



West Hertfordshire  
Hospitals  
NHS Trust



# SPOTLIGHT

Shining a light on best practice

JANUARY 2020



team westHerts

# Welcome to *Spotlight*

We felt that the results of our hard work were worth sharing and we hope you enjoy reading about our achievements. Not that we're complacent – there is **always** more to do...!

This publication takes a look at some of the many highlights from recent times as well as setting out our 2020-2025 strategy, with its four key branches; **best care, great team, great place and best value.**

- **Best care** reflects our vision: ***the very best care for every patient, every day***
- **Great team** recognises the importance of career development, staff morale and team work
- **Great place** reflects our ambition to provide better buildings and also better IT
- **Best value** recognises the need to make the very best use of every NHS £.

You can see more about our strategy on the opposite page and following that, there are stories showcasing examples of best practice and some of our amazing staff.

If you want to find out more, there are fuller versions of these case studies on our website ([www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)). And if you want to volunteer, donate to our charity or come and work with us, all our contact details are on the back page.

Thank you for picking up a copy of *Spotlight*.

Happy reading!



**Christine Allen**  
Chief Executive



**Phil Townsend**  
Chairman



**OUR VISION:**  
*the very best care for every patient, every day*



# Best care

# Great team

## Best value

Quality Improvement drives everything we do

Help our staff feel happy and supported at work

## Great place

Make the best use of every pound

Expand our research programme and support innovation

Collaborate with partners to provide joined up care

Develop new and exciting roles and opportunities

Major improvements to our hospital buildings

*Communicate*

Involve and listen to our patients and staff

*Be kind*

Develop our staff and look after our learners

Improve our IT and make the most of digital technology

*Listen*

Use data to improve care

Support our volunteers to help our patients

Help our population to be healthy

*Speak up*

Put patients and carers at the heart of everything we do



Mary Holding, simulation technician, pictured here with three of the lifelike manikins (Baby Archie, Bertie the toddler and Cedric)



# Simulation suite success

**Making mistakes is part of the learning process for most people but in hospitals we need to find safe ways to get it wrong!**

That's where a simulation suite really comes into its own; by giving staff and students the opportunity to sharpen up their skills and decision-making but on lifelike manikins in real-time situations.

A dedicated team of medical and education staff create a wide range of immersive role-play scenarios that are designed to improve patient safety.

The sessions recreate the kinds of things that staff could experience on wards or in theatres; potentially preventable serious incidents, sepsis, strokes, heart attacks and rapidly deteriorating patients.

Having a safe and protected environment allows staff and students to practise and develop their skills without compromising patient care.

The suite – which provided training to more than 1,200 people last year, has three rooms; the simulation suite (a mock-up of a hospital ward), the control room (where the voiceover and response to telephone calls are handled), and the debrief room (where the analysis takes place).

The mock ward is fully kitted out with equipment including working anaesthetic machines and an intensive care ventilator. There are also cameras as the footage is a valuable part of the debrief.

Realistic ward sounds are pumped through the radio and manikins are doused in scent, according to the medical issue they present with, such as pear drop food flavouring to simulate diabetic ketoacidosis – a life-threatening complication.

The newest manikin is Lucina who is pregnant, has contractions and actually

**"Genuinely excellent day; very realistic and useful."  
UCL medical student**

gives birth. And then there is Cedric, an adult male who cries, sweats and displays a wide range of physiological and neurological symptoms as well as pharmacological responses to over 145 drugs. He speaks too and tells trainees if he's in pain. Baby Archie and Bertie the toddler make up the family and are mainly used for paediatric emergency scenarios.

As well as creating the sessions, the team who run them take turns to playact family members, provide convincing voiceovers through the manikins and add other special effects. They also offer virtual reality simulations using specialist headsets.

Teams undertake training scenarios which could include recreating a real event that they want to re-run to learn from it. The writing process encourages staff to air concerns, which is particularly helpful when learning from serious incidents.

Simulation manager Bruce Kerr said: "You could be tricked into thinking that the learning happens in the simulation suite where the teams spend up to 20 minutes

at a time, but the real learning happens in the debrief, which is three times as long. All the feedback is tailored to each individual trainee, focusing on their strengths and areas for improvement."

The trust is very grateful to The League of Friends of Watford Hospitals who have supported the purchase of simulation suite equipment, including Lucina and Cedric!



## Excellence in medical education

Our medical education team received a prestigious award from University College London (UCL) for 'excellence in medical education'. The award, which recognises the exceptional clinical training programmes for undergraduate medical students, was presented during the UCL medical school graduation ceremony in July 2019.

Dr Ashley Reece, our undergraduate tutor, said: "I could not be prouder of this achievement. It is true to say that each member of the medical education team has made a massive contribution in their role to the students, some over many years, and it is a great accolade. We see many of the medical students returning to us as qualified doctors not least because of the excellent support and experience they have had during their time with us as undergraduates."

"It gave me the chance to experience a high-pressure situation in a controlled environment before experiencing it in real life."

**Junior doctor**



# Providing the best care starts before birth

## **Saving lives can start with simple solutions. And it can start in the womb.**

With preterm birth (before 37 weeks) being the biggest threat to a baby's life and long-term development, our maternity and neonatal teams are always keen to improve outcomes by adopting the latest best practice.

Giving magnesium sulfate to women at risk of an early labour (before 30 weeks), reduces the risk of cerebral palsy in the baby by 30%.

By carefully assessing each woman in our care for signs of early labour, we can reduce the risk of cerebral palsy and other developmental issues in infants through timely administration of magnesium sulfate.

This is one of several simple yet highly effective measures undertaken by our maternity and neonatal teams under the 'matneo' multi-disciplinary intervention and improvement programme, led by paediatric consultant Dr Sankara Narayanan.

Tackling hypoglycaemia promptly reduces the need to separate mother and baby. As a result of giving an oral glucose gel to babies who develop hypoglycaemia, there

has been an 80% reduction in babies with hypoglycaemia admitted to the neonatal unit over the past two years. Joint education sessions including training in the simulation suite, a step by step photographic guide, feedback from mothers and a culture of shared responsibility for mother and infant care mean that staff now have crystal clear guidelines on how and when to administer the glucose gel.

Although the trust uses digital technology to allow mothers to see their babies on the neonatal unit, the preference is to do all we can to avoid this separation. As Dr Narayanan says, "When a baby is born full term the best place to be is with his/her mother where they can bond and benefit from skin to skin and breastfeeding."

This project and others across the trust have been developed in partnership with neighbouring hospitals within the Local Maternity System. We have shared our hypoglycaemia success story with other neonatal units across the country as well as presenting to 44 hospitals at a national learning event.

Premature babies or those who are otherwise unwell are at risk of necrotizing enterocolitis (NEC) which can cause part of the bowel to die.

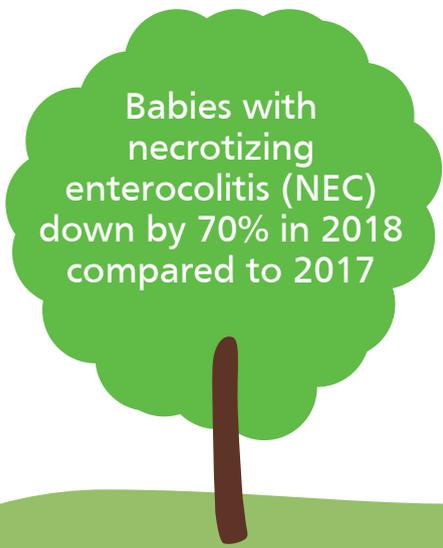
If preterm infants are fed with donor breast milk (when a mother's own breast milk is insufficient or unavailable), rather than an artificial formula, this can reduce the risk of NEC.

Our teams have undergone education and training on this topic, and now – importantly – can obtain donor breast milk within two hours of a request.

### NEC occurrence has dropped by an impressive 70% over the past year

Another measure designed to keep babies safe and healthy is the introduction of 'at-risk infant' cards and orange hats – simple measures that highlight those babies who need additional care.

Dr Sankara Narayanan said: "We are on a continuous journey of improvement and I'm passionate about providing the best quality of care for mothers who come to deliver their babies at Watford."



# 80%

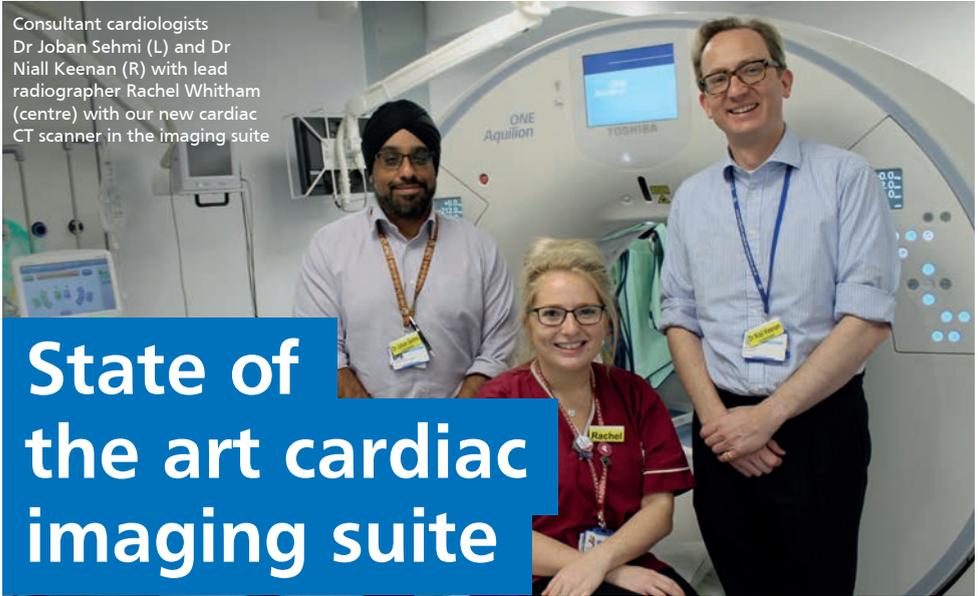
Reduction in babies with hypoglycaemia admitted to the neonatal unit over the last two years (120 fewer admissions per year)



## And the Clinical Practitioner of the Year award goes to...

Consultant neonatologist Dr Sankara Narayanan (above) ended his first decade at our trust in style – by being named **Clinical Practitioner of the Year** in the Healthcare Quality Improvement Partnership's audit heroes awards 2019. He was recognised for leading a variety of quality improvements across the neonatal department.

Consultant cardiologists Dr Joban Sehmi (L) and Dr Niall Keenan (R) with lead radiographer Rachel Whitham (centre) with our new cardiac CT scanner in the imaging suite



## State of the art cardiac imaging suite

### Our new cardiac MRI and CT suite is a real game-changer!

Now that we have top-of-the-range MRI and CT scanners together, we can see many more patients including those who would previously have gone to other hospitals for highly specialised scans.

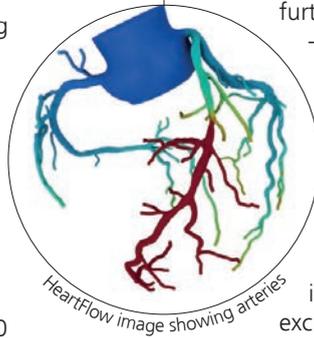
The standard of cardiac imaging at Watford General Hospital has taken a quantum leap and the numbers of patients benefitting from this new facility mean that the suite is now one of the highest volume units of this type in the country.

Since launching in 2017 the team has carried out over 4,500 cardiac CT procedures and over 2,400 cardiac MRI procedures. In the past year we have delivered over 2,000 cardiac CTs and over 1,000 cardiac MRIs.

We are one of only 40 NHS trusts to use non-invasive 'HeartFlow' technology which produces a colour-coded 3D model of a

patient's coronary arteries. This incredible level of detail provides vital information about each blockage.

As well as being able to treat patients who would previously have had to go elsewhere, the other benefit is that the scans are so detailed that our patients are spared further – and possibly more invasive – testing. It's a win win!



Consultant cardiologist Niall Keenan said: "The cardiac MRI and CT imaging suite at Watford General is a really important development for cardiology locally. The major expansion in non-invasive cardiac imaging is an exciting development that enables cardiologists and radiologists to work together for the benefit of our patients."

He added: "From the outside, some of our buildings don't look very promising but we're so proud of being able to offer leading edge non-invasive cardiac assessment from our amazing MRI/CT suite."

# Super fast results thanks to hi-tech and teamwork

**The combination of great teamwork and the latest technology is really paying off for respiratory patients.**

The number of biopsies, the duration of surgical procedures and the risk of complications have all been cut, thanks to a new way to check for lung cancer and other conditions.

Our respiratory department uses Endobronchial Ultrasound (EBUS) supported by Rapid Onsite Evaluation (ROSE).

This minimally invasive but highly effective procedure is used to check for lung cancer, other cancers suspected of spreading to the lymph nodes, lymphoma and also non-cancerous conditions such as sarcoidosis or tuberculosis.

The ultrasound is performed under moderate sedation or general anaesthetic and involves a special bronchoscope being inserted into the trachea and bronchi. This provides real-time imaging of the surface of the airways, blood vessels, lungs and lymph nodes.

This new technique gives an excellent view and far better access to otherwise difficult-to-reach areas than was previously available through conventional methods.

The accuracy and speed of the procedure lends itself to Rapid Onsite Evaluation 'ROSE', when pathologists in the



Respiratory consultant Dr Andrew Barlow (centre) with EBUS team

operating room can process and examine biopsy samples as they are obtained and request additional samples immediately if needed. Patients recover quickly and can usually go home the same day.

Respiratory consultant, Dr Andrew Barlow, said: "We really enjoy being able to provide a speedy, effective service that means shorter procedures, a reduction in biopsies and fewer complications."

He added: "Watford General is one of only ten hospitals across the country working in this way. It enables us to perform much more targeted procedures and allows us to know within two to three minutes if the patient has cancer or not. And that's so much better than keeping patients waiting – we can give an all-clear or get on with the next steps of treatment."

# Critical care without borders

**Being in the intensive care unit (ICU) can be a daunting experience for patients and their families – but so can leaving it. The high staff to patient ratio and the wealth of monitoring equipment provide a sense of safety. However, moving to a ward or to another hospital, or home, is an important part of recovery.**

ICU staff have focused on how to support patients in this situation as part of a recent improvement drive.

## Outreach service

Every patient who is discharged to a ward has a tailored review by a specialist critical care nurse who provides advice to nursing staff on the ward where the patient is going so that their care needs are met and to reduce the risk of returning to ICU.

## Inter hospital transfer

Critically ill patients who need to move to another hospital have a detailed assessment to ensure that they remain safe whilst being transferred. This involves close team work between the ICU and the emergency department.

## Follow up service

Patients who make the big step from ICU to home are called by a critical care nurse shortly after being discharged to discuss any psychological or physical problems. The reason for being admitted might have been quite traumatic and the return home might be the first opportunity to process what has happened. They are also invited to a monthly follow up clinic where they can see a consultant.

A bereavement call is also routinely carried out to check on the mental health and wellbeing of relatives of the deceased.

All these measures show that you don't have to be in ICU to be cared for by ICU staff.

## Staff training

Over the past year, 60 ICU staff have had specialist training in our simulation suite on managing deteriorating patients. This has boosted confidence, team working and leadership skills.

The department also runs an eight day in-house 'critical care foundation course', which is aligned to the competence standards for registered nurses. This ensures all ICU staff nurses have a strong initial understanding of critical care nursing.

In addition to this, more than 100 staff nurses were trained last year in the acute life-threatening events recognition and treatment (ALERT) course and staff also have study days to train on invasive procedures such as central line insertion, arterial cannulation, chest drain insertion, lumbar puncture and tracheostomy.

The nature of work on an ICU means that staff must be ready to react to sudden changes in their patients.



Dr Nazril Nordin,  
critical care consultant,  
said: "We are a very  
progressive unit and  
want to be ahead  
of the curve."



Endoscopy lead nurse, Emma Purkis (second from right), with members of the endoscopy team

# Maintaining high standards and offering new procedures in endoscopy

**Who knew that endoscopy (the insertion of a long, thin tube directly into the body to observe an internal organ or tissue in detail) could be so popular? An impressive 96% of patients said they would recommend the service to family and friends in our Friends and Family Test results (April 2018 to March 2019).**

The department has maintained its industry accreditation (called JAG - Joint Advisory Group on GI endoscopy) since 2007, with these words of praise from inspectors following the JAG inspection in 2018:

“There is a pride in the service offered and strong evidence that this is a service appreciated by patients.”

“The units at Watford and Hemel Hempstead offer a high-quality service to their patient population with exemplary leadership at all levels and a governance structure that is inclusive of all staff and thus ensures continued service review and development,

demonstrated in many initiatives.”

“We congratulate the team on the holistic, respectful way in which they manage patients with special needs throughout the care pathway.”

## Telephone assessment service

The gastroenterology team have introduced a telephone assessment service in line with the ‘straight to test’ national initiative, designed to reduce unnecessary outpatient appointments.

Following a GP referral, a specialist nurse contacts the patient and goes through a detailed telephone assessment and then books the diagnostic test.

Emma Purkis, endoscopy lead nurse, said: “I am very proud of the whole endoscopy team. Everyone works very hard to ensure that all our patients receive the best quality of care and this is reflected in our patient feedback.”

# One-stop service for pregnant women

**The early weeks of pregnancy are usually an exciting time but sometimes they can be daunting, especially when things don't go quite as expected.**

We offer a one-stop service, providing care and reassurance for women referred to us during the early stages of pregnancy.

Our nurses who have specialist training in early pregnancy and emergency gynaecology have added another string to their bow – sonography! This means that they are able to scan, diagnose and discuss any concerns as a 'one-stop service', only referring to a doctor if necessary.

If there is an issue that needs to be dealt with, the woman can be seen quickly by the on-call team based in the next room and surgery can be offered within 48 hours, if needed. Women do not have to wait around once referred. They are given an appointment time so they can rest at home in comfort until they need to come back in.

The service has expanded over the years and now provides scans for more than 4,500 women each year, with over 90% of women being seen within 24 hours.

This early pregnancy pathway has been recognised as a best practice model and is being rolled out across the Royal Free London (RFL) hospitals group.

The pathway is one of eight care pathways currently being developed by clinical practice groups (CPGs) across our trust and RFL, aiming to improve care.



Clinical director for gynaecology, Alero Awala, said: "It's a small unit but we've got it right. Because of quick access to good quality scans and quick resolution of problems, we can offer reassurance within 24 hours."



Service offered  
six days a week,  
including bank  
holidays

More than  
4,500 women  
scanned each  
year

# Think Sepsis!

**Sepsis a life-threatening illness that, if not treated immediately, can lead to organ failure and death. But thanks to our super sepsis lead nurse, Moira, staff at our hospitals are ready to spot the signs and ask ‘could it be sepsis?’**

You can't miss Moira in her vibrant orange 'Think Sepsis' t-shirt. The former ICU nurse has trained more than 600 staff over the past year on how to recognise the signs of sepsis and how to start treatment.

Rolling out easy to use observation charts to visually alert staff to signs of deterioration, has also been a key factor in raising awareness of sepsis.

And it doesn't stop there. Moira has worked tirelessly to ensure that patients, visitors and the local community are also ready to spot the signs. She's also worked with East of England ambulance trust to train paramedics; held sessions with community groups and has even been on local radio stations to talk about the importance of recognising and treating sepsis early on.

It's clearly working as the number of patients who are screened on admission for suspected sepsis has almost doubled (from 46% in 2015 to over 90% in 2019), and the number of patients who receive intravenous antibiotics within an hour of a sepsis diagnosis has also improved significantly.



## Chain of action

Staff, patients and carers came together to help spread awareness of the signs of sepsis through the West Herts #ChainofAction to mark World Sepsis Day (September 2018).

Around 2,500 fluorescent orange paper chain links were distributed across our hospital sites to create a giant paper chain filled with words and phrases associated with sepsis. Hundreds of people contributed, and the final chain measured over 100 metres, providing a vivid visual trigger for staff and the public to ask – 'could it be sepsis?'





Michele Cui, Cavell  
Star award winner

# It's trophy time!

**2019 was an incredible year for award wins and nominations. We are extremely proud of our hard working teams and individuals who received public recognition for their tireless dedication to providing the very best care for every patient, every day.**

The celebrations kicked off in June when chief nurse **Tracey Carter received a prestigious Chief Nursing Officer (CNO) award** for her sterling work over many years in the NHS and for being at the forefront of so many positive changes at West Herts. Dr Ruth May, CNO for England, presented the award, praising Tracey for being an "exceptional nurse leader" and for the "quality of care" being delivered. In September, safeguarding nurse specialist **Bonnie Sparkes also received a Chief Nursing Officer award from deputy CNO Hilary Garratt.**

At the **Healthcare People Management Association's annual Excellence Awards we were finalists in a whopping five different categories!** The HR team were thrilled to take home the Excellence in Employee Engagement Award for their work on the staff survey results that has helped to improve culture and patient care.

Congratulations to **Michele Cui, Amanda Budd, Paula King, Heather Grant Davey and Iuliana Neacsu for winning Cavell Star Awards.** These awards honour staff who have shined bright and shown exceptional care to their patients, patients' families or colleagues.

**Bonnie Sparkes** was named **Nurse of the Year** at the 2019 Nursing Times Awards. What a win! Bonnie, who is a safeguarding nurse specialist, scooped this outstanding accolade for her work in partnership with Hertfordshire police to support victims of trafficking and modern slavery. She protects vulnerable women by joining police operations to reach those who need vital healthcare support. Bonnie said: "I became a nurse because I wanted to help people and the work I've been leading with the support of the safeguarding team helps me to make a difference and deliver something really positive."

This award was the icing on the cake for the safeguarding team who were also winners of a **2019 NHS Parliamentary Award** in the Health Equalities category for their partnership work helping potential victims of trafficking access healthcare, protection and support.



Paula King, Cavell Star award winner



Tracey Carter with Dr Ruth May, Chief Nursing Officer



Heather Grant Davey, Cavell Star award winner



Bonnie Sparkes, Nurse of the Year 2019



Safeguarding team, NHS Parliamentary award



Tania Marcus and Paul da Gama, HPMA awards



**Being named the The Nursing Times 'Best UK employer of the year' is something we're incredibly proud of.**

The judging panel recognised our sustained progress over recent years in improving working life for our staff. We were praised for the wide range of measures implemented – all with the aim of making our trust a great place to work.

Among these are a successful nurse recruitment campaign; a raft of career development opportunities; reduced use of agency staff and numerous initiatives to raise levels of morale and engagement.

Staff from recruitment, nursing and communications have worked hard to attract enough nurses to fill the long-standing junior nurse vacancies in our adult inpatient wards, with the vacancy rate falling from 28% in 2016 to 0% in summer 2019.

There has also been a renewed focus on staff development, including hugely successful programmes to support newly registered nurses and midwives and those who are looking to progress their careers within the organisation.

And with such busy jobs, we have focused heavily on wellbeing. Staff are offered free health checks, can opt into mindfulness sessions and can take part in keep fit classes on site or enjoy discounted gym memberships. Courses on stress management and mental health are also on offer.

And, our internal award scheme (called 'Stars of Herts') has proved very popular and is a great way to celebrate our many unsung heroes. This genuine approach to wellbeing, engagement and recognition, combined with creating a culture where staff feel empowered to be innovative, has created a real buzz.



## A recent NHS staff survey put West Herts in the top 20% of acute trusts for staff engagement and showed increased levels of motivation.

Tracey Carter, chief nurse said: "I am absolutely delighted that we've been recognised as the 'Best UK Employer' by The Nursing Times. It is such a fantastic achievement and reflects the dedication and commitment of all our team here at West Herts, over a number of years.

"Nursing is a wonderful profession but it can be really hard work. We want our nurses – and all our staff – to enjoy their jobs and build their careers with us and that's why we've put in so much support for them.

"Evidence shows that the happiness of the workforce has an impact on patient care

and so we're thrilled that our efforts to be a great place to work are paying off. The results speak for themselves in our falling vacancy rates and in the positive feedback to the staff survey."

Paul da Gama, chief people officer, said: "Being named 'Best UK Employer' is just brilliant. I am incredibly proud of everyone who has played a part in our journey to make West Herts a truly great place to work and learn and it's fantastic that this has been recognised by The Nursing Times. We look forward to building on this success over the coming years."

# Caring until the very end of life

**Our vision is to provide the very best care for every patient, every day – and that includes the very last days of life. Showing kindness, respect and compassion is at the heart of all we do and it is particularly important during a patient’s final moments.**

Up to four people a day benefit from end of life care at Watford General Hospital. Over the past twelve months, more than 1,000 staff (porters, nurses, doctors, housekeepers and domestics) have been trained in end of life care.

In addition, our Macmillan palliative care team, spiritual and pastoral care team and specially trained volunteers work together with the nursing team to make a very real difference to patients and their loved ones at this time.

**Our aim is to make sure that no-one dies alone.**

Staff and volunteers who support dying patients and their visitors are aided by the ‘rose project’ where a rose symbol is displayed at the end of the patient’s bed

when it’s expected that they will die within the following few hours or when a patient has just died.

On seeing the symbol, staff, visitors and fellow patients know to be especially considerate in their activity and in any encounters with people who may be grieving or distressed.

Fundraising activities have led staff to be able to make small changes to enhance the patient’s environment, such as listening to music, homely table lamps enabling softer lighting and comfort packs (containing items such as toiletries) being available.

Our end of life care team have bespoke wedding boxes to add some special touches for patients who get married during their final days. The

boxes contain fairy lights, decorations, candles and champagne glasses.

These have been used on three occasions in the past year.

Timing is critical for patients who wish to die in a hospice which is why our team work closely with hospices and with local authorities to make this happen. Knowing how to use

the Rapid Personalised Care Service means that our staff can get packages of care in place on less than a day.

Liz Sumner, Macmillan palliative care team leader, said: “We want people to know how well we look after our patients and their families when death is close at hand. We can make a real difference by showing compassion and kindness.”



# Helping our patients to get well faster and return home sooner

Our trust is incredibly grateful to have a team of more than 500 volunteers supporting patient care across our hospitals in Watford, Hemel Hempstead and St Albans.

They make a very real difference to our patients and complement the work of staff. They bring a richness to how patients experience their stay in hospital by providing company, stimulation and encouragement.

Volunteer support can aid recovery, which in turn helps patients get well enough to leave hospital sooner.

There are also benefits for volunteers; opportunities for teamwork and to gain confidence as well as to experience being in a workplace. Above all, volunteering can offer an enormous sense of reward.

Volunteers commit to a minimum of two to three hours per week for a period of six months and assist in a range of activities ranging from meeting and greeting to getting hands-on during mealtimes on wards.

All volunteers complete mandatory training, including safeguarding, data protection, hygiene and infection control. There is also specialist training appropriate to volunteer roles.



Volunteers being thanked at annual tea party (June 2019)



We currently offer nearly 40 different roles for volunteers. They cover almost anywhere and almost everything!

There are roles for volunteers who want to focus on spending time with patients, as well as those who want to help staff who work in our supporting services. Roles can be 'hands on' on wards and clinical areas or a bit more behind the scenes.

Dining companions, dementia friends and breastfeeding peer supporters are just a few of the exciting opportunities available for volunteers.

Ruth Paterson, voluntary services manager, said: "As well as giving patients a helping hand, a friendly ear and more holistic support, our volunteers also give staff the opportunity to concentrate on what they do best – providing clinical treatment and medical care. In exchange, we hope that volunteers find that their time spent with us improves their own lives, helping with confidence levels, improving job prospects and building friendships."

Architect's impression  
of redevelopment



# Improving our estate and IT infrastructure

**By the time you've reached this page, you'll have read wonderful stories about great teams giving the very best care they can.**

In some cases, the surroundings our staff work in can be a real challenge, which makes their achievements even more remarkable. The age of buildings across all our sites also impacts on the experience for our patients.

So – we were delighted when it was confirmed that £400m is going to be invested into our estate. We are committed to transforming our hospitals and we look forward to providing the very best care in modern buildings. Exciting times!

Whilst we wait for this major development to get started, we're continuing to keep our current buildings in the best shape possible. At Watford, a number of wards are now brighter and fresher following a refurbishment programme.

We have expanded the emergency department and will soon see a new CT scanner installed there.

And we are now quite advanced with reconfiguration plans for our theatre suite in the main building. Once completed, the suite will have additional functionality as new imaging equipment is being installed. This work follows on from a complete refurbishment of our day surgery unit which has vastly improved the space and privacy for patients.

The haematology day unit is another area where patients being can now receive care in greater comfort. Thanks to the Kay Kendall Leukaemia Fund and the League of Friends of Watford Hospitals, the unit has had a major make-over, with walls being removed and repositioned to make better use of the space. Improvements include an expanded treatment room, a consultation room, a refreshment area and a new



heating and air conditioning system, all making treatment a little more bearable for patients with blood cancers.

At Hemel Hempstead, our younger patients are benefiting from a spruced up waiting area in the urgent treatment centre and improvements to the children's outpatient department.

In St Albans we're busy building a new orthopaedic outpatient centre in the Holywell suite.

It's not just our bricks and mortar that are being improved – our information technology (IT) is also undergoing an overhaul. Over the past year we have moved to a new IT supplier (Atos) and successfully transferred across to the wider NHS email system.

And that's just the start. Over the next five years we'll see many improvements to our IT infrastructure and systems as part of an

exciting digital transformation programme.

To begin with, we aim to upgrade our IT and telephony infrastructure to improve speed and reliability. This includes plans to install a new Local Area Network (LAN), which will provide robust and speedy connections across our estate. This will improve user experience and free up time for our staff to provide patient care.

Once a stable infrastructure is in place, we'll look to make further technology improvements such as upgrades to software and applications. This phase will see us upgrading to Windows 10 as well as working with partner organisations to make sure our IT systems 'talk to each other'.

We are also working towards having electronic patient records in place, helping us to be as paperless as possible by the time we open the doors to our new buildings!

# Making the best use of every pound

**Staff who manage hospital services are ably supported by colleagues in the finance team who use their skills to help managers find and make savings.**

Our number crunchers have done a great job at sharing what has worked in departments across the trust, so that staff can learn from each other. As well as individual in-house budgets, our contracts with major suppliers have come under the microscope, resulting in sizeable cuts in expenditure. We have also worked hard to reduce energy expenditure and secure competitively priced goods and services.

Impressive savings have been delivered in agency staffing costs. In 2019 these were £15m – more than halved from 2016. This saving brings a double benefit; firstly, filling vacancies with permanent staff means that we cut costs, and secondly, we increase the continuity of care by having a higher ratio of permanent staff who can form strong teams.

Keeping up with the coding has also made a difference to our bottom line. Coding is a skilled job, matching clinical care against cost codes to ensure that we get paid the right amount for the work we do. Our coders found areas where we'd undercharged and this brought in income due to us.

Pursuing greater efficiency can also improve patient care. In trying to reduce wasted costs due to cancelled operating theatre sessions, we reviewed what was causing this and put in place measures to reduce the cancellations.

Switching appointments from in person to phonecalls and putting as many 'steps' of the patient pathway together in one visit also saves clinical time (and therefore costs) as well as cutting the inconvenience for our patients.

Sometimes we call on the experts to help and in 2018/19 we received a £1.2m refund of business rates, having had advice from a specialist in this field.

Increasingly, we work with colleagues in other NHS organisations to take a broader look at costs so that we can identify savings for the system and make the best use of the every NHS £.



In 2018/19  
we delivered  
more than £16m  
savings.



Agency  
staff costs  
have halved

# raise



Mavis Tyrwhitt (centre) pictured with ventilator equipment funded by the League of Friends



Volunteers and staff with Christmas presents donated by the community



Helen Farmer, paediatric oncology specialist nurse, with Chester Chest



Jackie Fitzsimons, healthcare assistant, who led the fundraising for the new cots at Watford General Hospital

**Raise – the charity which supports our hospitals has been busy with a range of projects that have benefitted patients across the trust.**

The appeal for new maternity cots, championed by Jackie Fitzsimons (below), went brilliantly, with local businesses jumping on board to pay for 26 new cots – replacing the ones that been on the ward for more than three decades.

Our generous League of Friends of Watford Hospitals has a proud history of supporting the trust with many items of equipment. Patients can breathe easy with the purchase of a special ventilator which helps open their lungs using air pressure. These machines can reduce the potentially fatal build-up of carbon dioxide in the lungs. The ventilator is worn like a mask and can be used whilst sleeping. Around 300 patients per year who experience respiratory failure can benefit from this new piece of kit.

Gifts sometimes come from grateful patients and their families. Chester Chest is a lifelike model of a human torso which helps to train nurses in the insertion of central lines (used to give chemotherapy drugs) into children with cancer. We are grateful to the fabulous fundraising efforts of 13-year old Ethan and his family following his treatment for acute lymphoblastic leukaemia. Auctions, raffles, a tombola and a range of social and sporting events were just some of the activities undertaken. Helen Farmer, paediatric oncology specialist nurse, said: “Chester is so useful in helping to train staff. We would like to say a huge thank you to Ethan’s family and friends.”

Another highly successful appeal is Raise a Smile – aimed at amassing enough presents for every patient who’s in hospital on Christmas Day. The appeal has run for two years now and in 2019 almost 800 Christmas gifts were given out across the three hospital sites.

[www.raisewestherts.org.uk](http://www.raisewestherts.org.uk)

SO, you want to...

## Work for us

If you would like to join #TeamWestHerts, please visit our website at:

[www.westhertshospitals.nhs.uk/joinourteam/](http://www.westhertshospitals.nhs.uk/joinourteam/)

## Volunteer for us

If you want to join our dedicated volunteering team, please visit:

[www.westhertshospitals.nhs.uk/patientservices/volunteering/](http://www.westhertshospitals.nhs.uk/patientservices/volunteering/)

or call **01923 217307**

or email [westherts.volunteers@nhs.net](mailto:westherts.volunteers@nhs.net)

## Support our charity

If you'd like to support or donate to Raise, please visit:

[www.raisewestherts.org.uk](http://www.raisewestherts.org.uk)

or call **01923 244366**

or email [office@raisewestherts.org.uk](mailto:office@raisewestherts.org.uk)



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**GREAT TEAM**

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