her during her time in hospital. The campaign, which has had a great impact via social media, helps to remind staff to go back to basics and introduce themselves to patients properly, to improve patient experience. The campaign continues to inspire nurses, doctors, therapists, receptionists, porters, domestics and staff in all roles.

### **Better environment in our Intensive Care Unit**

In response to relatives' feedback we have redecorated the ICU, including installing a hot drinks vending machine and a TV. We have also purchased recliner chairs for relatives or friends of very ill patients so they can stay overnight by their bedside.

### Turning the tables!

Two of our wards at Watford General now has tables in the middle to encourage patients to socialise and eat together. And the placemats on the tables have been made from thank you letters and cards which have been laminated. Ward sister Andrea Hone said: "It's wonderful to see how a couple of simple changes have a made such a huge positive difference to the quality of patient experience."



### WOW – easier, faster, better

The pharmacy department is supporting the drive to discharge patients before noon by speeding up the process for dispensing medication.

Time saving comes from using a Workstation on Wheels (WOW) as a mobile dispensing unit. This has been made possible following the roll out of Wi-Fi.

This new way of working has been tested and results show that for nearly half of our patients, dispensing can be completed in around 15 minutes, compared to around two hours previously.

Martin Keble, chief pharmacist said: "This makes discharges a lot faster and helps to provide a better patient experience."



### The Patients' Panel

Our Patients' Panel is a 'critical friend' of the Trust – supporting us in many ways but not hesitating to act when finding things that could be improved upon.

The panel is made up of a small group of ordinary people living in West Hertfordshire who have been, and in several cases currently are, patients and/or carers at the Trust.

In 2015/16 they have supported many projects and been involved in service improvements by contributing to; the patient experience group; work to improve our end of life care; discussions about bereavement services; and sitting on our equality and diversity panels. In addition, many of the panel's members provide a valuable contribution to numerous committees across the Trust.



# Improvements from ear to maternity

**The stories on these two pages show a range of positive developments, ranging from a revamp of facilities for ear, nose and throat patients to new ways of working in maternity.**

## Room for improvement

Refurbishment and building improvement work around St Albans Hospital has made life better for both patients and staff. This includes transforming the playroom into a bigger purpose-built treatment room and a major overhaul for the ear, nose and throat room, so any clinic can use it.

Irene Mayger, senior sister, (you have a pic of her) said: "Before the work took place, we had no air circulation in the rooms and they weren't pleasant for our staff and patients. Now, we have new lighting, fresh paint and noticeboards which give our patients information about their appointment and waiting times. It's all so much better and has given us all such a lift!"



## From E to B

We made significant improvements to our stroke service in 2015/16, moving from the bottom 6% (grade E) to the top 52% (grade B). The results are from 213 hospitals which participate in the national stroke audit.

Two of the measures behind our boosted grade are a seven-day consultant ward round and a seven-day stroke and transient ischaemic attack (TIA or 'mini stroke') service. This means that all new stroke admissions are now reviewed by a consultant on weekends and there are also stroke prevention clinics at weekends and improved collaborative working within a multidisciplinary team.

We have also established an early supportive discharge team to help get patients home quickly by providing the same level of therapy in their own home as they would have had in hospital. This increases our patients' chances of achieving the best recovery possible in their own home without becoming more dependent or seriously unwell.

## Tailoring services to suit our patients

We have now co-located health and social care staff into one integrated discharge team to provide a seamless service to patients. This encourages teams from different organisations to work together in the interests of reducing the amount of time people spend in hospital when they no longer need our care.

Our frailty service – called the Windsor unit – got up and running in spring 2016. It has been established to provide comprehensive geriatric assessment by a multidisciplinary team for adults attending the hospital as an emergency. The service has improved the quality of care we provide to frail adults by better identification and proactive assessment and management.

Patients who would not benefit from hospital admission are provided with alternative support, including home with rapid response, transfer to a community bed, respite care or voluntary sector support.

## Open all hours

A 24-hour service, allowing round-the-clock access to MRI at Watford General, is one of the results of investment in diagnostics.

Other benefits include:-

- New pathology equipment (for testing, eg blood tests)
- replacement of ultrasound machines
- providing more diagnostic services in-house instead of sending samples to outside laboratories by replacing equipment that had become obsolete – this will speed up results and reduce the cost
- bariatric equipment (for obese patients)
- a new dental x-ray machine
- a state-of-the-art digital radiography room
- a replacement fluoroscopic room with new equipment which is faster and provides higher quality images and a lower radiation dose.



## **Sugar and spice**

This is the name of education sessions provided by the diabetes team to staff across the trust to boost their knowledge of the condition and thereby the care they give to patients. Part of the session focuses on food and the nutrition needs of diabetic patients. As well as working with colleagues within the Trust, the diabetes team is developing a 'care pathway' with partners in the community that provides specialist care and support to people with diabetes whether they are being treated in hospital or are managing their condition at home.

## **Picking up in outpatients**

Patients' phone calls are being picked up more quickly as part of a raft of improvements for outpatients.

Hanging on for an answer can be very frustrating which is why we are pleased that the call waiting times are now down from 19 to 4-5 minutes and now only 5% of calls are abandoned, down from 50%.

Another great change has been in respiratory medicine, where 18 week referral to treatment performance has improved significantly from 65% to 97%, which means shorter waiting times.

These works are part of a transformation programme which is looking at the systems and processes that affect how non-emergency care is organised. The programme has also led to improvements in our facilities and surroundings.

Jane Shentall, director of operational development & elective care performance, said: "The management and delivery of outpatient services is frequently complex, often requiring the co-ordination by staff across many disciplines and departments. This can often present challenges but we think after considered review we are now getting things right."

## **Dementia care rated "outstanding"**

The 2015 CQC report rated our dementia care as outstanding and commented on the excellent care received on Bluebell ward and in particular our delirium recovery programme. This enables patients to return home much more quickly than previously, with 24-hour live-in care. This has optimised cognitive/physical functioning and has significantly improved quality of care provision for patients and carers.

The delirium recovery programme has supported around 100 of the most physically and mentally frail people to return home with the initial support of a 24-hour live-in carer. Our programme is now being adopted by a number of other hospital trusts across the country.

## **The birth of a better service in 2015/16**

Strengthened leadership, improved security, success with recruitment and an increased focus on safety and team-working have helped create a more positive and proactive maternity service.

The establishment of staff development programmes, including more support to student midwives has improved morale and retention.

There has also been success with bringing the way care records are managed in line with best practice as well as a revision of the maternity risk strategy.

Daily meetings allow for any safety issues to be discussed and for learning to be shared and consultant cover is at or above 98 hours per week, with consultant ward rounds taking place three times each day.

In addition, the Lavender team was launched – a group of highly trained midwives who provide specialised care for mothers with mental health illnesses or issues.

### Facilities management firm make 'friendly' gesture

Medirest – the company that provides our cleaning and portering, cleaning and catering – is following our lead to ensure that their staff are trained to become 'dementia friends'.

Becoming a dementia friend is about awareness of the condition and being ready to help. Training on this is offered to all trust staff and is now being rolled out to more than 400 Medirest staff too.

In addition, elderly patients with dementia are being offered specific foods which they might remember from their younger days and which they would find comforting.



### Improving end of life care

We have just celebrated the launch of a new three-year end of life care strategy aimed at giving the very best care to patients who are facing death. The strategy also covers the important aspect of the care and support needed by the friends and relatives of dying patients and aims to work with teams across organisational boundaries to ensure that people are enabled to die comfortably in a place of their choice with their symptoms controlled and with dignity.

During 2015/16 there were a number of improvements to our end of life care, including:-

- agreement that end of life care teaching will form part of the core training for new starters
- Macmillan funding secured for an end of life educator post
- review of the governance and reporting structures for end of life care
- roll out of the individualised care plan for the dying person
- recruitment of a non-executive director and executive lead for end of life care.

We participated in the 2015/16 National End of Life Care Audit which showed:

- Doctors and nurses working in our hospitals said that we were good at recognising when someone is dying and documenting this so that improved and more appropriate care can be given
- Doctors working in our hospitals ensured that 'do not resuscitate' decisions were made, communicated and documented appropriately so that the indignity of a futile attempt at resuscitation is avoided and people can die peacefully and with dignity. This was discussed with the family in 91% of cases (national average 78%).

The use of the Rose symbol in the Trust is now used to promote dignity and respect at the end of life. It is seen on the wards immediately prior to and following the death of a person and is part of our commitment to promote dignity, respect and compassion at the end of life.



## Listening and Learning

The Trust's ambition is to provide "the very best care for every patient, every day". We have lots of examples where we have made changes in response to patient feedback.

### Listening to patients

Women giving birth asked that their partners be able to stay with them throughout their stay.

#### What we did:

Partners can now stay overnight on both the antenatal and postnatal wards.

### Listening to patients

Women asked for access to consistent advice on current issues relating to pregnancy and childbirth.

#### What we did:

We created a Twitter account, supported by a team of midwives. The midwives also recognised the opportunity to provide education relating to public health and wellbeing through social media, as well as signposts to local services and support groups to a wider audience of women.

### Listening to patients

In the Intensive Care Unit (ICU) relatives felt they were not getting the right information – it was either conflicting, not enough and on occasions, too much information.

#### What we did:

We developed a communication sheet which all health professionals complete with the details of the latest information they have given to relatives. That way, all health professionals are aware of what has already been communicated.



## The Friends and Family Test

The Friends and Family Test (FFT) is a quick and anonymous way for patients to give their views after receiving care or treatment. It helps us understand whether patients are happy with the service provided, or where improvements are needed. The FFT has been rolled out across more than 80 wards and departments across all three hospitals. We are pleased to report that 94% of patients completing the test said that they would recommend our hospital.

## Patient Advice & Liaison Service (PALS)

Our Patient Advice and Liaison service (PALS) is a vital feedback channel for patients, relatives and carers. PALS provides a professional, friendly and sensitive service and tries, wherever possible, to offer on-the-spot support to resolve problems and answer queries.

See back page for contact details.

## Formal complaints

In 2015/16, we revised and updated our complaints policy and have successfully reduced our response time from an average of 70 days to approximately 30 days.

We have also worked closely with Healthwatch Hertfordshire who undertook a review of final response letters sent to a sample of 20 complainants. This enabled them to identify good practice and see what improvements we had made in between 2013 and 2015. As a result of Healthwatch Hertfordshire's review, a number of recommendations were made. We are on course to have completed all of these by November 2016.

The findings of the review were shared Trust-wide and presented at a well-attended meeting in spring 2016. We will invite Healthwatch Hertfordshire to conduct another review during 2016/17.

## Delivering equality and diversity

In 2015/16, we did the following:

- established the 'Let Me Hear You/See You' panel for patients and staff who are deaf, hard of hearing, blind, deaf/blind and partially sighted. The panel is chaired by a member of staff who has an impairment
- became accredited as a 'Two Ticks, positive about disabled people' employer which demonstrates that we encourage applications from disabled people and make commitments towards our disabled staff
- refreshed our harassment and bullying policies and aligned HR advisors to divisions so that staff know whom to contact when they have a concern
- updated our equality and diversity training, covering equality legislation, unconscious bias, personal responsibility and inappropriate behaviour
- continued our membership of the Hertfordshire LGBT Partnership and the transgender implementation steering group
- continued to provide an interpreting service for people whose first language is not English and for patients with a sensory impairment who require communication support.

Information on our interpreting services is available on our public website: [www.westhertshospitals.nhs.uk/visitors/translating\\_interpreting\\_visitors.asp](http://www.westhertshospitals.nhs.uk/visitors/translating_interpreting_visitors.asp)

## Infrastructure

### Curtain up on theatre improvements at St Albans

Hard work, dedication and team spirit has meant St Albans has all six operating theatres open again for orthopaedics, ear, nose and throat, ophthalmology, gynaecology, breast oncology, urological and general surgery.

In April 2015 the hospital carried out a ventilation assessment survey and closed theatres one and four immediately.

Theatre one opened again 10 days later once issues relating to the ventilation system were fixed. And, following an 11-month closure, theatre four is now up and running.

Theatre four had previously held up to 40 operations a week, the majority of which were hips and knees so in the meantime there was a great deal of extra Saturday work, juggling of lists between other theatres and the extensive use of a mobile theatre.

Operational theatre manager Matt Sykes said: "Staff here have pulled together to reduce the impact on patients as much as possible. Work was also carried out to changing rooms which now have new sinks, toilets, showers, flooring and lockers.

"It's surprising what a lick of paint and a new floor can do – the nicer environment has had a positive effect on staff morale."





### Sign-up to Safety

In April 2015, we were successful in a bid for funding as part of the national Sign-up to Safety campaign. We were awarded approximately £800,000 and we have used this to improve patient safety, including a contribution to the simulation suite and the purchase of additional CT monitoring equipment.

### Multi-faith room

This year we have refurbished our multi-faith room at Watford General Hospital with funds generously given by our organ donation committee. This refurbishment was greatly appreciated by all and the room now accommodates all religions and is also a pleasant space for people of no religious faith.



### Room with a view enhances cancer care

In 2016/17 we will be creating a dedicated space at Watford General Hospital where clinicians can discuss care for cancer patients with the benefit of seeing images and information about each case projected onto a screen.

The facilities will include a pathology microscope and there will be video conferencing technology to enable specialists working in different hospitals to be involved.

This way of working will support patients in making informed choices about their treatment options.

### Estates update

Our estates team has been busy making a range of improvements across our sites.

Here is a selection of key projects:

- theatre changing rooms at St Albans have been upgraded
- 24/7 security at all three sites has been improved, including additional patrols, upgraded door access system and additional CCTV at Watford
- additional triage areas have been set up, including the Windsor Unit which is specifically for frail, elderly patients
- ventilation systems in the mortuary and at theatres in St Albans and Watford have been upgrade
- theatre changing rooms at Watford have been refurbished
- three high voltage generators are being installed at Watford this autumn to improve the electrical resilience of the infrastructure
- the endoscopy and radiology departments at Watford are expanding, resulting in two new endoscopy treatment and ancillary areas, as well as a brand new MRI/CT scanner – due to be completed in early 2017
- planning and design works to create a new cardiology suite in the former sexual health clinic at Watford are almost complete. This will provide a fully refurbished and improved clinical environment for cardiology services, improving patient safety and experience.



### On the road to improved hospital access

The plans made over the last few years for a new road to Watford General will come to fruition in autumn 2016.

The new access road – from Waterfields Way to the bottom of the hospital car park – is part of a £20m programme to improve access to the hospital and relieve congestion. It is expected to be used by 60% of traffic coming to and from the hospital including staff and patients and will also enable quicker access for ambulances coming from the east side of Watford and from the M1.

As part of this project there will also be a new Metropolitan Line tube station close to the hospital that will open in 2020. It will provide a direct link to Watford town centre, Watford Junction mainline station and central London.



### Investment in day surgery

Day surgery allows patients to be admitted for surgery or a procedure and then discharged on the same day.

In 2015/16 we invested £900,000 in our day surgery services based at St Albans. This resulted in a significant upgrade to recover areas for patients after their surgery. The money also enabled us to provide a number of high dependency beds which means the unit can treat more patients.

In addition, we have invested in new hand sinks, toilets and floors for the changing rooms and further money during 2016/17 will be spent on building a new centralised admissions lounge for patients to wait in before they have their day surgery. This will include pre-assessment clinics which have helped to reduce the number of cancelled operations.



New toilet and refurbished kitchen





## Governance, risk management and decision-making

### Mock casualties help real learning

An imaginary explosion and students acting as casualties were part of a large scale training exercise at St Albans City Hospital in June 2016.

This mock emergency was staged to provide a realistic opportunity for hospital staff, local authority colleagues, the emergency services and the NHS to test their responses and ability to work together under pressure.

These exercises are an essential part of our planning and preparation for serious and major incidents.

The live event used simulated smoke and involved volunteers from West Herts College who played the role of some of the 200 casualties caught up in the incident. There were 'virtual' casualties too which staff had to imagine they had to treat, transport and admit.

Throughout the event – which ran from 10am to 3pm – there were 'injects' (new scenarios and developments) to keep the participants on their toes.

The exercise involved setting up command and control centres and was an excellent chance to test the major incident plan and see if any changes are required.

Kevin Hornett, head of emergency planning and resilience, said: **"It was a great opportunity for emergency services from across Hertfordshire to come together and test our preparations for a major incident. There was some great teamwork on show."**

## Kissing it Better – putting a smile on our patients' faces

We are delighted to be working in partnership with the Kissing it Better charity. A number of our patients are frail and elderly and some do not have any family living locally, so have few, if any, visitors. Kissing it Better works with local schools and colleges to set up weekly visits to the hospital by students to chat to patients and read to them or give them a nail or hand massage.

Aswin, from Watford Grammar School for Boys, explains what Kissing it Better means to him, "Kissing it Better has been such a pleasant and meaningful experience. This is the first time that I've done something like this and I believe throughout this year I'm going to learn a lot of things which will help me in the future if I do decide to carry on with medicine.

"Talking to the patients is such a rewarding experience. I'm able to relate to some things patients talk about and I feel very satisfied if I'm able to put a smile on the patient's face."

In the year to March 2016, we estimate that the Kissing it Better project has delivered approximately 4,687 hours of contact time with patients.

### Our charity

The task of West Hertfordshire Hospitals NHS Trust (WHHT) is to raise funds to enhance the health and social care services offered to the communities surrounding our hospitals. We need your help to raise these funds and to make a difference for patients and the staff who support them - it's your generosity that makes the difference!

See the back page for donation details.

### Celebrating our wonderful volunteers

Volunteers play a very important role in our hospitals. They give their valuable time and provide our patients with a better experience. Their activities range from supporting staff on reception desks, looking after patients in the discharge lounge, feeding patients on the wards, carrying out mystery shopping, giving views on patient information to ensure it is 'user friendly' and supporting PLACE visits (patient-led assessments of the care environment).

They help to provide a wide range of activities and services that contribute to the quality of the patient experience and volunteering enables those who take part to participate and make a real difference.

During 2015/16 we recruited 116 volunteers and we now have a total of 446 volunteers across our three hospitals, including 20 voluntary drivers.

Linda Bradshaw, our new voluntary services co-ordinator, is introducing new ways of recruiting and retaining volunteers to ensure that they feel valued and are offered opportunities to further their knowledge and skills.

We also thank the Royal Voluntary Services, Macmillan cancer support workers and Watford and Hemel Hempstead Hospital Radio volunteers for their continued support.



## Big thank you to the League of Friends

In 2015/16 our charity, West Hertfordshire Hospitals Charity, received a very significant pledge of £148,000 from the League of Friends, led by Mr and Mrs Tyrwhitt and their team of volunteers. Their donation has made a great difference to patient experience by allowing us to work on a range of really important projects including:

- two projects (the breaking bad news room and the Rose project), designed to support patients at the worst of times
- the new simulation suite which will enhance the training of medical and nursing staff
- the purchase of much needed equipment:
  - resuscitation trolleys
  - phlebotomy chairs
  - reclining chairs
  - electrical treatment couches for the antenatal clinics
  - cardiac arrest trolleys
  - ward clocks for dementia patients
- refurbishment of 'quiet rooms' for relatives.





## Research

Clinical research involves gathering information to help us understand the best treatments or procedures for patients. It also enables new treatments and medications to be developed.

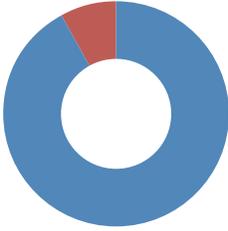
We are committed to contributing to clinical research to support the

development of new ideas, products and clinical services for the benefit of patients. During 2015/16 we recruited 634 patients to participate in research approved by a research ethics committee.

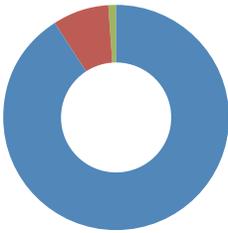
We were involved in conducting 102 clinical research studies during 2015/16.

# Our financial performance

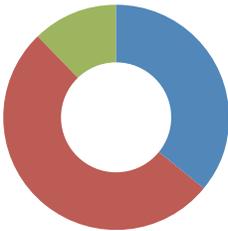
**Income 2015/16: £300m**



- Revenue from patient care activities £275m
- Total other operating revenue £25m



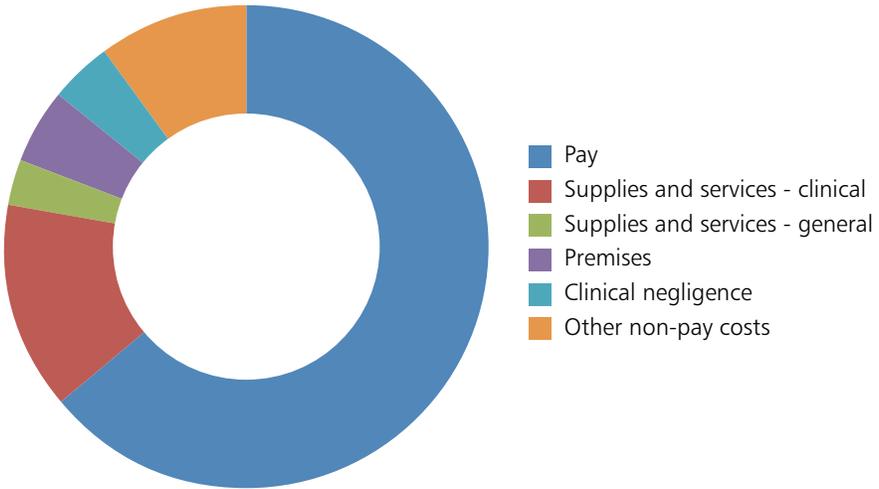
- Clinical Commissioning Groups
- Other NHS
- Non-NHS



- Education, training, research £275m
- Non-patient care services to bodies £25m
- Other income

<b>Income 2015/16: 300m</b>	<b>£m</b>	<b>%</b>		<b>£m</b>	<b>%</b>
Revenue from patient care activities	275	92%	Clinical Commissioning Groups	249	91%
			Other NHS	23	8%
			Non-NHS	3	1%
Total other operating revenue	25	8%	Education, training, research	9	36%
			Non-patient care services to other bodies	13	52%
			Other operating revenue	3	12%

**Operating expenditure  
2015/16: £343m**



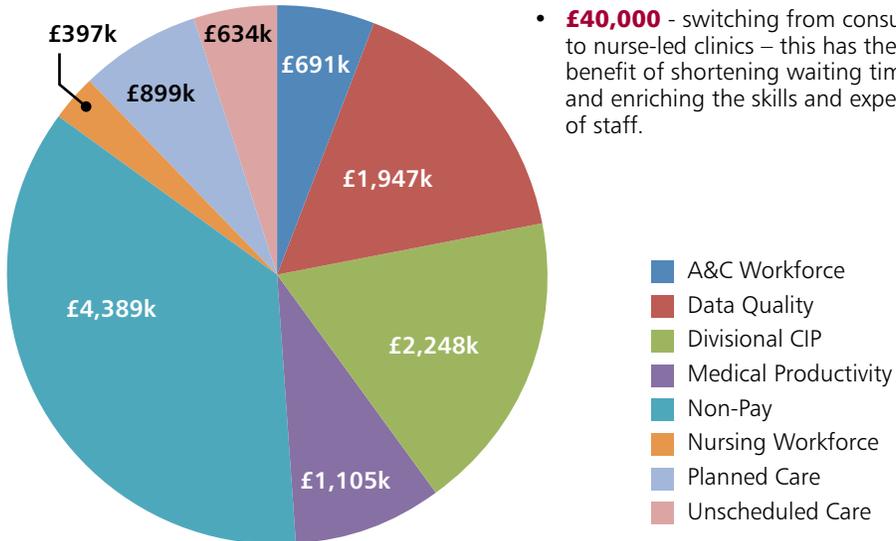
<b>Operating expenditure 2015/16 343m</b>	<b>£m</b>	<b>%</b>
Pay	218	64%
Supplies and services - clinical	47	14%
Supplies and services - general	12	3%
Premises	16	5%
Clinical negligence	14	4%
Other non-pay costs	36	10%

# Super savings

Saving money is everyone’s responsibility and works best when seen as a partnership between clinicians, managers and colleagues in finance and procurement. Successful cost improvement plans (CIPs) can lead to improved services for patients and a stronger financial future for the Trust. Becoming qualified to lead clinics; being prepared to change the supplies used and understanding the tariff (price we get paid) and coding (how we record the procedures and treatment we provide) are good steps towards sustainable savings.

An impressive £12.3m was saved in 2015/16 as shown in the piechart below:

**A breakdown of our £12.3m savings success in 2015/16**



Here are some CIPs that amount to around £3m of last year’s total.

- **£696,000** - ensuring we were paid correctly for the complexity of our maternity workload
- **£556,000** - accurately recording when and where (on the body) plaster casts were used and using splints when these were a good alternative for the patient
- **£509,000** - commercial development of a non-surgical for treating prominent ears
- **£402,000** - properly recording the right data in A&E which in turn meant we were paid the correct price for the work we did
- **£360,000** - rental from another NHS trust for the sexual health unit (Watford)
- **£250,000** - switching products and supplies in theatres (after successful trials);
- **£140,000** - better management of orthopaedic prostheses stock levels and streamlining the selection of products used
- **£100,000** - text messaging appointment reminders in outpatients – fewer missed appointments saved us money
- **£40,000** - switching from consultant to nurse-led clinics – this has the added benefit of shortening waiting times and enriching the skills and experience of staff.

The savings target for this year (2016/17) is £18.3m. These are some of our CIPs:

- **£2.5m** - reducing agency spend through moving staff from external agencies to our own staff bank and from working with other trusts to negotiate with agencies
- **£539,000** - increased productivity and activity related to the re-opening of theatre four in April 2016
- **£266,000** - substituting drugs from well-known brands to generic – in conjunction with clinical staff and only swapping when effectiveness is the same
- **£242,000** – hosting the national bowel cancer screening initiative in our expanded endoscopy department.

Have you got an idea for saving the trust money? If so, please get in touch with [improvements@whht.nhs.uk](mailto:improvements@whht.nhs.uk)

## Your Care, Your Future

In 2015/16, we worked alongside health and social care partners in West Hertfordshire as part of Your Care, Your Future (West Hertfordshire’s system-wide health and social care plan). The review is looking at how well current services meet the needs of our population and is developing proposals for how services need to change over the next 10 years. This will ensure that we can support the health and wellbeing of local people and provide the very best care for people when they are unwell.

### Your care, your future vision

*Our vision is that people are healthier – we want to prevent people from becoming ill in the first place. We want people to get the care they need in the right place – often close to where they live – at the right time. More joined up community health and social care service will help people stay well and get the support they need. It will also help us live within our means.*

In November 2015, Your Care, Your Future published a strategic outline case (SOC) which describes the future model of care for West Hertfordshire. We have formally confirmed our support for the vision and principles set out in the SOC and have been working with partners to agree how together we can start to make the changes that are needed.

We have set out our own clinical strategy (available on our website), which describes the contribution we can make towards meeting the future health and wellbeing of local residents.

We have also started work on planning for the future redevelopment of our estate – our current buildings make it difficult for us to provide the very best care for our patients and provide a poor environment for our staff. We are working on an interim estates strategy which will cover the next five years, whilst also working on a long-term strategy to redevelop and upgrade our buildings for the foreseeable future. Securing investment for this long-term project is a real priority for the future.

# You make the difference!



<p><b>Friends and Families</b></p> <p>Have you ever been so grateful for the treatment received by a loved one that you wanted to make a donation?</p> <p>Have you ever considered making a donation because you knew it would make a difference to the care of future patients?</p>		<p><b>Make a donation</b></p> <p>Please send us a cheque made out to 'West Hertfordshire Hospitals Charity', Willow House, Vicarage Road Watford WD18 0HB</p> <p>Donate via our website at: <a href="http://www.westhertshospitals.nhs.uk/about/fundraising_donations.asp">http://www.westhertshospitals.nhs.uk/about/fundraising_donations.asp</a> or through our justgiving page at: <a href="http://www.justgiving.com/westhertfordshirenhs">http://www.justgiving.com/westhertfordshirenhs</a></p>
<p><b>Events</b></p> <p>Have you ever wondered where your money goes when you give to charity?</p> <p>Or even if your donation matters as much to the charity as it does to you?</p>		<p><b>Take back control</b></p> <p>and join one of our events, or organise your own with our support.</p> <p>Phone 01923 436177 and ask for Fundraising</p> <p>Email us on <a href="mailto:bridget.orchard@whht.nhs.uk">bridget.orchard@whht.nhs.uk</a></p>
<p><b>Corporates and companies</b></p> <p>Do you have to work to get your message out to customers and stakeholders?</p> <p>Are you looking to engage your staff in team building/volunteering activity?</p>		<p><b>Tap into our expertise</b></p> <p>We work with over half a million people each year and employ 4,000 more.</p> <p>Talk to us about projects which we can run together for the good of our local community.</p> <p>Phone Bridget Orchard, Head of Fundraising on 01923 436177 or 07393 232313</p>
<p><b>Legacies and in memoriam</b></p> <p>Are you struggling with marking the passing of a loved one in a meaningful way?</p> <p>Would there be comfort in the knowledge that the death could help future patients?</p>		<p><b>Talk to us</b></p> <p>about setting up an in memoriam page for your loved one, or for information on how to make a provision in your will for our charity.</p> <p>Phone Bridget Orchard, Head of Fundraising on 01923 436177 or 07393 232313</p>

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