

Newsletter Issue 30  
September 2010

News and views from  
St Albans,  
Hemel Hempstead  
and Watford Hospitals

# on the pulse

Newsletter Autumn 2010

*The patient experience is your responsibility*

## *Going for Gold!*

The patient is  
my priority

I smile,  
introduce myself  
and listen

I keep patients  
informed

A ringing  
phone is my  
responsibility

I create a calm  
environment

Please remember, what **You** do counts  
Play your part in providing a **Gold** Standard of service

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## Equity and Excellence: Liberating the NHS

As you probably know, the Government launched a White Paper in July 2010 called Equity and Excellence: Liberating the NHS. This paper proposes some major changes to the NHS, the key highlights of which are listed below:

- The government will devolve power and responsibility for commissioning services to GPs and practice teams working in consortia
- Every GP will be a member of a 'shadow' consortium by 2011/12
- Consortia will start taking on duties from 2012/13 and full responsibility from April 2013
- An independent and accountable NHS commissioning board will allocate and account for NHS resources
- NHS commissioning board will calculate practice-level budgets and allocate these directly to consortia and will hold practices to account
- GP consortia will agree local priorities each year, taking account of the NHS Outcomes Framework
- PCTs and SHAs will be phased out
- Patients will be able to choose which GP practice they register with regardless of where they live
- A new NHS Outcomes Framework will provide the direction for the NHS
- All NHS Trusts must become a Foundation Trust within the next three years

To access the full White Paper, please go to the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk) and download Liberating the NHS consultation document.

## Salary Sacrifice Schemes – are you benefiting?

Did you know the Trust offers a range of salary sacrifice schemes? In these tough economic times, salary sacrifice arrangements have huge advantages. Staff can swap part of their gross salary for a non-cash benefit and therefore save on tax and National Insurance (NI). In return the Trust saves on NI contributions on the portion of the staff's gross salary that is sacrificed. The schemes below are currently available to all staff:

### New Car Leasing Scheme

*Would you like to get new car, but can't afford it?* Well, you may be interested to know that the Trust launched a new staff car leasing scheme on 1 July 2010. The scheme is designed to provide all permanent Trust staff with the option of having access to a new car of their choice at very competitive rates.

Under the scheme a car is leased on a three year contract with no deposit needed. This will be paid direct from your salary before tax, therefore reducing your tax and National Insurance contributions.

The cost of the car depends on the make, model and specification, as well as the expected annual mileage. The scheme covers full maintenance costs, including normal wear of exhausts, replacement batteries, puncture repair and replacement tyres. Fully comprehensive insurance is also included and covers up to an additional four named drivers (Licences required).

At the end of the lease agreement, the car is returned and assuming there is no damage (over and above fair wear and tear) and the contract mileage hasn't been exceeded, there will be no further charge.

For more information or a quote either email [enquiry@nhsfleetsolutions.co.uk](mailto:enquiry@nhsfleetsolutions.co.uk), telephone 0844 8118228 or visit [www.nhsfleetsolutions.co.uk](http://www.nhsfleetsolutions.co.uk).

### The Bikes for the NHS scheme

This scheme will once again be open to staff between 6 September and 23 October. Employees can take advantage of the opportunity to acquire a tax free bicycle to ride to work and aid in reducing congestion and environmental pollution.

- Key benefits to the employee:**
- A saving on Income Tax of up to 40%
  - A saving on National Insurance of up to 6%
  - A saving on NHS Pension contributions of up to 8.5%
  - Big discounts when compared to the High Street
  - No finance charges or credit checking

The Trust will provide the employee with a bicycle, and in return, the employee agrees to a monthly reduction in their gross salary for the use of the bicycle during a 12 month loan period. At the end of the loan period the employee is offered the opportunity to buy the bicycle for a nominal payment or returning it.

Local bike shops will be visiting the hospital sites on the 5 October in Watford and the 14 October in St Albans. More details including further dates of visits will be available on the intranet shortly. If you would like to find out more in the meantime or would like to request a brochure pack to order a bike, please contact Bikes for the NHS on Tel: 0870 3606323 or by email: [bikes@smehci.com](mailto:bikes@smehci.com).

**Childcare vouchers** provide working parents with a tax-efficient way of covering childcare costs. Vouchers up to a maximum of £243 per calendar month can be purchased to pay for childcare fees with any type of registered childcare provider, including holiday schemes and after school clubs.

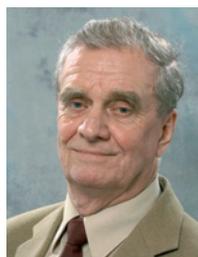
**Workplace nursery salary sacrifice scheme** is specifically for the two nurseries at Watford and St Albans hospitals. Provided the staff's salary permits and National Insurance contributions are sufficient, this scheme works in a similar way to the childcare voucher scheme above, but without the monthly limit.

The Trust is introducing further salary sacrifice schemes in the future, so if you know of any other schemes that the Trust could investigate please contact Paul Mosley on x8368 or email [paul.mosley@whht.nhs.uk](mailto:paul.mosley@whht.nhs.uk).

## Thank you to the Patients Panel



Jessie Winyard



Don Williamson



Virginia Barber



Gill Balen



Gerry Steel



John Blandford



Gwen Andrew



Eddie Lucas

The Patients' Panel have been playing an important active part in improving the patients' experience since it was established in 2003. Below three members of the Patients Panel explain the value of their role and how their involvement in the Trust has made a real difference:

### Jessie Winyard, Chair

#### *When did you join the Patients Panel and why?*

I was very pleased to be asked to join the Patients' Panel in 2003 because I have always been interested and keen to work with people trying to provide the best health care for patients. I also felt that as someone who had received care from the NHS over many years that I could perhaps contribute by giving a patients' view. By working alongside staff we would all enjoy the improvements we could make together.

#### *What projects have you been involved in?*

I have been involved in quite a lot of projects over the years so it is a bit difficult to remember them all. There have of course been many improvements to the Trust over the last few years, the AAU being one of them. The Panel were very involved with this and although of course there have been a few teething problems, it is great to see that suggestions are being listened to and actions being taken. Privacy and Dignity is a project that I feel very strongly about and I signed myself up to be part of the team of Dignity Champions, and last but not means least the project which I think has made the biggest difference is the Delivering Same Sex Accommodation project. The teamwork was phenomenal and has made such a difference to patients - with showers and toilets in separate areas for male and female patients.

#### *What has been the main highlight of your time with the Panel?*

There have been so many highlights that it is difficult to pinpoint one. I suppose on a personal level one was when I received an award in 2007 as Volunteer of the Year and an invitation to the Garden Party at Buckingham Palace. It is also very heart-warming that staff always welcome us onto the wards and other areas. It is particularly nice to know that they consider us to be part of the team that want the best treatment for patients. The Trust has always supported the Patients Panel and tries to ensure that we are involved in decisions affecting patients. This is really why I enjoy being part of the Patients Panel.

### Gill Balen

#### *When did you join the Patients Panel and why?*

I had retired from my job as a hospital pharmacist, and volunteered with the

Patients' Advice and Liaison Service. I was invited to join the Panel at its inception in 2003, and I have been happy to be part of it ever since.

#### *What projects have you been involved in?*

I was involved in the 'front of house' changes at Watford, including the tendering for the shop. I also assisted in discussions when the Dermatology Department was refurbished, and in the development of the Acute Admissions Unit, where I helped to choose the colours. More recently, I took part in the Outpatient Review. I sit on a number of committees and take part in PEAT visits and in the scrutiny of patient leaflets to ensure they are 'patient-friendly'.

#### *What has been the main highlight of your time with the Panel?*

It is difficult to describe a 'highlight' of my time on the Panel. I enjoy all the things I do, but it is particularly good to see improvements around the Trust, and to hope that the Panel has had some responsibility in bringing this about.

### John Blandford

#### *When did you join the Patients Panel and why?*

I was invited to join the Panel in November 2008 as I had previously attended Public Trust Board meetings and made some suggestions for improvements. Also I was annoyed by the negative attitude of the press towards the Trust and I wanted to be in a position of having first hand knowledge of what was really happening.

#### *What projects have you been involved in?*

I have been involved in PEAT investigations looking at such things as cleanliness, state of buildings and the provision and quality of meals. I was also a member of the Car Parking and Shuttle Bus Working Party and was particularly keen that patients should use this service. I am still encouraging them to do so. More recently I have made suggestions for improving the information patients receive in appointments letters, improving web design and the signage at Hemel Hempstead Hospital.

#### *What has been the main highlight of your time with the Panel?*

During my time on the Panel, I have enjoyed meeting staff and working with others to see ideas implemented that improves the patients' experience. Being somewhat elderly and retired, I consider myself fortunate to be able to influence what is happening in such an important service, even in a small way.

## What's happening on your site – Hemel Hempstead Hospital



### What our patients say about us?

The Trust regularly receives thank you letters from happy patients and relatives. Below is an extract from a letter received from a patient who was recently treated in Radiology at Hemel Hempstead.

*"I was a patient at the X-Ray Department at Hemel Hempstead and found the service excellent. The medical team really put me at ease and made the whole procedure much less traumatic than I thought it would be."*

### Events diary: Hemel Hempstead

**Know Your Numbers Week!** - Blood pressure checks on Thursday 16 September between 11.30am and 2.30pm in the Delimarche Café.

**Mid-term Planning Course:** 2 November, 1.45pm – 4.45pm. To book a place, please call the Training Dept on x7247 or 7964. See staff support on page 9 for more details of these events.

## Reflections on Hemel and St Albans Hospitals by Dr Ian Barrison



When I arrived in the Trust in 1988 St Albans City Hospital and Hemel Hempstead General Hospital were two separate organisations, but the North West Herts District Health Authority (at that time still part of the North West Thames Region) decided to appoint Consultants across the two sites. There were still inpatient medical beds at St Albans and the Hemel Hempstead medical beds were in the St Paul's Wing.

Outpatients at St Albans was based in a separate building in Church Crescent. The surgical beds at Hemel Hempstead were in Tudor Wing which opened in 1987, followed by the Windsor Wing in 1991.

St Paul's was a temporary prefabricated facility constructed at the outbreak of WW2 to provide accommodation for patients of Charing Cross Hospital. It housed two medical wards, a geriatric ward, maternity and paediatrics. There were two senior house officers, one registrar and three pre-registration house officers at St Albans. There were also two senior house officers and two pre-registration house officers at Hemel Hempstead. The Gastroenterology Department at Hemel shared inpatient beds with the Haematology Department.

### Development of Gastroenterology

Gastroscopy at St Albans in 1988 was just a bench in the Genitourinary Medicine clinic but quickly moved to main theatres where it was commonplace on a Tuesday afternoon to be beckoned into theatre by Geoff Sagor to eloquently demonstrate the operative findings in a patient we had looked after together.

At Hemel, John Nicholls had introduced a day unit, named Marnham after a Victorian philanthropist. The staff very soon pitched in and helped with the support of the townspeople. The Hemel Gazette and Kodak raised over £100,000 (the EMU appeal) to build and equip the Marnham Endoscopy Unit. The enthusiasm generated by the success of the EMU appeal led to the establishment of the Hemel CT Scanner support fund, which still exists today. Colonoscopy followed at both sites in late 1988 and ERCP initially at both St Albans and Hemel in 1989.

In the early 1990's, funding was found to build the Gloucester Wing at St Albans with a new A&E Department, Outpatients and a purpose built Endoscopy Unit. At about the same time a new building, the Verulam Wing was originally planned to house inpatient psychiatry, but the speed of medical advances and the need to focus specialist care on one site led to the move of inpatient beds from St Albans to Hemel in 1992. The centralisation of maternity and paediatrics on the Hemel site coincided with the opening of the Jubilee Wing. Before then the medical wards had moved from St Pauls to the QE Block, and subsequently endoscopy was temporarily housed in Sebright on the ground floor of the QE Block before finally transferring up to Level 3 of Verulam. It now houses all of gastroenterology.

### Education and Training

By the mid 1990's there was a huge increase in the number of medical school graduates and this was reflected in the London Deanery's wish for us to take more trainees and the necessary expansion of Consultant numbers to do more specialist work 'repatriating' activity that historically went to London. At one time we seemed to be appointing a new Consultant every month, and this cohort forms the core of the current Consultant body at Hemel and St Albans. In 2000, the Trust merged acute services with Watford and Mount Vernon and fifteen years later St Albans is busier than ever with a large surgical unit, a high quality Minor Injuries Unit and a busy Outpatients Department. The integration of the GP Out-of-Hours service into the St Albans site is an example of how joint working benefits patients.

### Strengths of the Trust

None of these changes would have been possible without clinician involvement in management and the continuity of high quality care throughout many reorganisations.

What have I learned after 22 years? Firstly, the strength of the NHS lies in the dedication of its staff. There is no doubt that the community which exists amongst the staff is the single most important factor. Colleagues supporting each other, being willing to take on extra work if needed, and understanding other people's problems. A classic example is the way staff struggled through the winter snow or stayed and worked extra night shifts to cover the wards. There is no doubt that the mutual trust and respect within teams helps us all cope. We have a loyalty to our local people, and a fierce determination to show that we are as good, if not better, than other similar organisations. All this is reflected in the constant struggle to improve the care of our patients, but we must also continue to care for each other as well.

When I walk around the hospitals I am always heartened by the conversations with the staff who are the bedrock of health care. Those that have worked across numerous different sites over the years, those who grasp change because they know it improves care, those whose leadership has kept west Herts going when it would have been easier to walk away. Everyone knows who they are. The staff who just roll up their sleeves and get on with it when extra work is needed are clear examples of the true ethos of the NHS, where service is the operative word. It has been a privilege to work with people of this calibre, in a part of the country which was unfamiliar to me before 1988, but in which my family have settled and made many friends.

There has been massive improvement in the outcome of care for patients with emergency problems since we centralised acute services at Watford. The expansion at St Albans is going well and the future of a local hospital on the Hemel site looks secure. As I write this the new Government has just announced a complete reorganisation of commissioning, so yet again west Hertfordshire will have to adapt and improve, I am sure that the future is in good hands.

## What's happening on your site – St Albans City Hospital

### Events diary: St Albans

#### Pre-Retirement course

7 September, 9.30am to 4pm. To book a place, please call the Training Dept on x7247 or 7964.

#### Know Your Numbers week

Blood pressure checks on 15 September between 11.30am and 2.30pm in the Spice of Life Restaurant, no appointment needed.

#### Childcare Information

23 September. Drop in between 12pm and 2pm the Postgraduate Centre.

#### Stress Awareness Day

3 November, Postgraduate Centre.  
Further information will be available shortly on the intranet or call Barbara Leon-Hunt on x7356 at WGH.

*See staff support on page 9 for more details of these events.*

### Contact us...

If you work at St Albans or Hemel Hempstead and have any news you would like included in the next edition of this magazine, please email [jean.hickman@whht.nhs.uk](mailto:jean.hickman@whht.nhs.uk) or ring the Communications Department on WGH x8280.



## Spotlight on the Pre-Operative Assessment Clinic, St Albans

*by Edward Blackwell, Volunteer*

Staff at the Pre-Operative Assessment Clinic in St Albans are extremely proud of the service they provide, and rightly so. The enthusiasm and commitment of the team is immediately apparent, with each welcoming member eager to explain their role and how the department has improved.



The clinic is tasked with assessing whether a patient is healthy enough for surgery and what complications, if any, could arise during an operation. The team are faced with a wide range of medical conditions on a daily basis and have to be able to liaise with nearly all departments in the hospitals at all times. Communication is the key, not only amongst staff, but also between patients and staff. An in-depth medical history is taken from each patient, with their BMI, height, age, drinking, smoking and recreational drug habits all recorded along with answers to questions surrounding exercise and diet. The aim is to get to know the patient as intimately as possible and in doing so, avoid surprises in the operating theatre.

Most of the thirty patients assessed each day are able to continue straight through to surgery, but if the nurses pick up on a significant problem, the operation can be rescheduled or cancelled. This is obviously frustrating for a patient but every effort is made to ensure that they remain fully informed. This continued focus on communication helps relax the patient during a stressful time. A friendly approach from staff has proved infections and it only takes a brief flick through the patients' comment book to realise how successful the unit has become since its move two years ago. One entry simply reads, "Josephine is fantastic."

Appointments tend to range from thirty minutes to three quarters of an hour for each patient depending on the complexity of the surgery, but extra time is always made available to reassure particularly worried patients.

The team is also keen to continue improving. Procedure is so frequently reviewed and updated that staff joke about how returning from a week of holiday can feel like starting a new job. It's professional and approachable staff make the Pre-Op Clinic a calming place for patients to prepare for surgery.

## What our patients say about us?

The Trust regularly receives thank you letters from happy patients and relatives. Below is an extract from a letter received from a patient who was recently treated in the Day Surgery Unit at St Albans.

*"I have never been into hospital before but the staff at the Day Surgery Unit in St Albans were very reassuring and put my mind at rest. I was very impressed with the service and the Day Unit were very helpful when answering my questions, even after I had been discharged."*

## What's happening on your site – Watford General Hospital



### Contact us...

If you work at Watford and have any news you would like included in the next edition of this magazine, please email [jean.hickman@whht.nhs.uk](mailto:jean.hickman@whht.nhs.uk) or ring the Communications Department on WGH x8280.

## Watford among the first in the world to use revolutionary pacemaker



Cardiology experts at Watford have recently implanted a revolutionary pacemaker, developed by medical technology company Medtronic that is compatible with Magnetic Resonance Imaging (MRI) scanners and allows patients to have a MRI scan without the pacemaker being affected by the scanner. This was only the third time this device has been used anywhere in the world, outside of clinical trials.

Pacemaker implantation is a routine procedure in the NHS but for patients with a pacemaker, the device prevents them having another increasingly common diagnostic test, an MRI scan. This is because the leads transmitting the impulses from the pacemaker through the veins to the heart contain a coil made of metal, which can heat up and be damaged by the strong magnetic field used in an MRI scan.

Commenting on this new advanced pacemaker, Consultant Cardiologist Dr Masood Khan, who implanted this device, said: *"This is very good news for patients. Pacemaker implantation is a routine procedure for us but for patients with a pacemaker, the device prevents them from having another increasingly common diagnostic test, an MRI scan."*

He added: *"We implant nearly 400 pacemakers each year, and most probably half of those may need an MRI scan during their lifetime. This is why this new pacemaker is so revolutionary and a real breakthrough in pacemaker technology. I know it will be a real benefit for cardiac patients who may have to have an MRI scan in the future."*

MRI is one of the most accurate diagnostic imaging tools that is available and is used to produce detailed scans inside the body. For cardiac patients there is the option of cardiac MRIs, which can be used to measure blood flow in blood vessels and assess heart function.

There are approximately 250,000 people in the UK who currently have a pacemaker.

### Events diary: Watford

#### Migraine Awareness Day

Lunchtime talk on 9 September in the Terrace Meeting Room. To book, call the Training Dept on x7247 or 7964.

#### Know Your Numbers week

Blood pressure checks for staff on 14 September between 11.30am and 2.30pm in Terrace Room 3, no appointment needed.

#### Managers Breakfast Briefing

The Launch of the Stress Policy on 22 September 8am, Terrace Room 3 – breakfast included, no need to book.

#### Health and Wellbeing Event

22 September, Watford Football Club, 10.30am to 2.30pm.

#### Managing Stress courses:

##### 4 October Ground Floor Training Room

9am to 12pm Managing and Recognising Stress  
1pm to 4pm Tackling Stress at Work for Managers

##### 2 November Ground Floor Training Room

9am to 11.30am Tackling Stress at Work for Managers  
1.30pm to 4pm Managing and Recognising Stress

##### 22 December, Practical Skills Training Room

9am to 12pm Managing and Recognising Stress  
1pm to 4pm Tackling Stress at Work for Managers

To book, please contact the Training Dept on x7247 or 7964.

#### Pre-Retirement Course

12 October, Practical Skills Room. To book a place, please call the Training Dept on x7247 or 7964.

#### Age UK lunchtime talk

13 October, Between 12pm to 12.30pm in the Lecture Theatre, Medical Education Centre. Talk to cover hospital discharge etc. No need to book.

#### Mid-term Planning

2 November 9.30am to 12.30pm, Medical Education Centre. To book a place, please call the Training Dept on x7247 or 7964.

#### Parenting Teenagers

Lunchtime talk at 12.30pm to 1.15pm in the Terrace Meeting Room, on 25 November. Places can be booked by calling the Training Dept on x7247 or 7964.

#### Childcare Information Drop-In Session

8 December, 12 to 2pm, Terrace Room 3.

See staff support on page 9 for more details of these events.

## Delirium Matters – ICU conference 2010

On 15 June the first West Herts Intensive Care Unit (ICU) conference was held in the Elton Suite at Watford Football Club. There were sixty-six delegates in all, travelling from Birmingham, Worcestershire and even from as far as the Netherlands. They included nurses from a number of hospital areas, and ICU nurses including those working in outreach and follow-up. As well as nurses, delegates included ICU doctors, clinical pharmacists and physiotherapists.

Delirium is particularly important for critically ill patients because it is extremely common. Two out of three patients on ventilators will have it – and is associated with much worse outcomes for those who develop it, including death and dementia. It is effectively an acute confusional state but is often missed as patients usually present with a quiet delirium and will be hypoactive, particularly in ICU. To diagnose it, you have to screen for it using a simple non-verbal communication test that takes less than two minutes in the majority of patients.

Watford ICU is the centre of excellence regarding the routine screening and management of ICU delirium, and has led the field in the UK since 2007. Dr Valerie Page is the national clinical lead in this area. It seemed appropriate therefore to hold an ICU delirium conference to share our considerable expertise and experience. It was timely considering that the NICE guidelines on delirium are due out at any time, as well as being relevant to the NICE guideline on critical care rehabilitation published last year. Speakers included Mark Borthwick from the John Radcliffe Hospital, who with Richard Bourne, was responsible for the UK Clinical pharmacy guidelines on ICU delirium, David McWilliams, a lead physiotherapist from Manchester who was on the NICE rehabilitation guideline committee, Marc Mandell a local liaison psychiatrist as well as Valerie Page. Following the lectures in the afternoon, there was a workshop on the implementation of delirium screening and management. This format gave delegates an excellent holistic idea of how better to manage this important issue with an extended opportunity for questions and space to discuss the 'hows' and 'whys' of delirium screening. The workshop was an interactive session, good ideas were shared and support offered to staff seeking to start more active monitoring in their area. The take home message was "never give up, its too important for patients!"

The evaluations for the day were very positive and proved that the day was a great success. The hard work was worth it and staff are now looking forward to planning the second ICU Conference in 2011!



### What our patients say about us?

The Trust regularly receives thank you letters from happy patients and relatives. Below is an extract from a letter received from the daughter of a patient who was recently treated in the Audiology Department at Watford.

*"My Mother was admitted as an emergency patient to Watford, during which unfortunately her hearing aids were lost. As she is 86 and very deaf it was extremely difficult for the doctors to communicate with her and she felt very isolated. The Audiology Dept at Watford were contacted and arranged for a temporary aid to be fitted whilst my mother was on the ward and also for new moulds to be taken. The care and dedication of the staff at this clinic was superb and my mother and I are very grateful for all their help and kindness. They have in my opinion excelled in patient care."*

### Improved healthy eating menu comes to Watford

The selection available from the salad bar in the Spice of Life restaurant at Watford has been extended. You can now find 10 delicious, fresh salads each day, including homemade coleslaw and potato salad, Greek salad and two special dishes of the day. What's more, when buying a hot meal for £3.50 or above, you can now add a fresh fruit pot or jelly for 50p.

Staff and visitors are also now able to pay using the Chip and Pin system (minimum spend £4.50).

### Healthcare Assistant Conference

On 9 July 2010 a number of healthcare assistant came together for an opportunity to learn from each other and share views of best practice. As well as an educational opportunity, this conference also provided a chance to say 'thank you' to all healthcare assistants for their hard work and dedication. The agenda for the day included a combination of presentations from clinical specialists and interactive skills stations. Feedback from the event was very positive with many healthcare assistants saying that they had found it really useful and informative.

## Stress Policy

The Trust has recently revised the Stress Policy and will be re-launching it at the beginning of September. The article below was written by the company that runs our Employee Assistance Programme, Work Stress Management, in order to raise awareness of this one particular aspect of stress. This programme is able to offer all staff a confidential 24-hour support service, providing information, legal advice, telephone and face-to-face counselling.

Other awareness-raising events will be running throughout September which will include a health and wellbeing event on 22 September at Watford, beginning with a breakfast briefing for managers and then between 10.30am and 2.30pm at Watford Football Club, staff will be able to try out some taster sessions in managing stress, relaxation classes, therapies (massage etc) and dance and exercise classes. The detailed programme will be available on the intranet, in newsletters and via email shortly.

### Dealing with stress in the workplace

The changes in our political climate, the new coalition government, and the ongoing theme of “savings”, “cutbacks” and “restructuring” in public debate can all create a sense of uncertainty and lead to higher levels of stress in the workplace. While some stress is a normal part of life, if it is allowed to grow too much it can interfere with our productivity and even affect our health. So it's important to find ways to keep stress under control. There are number of things that we can all do to control the stresses that we encounter and the better we become at managing our own stress, the more we can positively affect those around us. Emotions are contagious, and stress can have an impact on the quality of our interactions with others. Some of the simple steps we can take to manage stress at work are:

### Taking responsibility for our own physical and emotional wellbeing

If you feel that stress at work is starting to interfere with your ability to do your job well or to manage your personal life, it's time to take action. Start by paying attention to your physical and emotional health. When your own needs are taken care of, you're stronger and more resilient to stress. The better you feel, the better equipped you'll be to manage work stress without becoming overwhelmed. Taking care of yourself doesn't require a total lifestyle overhaul. Even small things like a little light exercise, a healthier diet, drinking more water or going to bed an hour earlier can lift your mood, increase your energy, and make you feel like you're back in the driver's seat. Take things one step at a time, and as you make more positive lifestyle choices, you'll soon notice a difference in your stress level, both at home and at work.

### Identifying and avoiding bad habits and negative attitudes that add to stress at work

Many of us make job stress worse with patterns of thought or behaviour that keep us from relieving pressure on ourselves. If you can turn around self-defeating habits like these, you'll find workplace stress easier to handle.

- **Resist perfectionism** – *No project, situation, or decision is ever perfect, and you put undue stress on yourself by trying to do everything perfectly. When you set unrealistic goals for yourself or try to do too much, you're setting yourself up to fall short. Do your best, and you'll do fine.*
- **Clean up your act** – *If you're always running late, set your clocks and watches fast and give yourself extra time. If your desk is a mess, file and throw away the clutter; just knowing where everything is saves time and cuts stress. Make to-do lists and cross off items as you accomplish them. Plan your day and stick to the schedule — you'll feel less overwhelmed.*
- **Flip your negative thinking** – *If you see the downside of every situation and interaction, you'll find yourself drained of energy and motivation. Try to think positively about your work, avoid negative-thinking co-workers, and pat yourself on the back about small accomplishments, even if no one else does.*

### Learning better communication skills to ease and improve relationships with co-workers

Even if you have in a job where the environment has grown increasingly stressful, you can retain a large measure of self-control and self-confidence by understanding and practising emotional intelligence. Emotional intelligence is the ability to manage and use your emotions in positive and constructive ways. It's about communicating with others in ways that draw people to you, overcome differences, repair wounded feelings, and defuse tension and stress. Emotional intelligence in the context of work has four major components:

- **Self-awareness** – *The ability to recognise your emotions and their impact while using gut feelings to guide your decisions.*
- **Self-management** – *The ability to control your emotions and behaviour and adapt to changing circumstances.*
- **Social-awareness** – *The ability to sense, understand, and react to other's emotions and feel comfortable socially.*
- **Relationship-management** – *The ability to inspire, influence, and connect to others and manage conflict.*

### Know Your Numbers! Week

Know Your Numbers! is the Blood Pressure's Association's award winning campaign which raises awareness of the risks of high blood pressure. It falls in the second week of September each year and is the nation's biggest blood pressure testing event. The Trust will be offering staff the opportunity to get their blood pressure checked at each site in September. Check the diary section for details of each session.

### Migraine Awareness Week

Migraine Action will be visiting the Trust on 9 September to talk to staff about migraine, offering help, information and support to those that suffer from migraines. This lunchtime talk will start at 12.30pm in the Terrace Meeting Room at Watford. Check the Watford diary section for booking details.

### Pre-Retirement Courses

The Pre-retirement course is for anyone approaching retirement. It explains in detail the NHS and State pensions, your entitlements and how to claim them; the pros and cons of equity release, different types of saving and investment and the potential risks involved. Also, why making a Will is not enough to protect you and your family from inheritance tax and long term care costs. Our trainer will tell you how to get the best advice and what it may cost. This is a full day course and also looks at the challenges and opportunities that retirement can offer. Please note, for a small fee, partners are also able to join. For booking details, please check the diary section for your site.



## Staff Awards for Excellence Scheme Winners



### Employee of the Month (April 2010)

**Andrew Hextall, Consultant  
Hemel and St Albans**

Andrew was nominated by a patient's husband who thought that he was always very helpful and professional and is clearly a credit to the Trust



### Team of the Month (April 2010)

**Ridge Ward, Watford**

Ridge Ward was nominated by a patient's GP. The patient described the care they received as "exemplary" and the ward as "a clean, hospitable environment".



### Employee of the Month (May 2010)

**Keith Shaw, Patient Advice and  
Liaison Service (PALS) Watford**

Compliments have not only come from staff working alongside Keith, but patients have also sent in Thank You cards, as recognition of Keith's good work in resolving patient complaints and improving the patient experience.



### Team of the Month (May 2010)

**Pre-Operative Assessment Team,  
Trust Wide**

The Pre-Operative Assessment Team was nominated because of their commitment to providing a quality service. They are always cheerful, despite a challenging workload, and consistent in providing high quality assessment that is designed to put the individual patient first and foremost.

## Retirement News

### Jan Still

After dedicating her career to bio-medical science, you could forgive Jan Still for being sick of the sight of blood. Yet she still radiates the same enthusiasm for the Point of Care Testing that has made her so valuable to the Trust over the past twenty four years. During her time in the NHS she's worked with "just about everyone," such is the varied nature of her job.



Anyone who's been in the trust any length of time will have almost certainly met Jan. Point of Care testing takes place across the Trust, on all three sites, from the Maternity Ward to the Sexual Health Service, its instant results help to remove what might otherwise be a nervous wait for patients.

Jan feels incredibly attached to her work, "It's been my baby," she explains, having helped build the service from the ground up. What is now an incredibly modern unit, complete with high tech equipment once looked very different. "In the old days we used test tubes in the lab and put pipettes in our mouths, health and safety didn't exist." Thankfully, those days are long gone. The lab has to be open twenty four hours a day for testing and Jan recalls doing night shifts with a look that suggests she remembers each heavy eyelid vividly.

More recently Jan has found satisfaction in a number of projects, keeping herself very busy by writing chapters in textbooks and putting together e-modules for online learning. However it is getting involved on the wards that Jan has found most rewarding. Her knack for helping nurses and equipping staff with relevant skills will be greatly missed.

Despite her obvious passion for the job, Jan is now looking forward to handing over to colleagues so that she can spend some quality time with her five grandchildren. She is a self confessed 'cruise addict' and is currently feuding with her husband over their next few destinations. The Trust is incredibly grateful to Jan for all her hard work and wishes her a very happy retirement.

Written by Edward Blackwell, Volunteer

### Sarah Murray

After 16 years of dedicated service to Watford General hospital and the NHS, Sarah Murray will be retiring from her position in the medical records department. Sarah has witnessed many changes since starting hospital work in 1994 and admits "there is never a dull moment!"



Originally from Limerick, in the south of Ireland, Sarah visited England on holiday with a friend during her teenage years and proceeded to like it so much that she left the Emerald Isle just a week later to start a new life here. From Walls ice cream to Japanese electronic companies and finally to landing her current job in health records, the end of working life signals the 'end of an era' for Sarah.

With a close, committed team of around 10 workers, the health records staff work together in order to assemble, organise, retrieve and archive medical notes. Sarah says that "the workload is heavy but so is the team spirit." Sarah is full of praise for the team she works with feels that as well as the job itself, her colleagues are what she will miss the most. She recalls how even when the weather did its best to wear them down and interfere, staff would trudge into work through the snow, staying positive and conscientious, letting nothing stand in the way of their job. They say life begins at retirement but Sarah admits she will miss the social side of hospital life, and the sense of community which exists within the Trust.

Sarah declares that she has no complaints about her time with the NHS and has never had a bad day at work, but certainly won't be sad to leave the early starts and dark winter mornings behind. She describes how getting into a new routine will certainly be strange. "Time is your own and I will love the freedom." She explained. "But I have enjoyed my job immensely, and will be so sad to leave such a great team behind..." On revealing her plans for retirement, spending lots of time with her family, including her daughter and three grandchildren is top of the agenda. Having never been abroad, Sarah would like to visit places such as Spain and Greece, as well as returning to her home country after not having been back for over a year.

Sarah believes everyone should smile, as it costs nothing and puts people at ease. She will definitely be keeping in touch with all her colleagues, exclaiming how the hospital atmosphere is one like no other, and the people are some of the nicest she has ever worked with. Everyone will be sad to see Sarah leave but we wish her the best of luck for the future and a happy retirement.

Written by Francesca Vitale, Volunteer

## Lightning Never Strikes twice – or at least it shouldn't!

'Never Events' are serious, mostly preventable, patient safety incidents that should not occur if preventative measures had been put in place.

The Trust is required to report 'Never Events' that occur to the National Patient Safety Agency (NPSA) which in turn notify the Care Quality Commission (CQC). Prevention of 'Never Events' is also a requirement in the Trust's contract with the PCT, i.e. the Trust will not be paid for an incident of care in which a 'Never Event' occurs.

### Example of 'Never Events':

- Wrong site surgery
- Retained instrument post-operation
- Wrong route administration of chemotherapy
- Mislaced naso or orogastric tube not detected prior to use
- Inpatient suicide using non-collapsible rails
- In-hospital maternal death from post-partum haemorrhage after elective Caesarean section
- Intravenous administration of mis-selected concentrated potassium chloride

With the exception of inpatient suicide, the Trust is required to report all other 'Never Events' listed above, if they occur. They will require investigation as a Serious Incident, no matter how low the impact has been for the patient.

Since the beginning of 2010, the Trust has reported two Never Events. One involved wrong-site surgery and the investigation identified that the pre assessment process was not undertaken correctly, leading to reliance on an incorrect x-ray. The department is now using the WHO Surgical Safety Checklist to strengthen identification procedures. The second 'Never Event' involved a retained instrument post procedure – this has come to light only recently and is currently the subject of an investigation.

The Trust already has many barriers in place to prevent 'Never Events' occurring. The WHO surgical checklist is an example of an important preventative measure now in place across the Trust. It is important that all 'Never Events' are reported promptly in order that a robust investigation is carried out to understand why the incident occurred. Most serious incidents are the result of a combination of human and organisational factors and it is important that we learn all we can about what happened.

For further information on 'Never Events' go to

<http://www.nrls.npsa.nhs.uk/resources/collections/never-events/>

## Reducing Patient Falls - Safety Cross

Patient falls account for the highest number of reported patient safety incidents in the Trust.

The frequency of patient falls is monitored each quarter by the clinical divisions and a number of actions are taking place to reduce the risk of falls:

- The Trust's Care of the Elderly Consultant Dr Latha Thangaraj chairs the newly formed Falls Group and has recently completed an audit to identify if falls assessments are being carried out and whether the results are being demonstrated as good standards of assessment in the trauma ward and intermediate care wards. A number of recommended actions are being taken to improve assessment across the Trust
- All patient falls are monitored at ward level on a daily basis, through 'safety crosses'. This ensures the wards have an early review of the patient fall and improves awareness of risk and the need to put appropriate mechanisms in place to reduce the risk of further falls. Each fall is highlighted in red on the safety cross and action plans follow at the bottom (all these are on the notice board and accessible to all nursing staff on any particular ward)
- Further work is planned, including the introduction of monthly falls audits
- The Falls Group has reviewed its terms of reference and extended membership to include representation from Health and Safety and Estates

Progress on reducing falls will be closely monitored by the Clinical and Quality Committee. In addition, the Trust has set itself a target to reduce the severity of harm caused to patients as a result of a fall in hospital by 10% (using the 2009/10 data as a baseline). Severity of harm will be measured by (i) need to extend length of stay as a result of the fall, (ii) sustained fracture or head wound as a result of the fall, or (iii) suffer a deterioration linked to the fall.

Month:					
Owner:					
		1	2		
		3	4		
		5	6		
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
Last months data:		25	26		
		27	28		
		29	30	31	
<b>Actions:</b>					

*A Safety Cross - each fall is highlighted in red and action plans follow at the bottom*

## Keeping you safe

### Did you know that during 2008/09, in the UK there were:

- one physical assault for every five staff working in mental health or learning disability settings (38,958 incidents in total)
- one for every 27 ambulance staff (1240 in total)
- one for every 61 primary care staff (3472 in total)
- one for every 68 acute hospital staff (11,088 in total).

Furthermore, a recent consultation has indicated that non-physical abuse experienced by NHS staff during the same time is likely to have been twice the levels above.

To help protect staff and keep them safe, Karen Moore has recently been appointed as the Trust's Local Security Management Specialist. Karen is an expert in all matters of security management and will help the Trust to follow the NHS Security Management Service's guidance, policies and initiatives.



One of Karen's roles is to identify trends and patterns in security incident reporting. This has recently taken a step forward with the introduction of the Security Incident Reporting System (SIRS) through which staff can report details of physical and non-physical

assaults and property loss/damage. The Trust will be automatically incorporating SIRS as part of its DatixWeb reporting processes to collect more detailed information on any security incidents. Once the DatixWeb system has been upgraded, training will be provided for the appropriate staff.

### The following security incidents should be reported using SIRS:

- any security incident involving physical assault of NHS staff
- non-physical assault of NHS staff (including verbal abuse, attempted assaults and harassment)
- theft of or criminal damage (including burglary, arson, and vandalism) to NHS property or equipment (including equipment issued to staff)
- theft of or criminal damage to staff or patient personal property arising from these types of security incident.

It is vitally important to report any security incident, however minor it may seem. You can contact Karen Moore on 07917650171 or e-mail [karen.moore@whht.nhs.uk](mailto:karen.moore@whht.nhs.uk)

## Family of Trusts

For the past nine months the Trust has been taking part in a pilot scheme to 'road-test' Rapid Response Reports (RRRs). RRRs are national guidance sent out about ten times a year to the NHS, with required actions to improve patient safety. Recently representatives from the Trust attended an all-day workshop to reflect on the pilot and what has been learnt. Discussion topics ranged from general process changes to specific alert recommendation and included the following:

1. How the National Patient Safety Agency (NPSA) could strengthen their processes and increase impact of the guidance
2. Concern that RRR topics focusing on new or under-recognised risks can distort real safety issues – for instance, a potential RRR topic of over-hydration could have a perverse effect in staff ignoring the bigger problem of dehydration
3. There was strong support for retaining the one-page format of RRRs, containing all the essential information for staff
4. There was also discussion of the need for standardization of formats and documentation of NPSA guidance, where appropriate, to prevent unhelpful 'tinkering' at local level
5. No consistency in trusts about sign-off of alerts through CAS - some have action plans signed off by the Board and others much more informal processes

Dagmar Luettel, Clinical Reviewer from the NPSA visited Watford in early July to discuss the Trust helping in the early development of an airway suction RRR.

The NPSA received 104 reports from all NHS providers of serious incidents (up to January 2010) which were related to inadequate use and maintenance of airway suction systems. The majority of incidents occurred during an emergency situation and the equipment was needed urgently to clear the patient's airway. In seven reports the failure to suction has possibly contributed to the patient's death. Common themes from the review of incidents were:

- Unavailability of equipment (e.g. portable suction units not on the resuscitation trolley)
- Incomplete set up (e.g. without suction bags or tubes)
- Incorrect set up (e.g. tube was directly connected to the wall-mounted unit)
- Lack of understanding how to operate and check suction devices

During the visit to Watford, Dagmar met with Bruce Kerr, the Trust's Resuscitation Officer, Brian Lane, Senior Technician for Clinical Engineering, Karen Bowler, Surgical Matron and Maxine McVey, Head of Nursing for Surgery. She also visited wards and checked the Trust's equipment and processes whilst asking staff their professional opinions on proposed recommendations to improve patient safety when using suction equipment.

The NPSA has since thanked for the Trust its invaluable contribution to this important pilot.

For further information on NPSA safety alerts or the Family of Trusts contact [nick.egginton@whht.nhs.uk](mailto:nick.egginton@whht.nhs.uk)

## 60 Second interview with Anthony Cohn, Consultant Paediatrician

### How long have you been with the Trust?

11 years.

### In one sentence describe your role in the Trust?

I am a consultant paediatrician and am also the named doctor for safeguarding children.

### What's your average day like?

I like to spend as much time as possible seeing children in clinic. My work with children and families is extremely rewarding and my main interests are constipation and toileting problems.

### What's the best thing about your job?

I work with the most amazing colleagues - by which I mean the whole paediatric team.

### How do you see yourself developing over the next few years?

The safeguarding / child protection role is one which, unfortunately, is only going to get more complex.

### If you had three wishes what would they be?

Peace on Earth - failing that peace and quiet at home

Letting everybody get the most out of life

Scoring the winning goal for England - Rio de Janeiro 2014



## Trust welcomes new Director of Nursing

The Trust is delighted to welcome Natalie Forrest as its new Director of Nursing. Natalie has been a nurse for over twenty years and brings with her a wealth of experience in nursing. Natalie's clinical background is as an intensive care nurse working in numerous units across London including St George's NHS Healthcare Trust and Guys & St Thomas' NHS Foundation Trust. Prior to taking up the post of Director of Nursing & Midwifery at Newham University Hospital in January 2008, Natalie was the Deputy Director and led on some significant quality improvement initiatives.

Natalie said: "I am very excited about being appointed to this new role. Although I have only been working in the Trust for a short time, I have been particularly impressed by the enthusiasm and dedication to patient care I have seen demonstrated by the staff. Over the past few years, the Trust's commitment to improving the patient experience has been recognised by the Care Quality Commission and I am looking forward to leading, and developing the nursing workforce further, as well as introducing new ideas that will continue to improve the quality of care for the people of west Hertfordshire."



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on the  
**pulse**

If you have any articles or information you would like to see in the next edition of this magazine, please contact the Communications Department on WGH x8280.

## Welcome also to Amir Kabel, the Trust's new Equality and Diversity Manager

Before joining the Trust, Amir spent two years as Equality and Diversity Manager for the North West London Hospitals NHS Trust. In his previous role Amir rolled out a number of projects such as the BME Mentoring programme, setting up and running an International Club, a Brilliant Women Group and a Disability Forum.

To compliment his practical experience, Amir recently went back to study an MA in Human Rights at a top London University, and also has plans to start a PHD next year focusing on Equality and the NHS.

Amir's new job in the Trust includes developing and implementing strategy, policy and action plans and initiatives to achieve equality for patients and staff from all groups in both employment and service delivery. Amir will also be working alongside local communities, and involving them in the Trust's diversity action plan. Amir is in the process of setting up many staff projects and other E&D work, these include:

- Rolling out a Diversity Champions Group. This will involve recruiting staff to be role-models to support the broad diversity agenda and positively challenge any behaviour deemed to be discriminatory and/or prejudice
- Delivering training to all staff on Equality, Diversity and Human Rights
- Writing up the Single Equality Scheme for the Trust, which will set out a three year plan on how the Trust meets its equality duties
- Setting up a Respecting Diversity User Group for all staff, service users and local communities to share information

Also, in November, the Trust will be holding an Equality and Diversity Summit attended by the Mayor of Watford, which will highlight the Trust's work on E&D, presentations by the Chief Executive Jan Filochowski and Director of Nursing Natalie Forrest, as well as an afternoon of diversity workshops. Further details of the Equality and Diversity Summit will be provided nearer the time.

If you are interested in the work Amir is carrying out please email him at [Amir.kabel@whht.nhs.uk](mailto:Amir.kabel@whht.nhs.uk).