Hereford Hospitals
NHS Trust

The Annual Report is an opportunity to take stock of the achievements of the last year and look forward to the improvements we will be making, both for the people we care for and the team members without whom there would be no hospital service.

In last year’s annual report we made a commitment to improve waiting times, design the care we provide around the needs of patients and make the hospital environment better for patients, visitors and staff. In this report you will find examples of all of these improvements. We have reduced the length of time people wait for care, we are one of the best performing hospitals in the South Midlands for fast access to emergency care. We have made a real focus on the hospital environment and improving hospital food and we have both personally joined cleaning teams and been part of ‘spot checks’ on food served to patients. We are pleased to report that both initiatives are having a positive impact.

It has been heartening to receive positive feedback from independent inspectors. The Healthcare Commission found many improvements as part of their star rating award and those who read the ‘Good Hospital Guide’ will see that we are regarded as one of the most effective hospitals in England in developing day surgery and reducing the length of time people need to spend in hospital. Achieving this has been a real team effort.

During the year we have developed a much clearer vision of the hospital service we want to provide in Herefordshire. We have shared this vision with many of our users and staff and are now actively engaged in making that a reality. This will mean recruitment of more clinical staff and redevelopment of parts of the site. We want to be the hospital that local people choose and to open up the service here to more people who live in Wales.

This is a good and safe hospital but we do not get it right all the time or for every patient. This year we will be focussing on two things. Firstly, making sure the consistency of our care improves, with the aim of getting it right for every single patient. Secondly, we will be more active in sharing publicly the information on the safety and effectiveness of all the services we provide. In addition, we will be making improvements in one of the areas that has a significant impact on peoples experience – car parking!

If you are a patient of the hospital please understand our commitment to the quality of care here. If you read this report as a member of staff, thank you for being one of the team which is helping deliver a good hospital service which will improve again in the coming year. We would both like to pay tribute to the effort, dedication and care shown by people who work at the hospital whether they are hospital staff, volunteers or support staff. It has been a year with great work pressures and yet again, improvements in the care we deliver.

Looking Forward

The national programme for the introduction of Foundation Trust’s within England has given all NHS Hospital Trusts the opportunity to attain Foundation Trust Status by the latest 2008. This is an exciting opportunity that builds on the progress we are making in setting our vision for the future and having the tools to accomplish it. Our aim is to prepare for Foundation Trust status over the next 18-months with an ambition to attain Foundation Trust status during 2007.

“This is a big challenge for the Trust but will be of great benefit to the population of Herefordshire and mid Powys”
the services we provide

Brief History of the Trust

Hereford Hospitals NHS Trust is a district general hospital serving the rural communities of Herefordshire and the borders of Wales, Powys and Gwent, with a population of 200,000. We work with Birmingham, Gloucestershire and Worcestershire clinical networks for more specialist services and specialised surgery. We provide short stay surgery, predominantly day case and efficient emergency services linked to major trauma centres.

Our Mission Statement:
"Our commitment is to provide the highest standard to the people of Herefordshire."

Our vision is excellence in the delivery of secondary care services to our local population through partnership with patients, the public and other organisations.

Our vision will be delivered by being:

- The provider of choice for patients and partner organisations
- The employer of choice
- The delivery of excellent, high quality, innovative patient centred clinical and support services

The Trust objectives:

1. To provide patients with fast reliable and personalised care, ensuring they receive the best possible experience
2. To provide safe and clinically effective care for patients in a high quality hospital environment
3. To ensure that the Trust is able to operate successfully and cost effectively in business terms and that sound governance arrangements underpin all its activities
4. To ensure that the Trust’s workforce is highly motivated, skilled and appropriately deployed to ensure the delivery of a high quality service
5. To promote the Trust’s services to the public of Herefordshire and surrounding area and to work in partnership with external organisations to ensure the integrated delivery of healthcare

Strategies deployed to achieve objectives include:

- An environment that values open and transparent dialogue and decision making
- Strengthening clinical involvement in the Trust decision making
- Modernisation improvement programme
- Lowering costs and increasing productivity
- Promoting team working as a vehicle for success
- Engaging staff and public in developing a “vision for the future”

How do we know we are achieving them?

- Reports to our Trust Board and sub committees on our performance
- Staff and patient national surveys
- Feedback from our users
- External reports benchmarking the service provided with other hospitals

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how did we perform?

Statement of Internal Control and Good Governance

The NHS is about providing responsive, high quality healthcare to patients within resources provided by the taxpayer.

The Hereford Hospitals NHS Trust is committed to good governance and stewardship to ensure quality care is a corporate responsibility, demonstrable to the Healthcare Commission and other health watchdog agencies. However, providing ‘acute’ hospital care is not a risk-free activity. The treatments and procedures we undertake with our patients’ consent, often involve some risk of harm. The Chief Executive has personal responsibility for maintaining processes and systems to ensure that all of these risks are minimised and is required to make an Annual Statement of Internal Control for 2004/05 to the effect:

‘The system of Internal Control has been in place in Hereford Hospitals NHS Trust for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts.’

The Statement of Internal Control for 2004/05 has been approved and adopted by the July Board of the Trust and signed on its behalf by the Chief Executive.

A comparison of the number of patients treated over the two years shows that in 2004/2005 we:

✓ Treated 5,000 more patients within the Accident & Emergency Department
✓ 98% of the 40,781 people who attended the A&E Department experienced a total visiting time of 4 hours, 8% increase from March 2004
✓ 1,000 more new outpatient appointments took place and the waiting time for first outpatient appointment reduced from 17 weeks to 13 weeks from GP referral
✓ 99.7% of patients referred with suspected cancer attended their outpatient appointment within 14 days of referral
✓ 2.7% more patients had planned treatment at the hospital

Areas for improvement include rapid access chest pain clinic with 22.5% of patient seen within the 14 days standard from GP referral. The introduction of the new rapid cardiology service in February 2005 demonstrated real improvements with 84% of patient seen within the 14 day standard, rising to 100% in March.

The Trust has made significant reduction in how long patients stay in hospital and carries out a large portion of its treatments as day case which is recognised nationally as best practice. To cope with the pressures on beds as a result of increased numbers of emergency admission, the Trust re-opened Kenwater Ward. Reducing the number of emergency admissions to the hospital will be a critical success factor in delivering reduced waiting times for planned care and maintaining the 4 hour standard within A&E. We will work with the Primary Care Trust to examine alternative support for people who have health care needs that can be provided outside an acute hospital setting.
The Charles Renton Unit opened in 1996 at the instigation of the previous lead cancer nurse, Bobby Bolt. It has developed over time to now provide a focus for day case cancer services within the Hospital.

Approximately 250–300 patient visits are made to the Charles Renton Unit every week. This includes visits by those being investigated for cancer, those receiving cancer treatments and those being followed up. The unit also does some non-cancer related activity.

This has been a remarkable year for cancer services with notable progress being made both in terms of the expansion in local day case chemotherapy services and in the enhanced support being provided to clinical teams.

Under the dynamic leadership of the lead clinician, Dr Lisa Robinson, the number of patients receiving chemotherapy in Hereford has nearly doubled. Previously these people would have needed to travel to the Cancer Centre in Cheltenham. This in large part has been because of the redesign of the service and the extension of nursing roles to now include nurse-led chemotherapy assessment. Quality of service has also improved by significantly reducing waiting times. There has also been an extension of the psychology service provided to cancer patients. This increase in activity would not have been possible without the commitment and support of both the pharmacy department and the chemotherapy administration team.

The Cancer Data Management team in the Charles Renton Unit has also received national recognition for being at the cutting edge of supporting multidisciplinary teams in cancer, winning first prize in a national poster competition. The team also received recognition from the Strategic Health Authority in respect of cancer waiting times, the quality of the cancer data, and the contribution this data has made to the planning of developments in cancer by the Cancer Unit Project Team.

Moving a particular list from an afternoon to a morning has meant that patients can now go home on the day of their procedure rather than staying overnight, so saving the Trust approximately 160 bed days a year.

By continually auditing the throughput of in-patients requiring urgent endoscopies, we have significantly improved the speed of access and reduced delayed discharges.

By offering patients a choice of appointment dates/times and sending out reminder letters, we have reduced the numbers of people not attending for procedures.

By having a central booking system and relocating the support staff within the endoscopy unit, we are working towards reducing the number of queues for patients waiting for procedures.

By mapping the patient’s journey through the department we have been able to identify the bottlenecks and have adopted new appointment templates and documentation to improve the flow.

By providing additional training to change the way in which nursing staff work we have been able to utilise one of the health care workers in a first assistant role and the nurse consultant as an endoscopist.

Our service improvement plans are ongoing providing measurable long term improvements in the way in which we deliver care to our local patients.

With the government focus now on improving diagnostic services, endoscopy has been in the spotlight to improve the quality and safety of endoscopic procedures.
The Infant Feeding Midwife is now facilitating workshops in Hereford and the surrounding market towns which inform mothers-to-be about the health benefits of breastfeeding for mothers and babies.

The women only groups are interactive and provide pregnant women with the requisite information which will empower them to initiate and sustain breastfeeding for the benefit of the baby, which is in line with Government health targets. The classes are open to all women, irrespective of whether they have previously had a baby, and/or breastfed in the past. The information provided is compliant with UNICEF standards and is evidenced based. There has been a good response to the classes, and breastfeeding rates have increased across the County – audit currently in progress.

The Infant Feeding Specialist offers personal or telephone support to women who have breastfeeding difficulties, and works with Paediatricians, colleagues in the Maternity Unit, Special Care baby Unit and the Paediatric Ward to provide education and support.

Drug and Alcohol Abuse

A multi-agency working group was convened in 2004 to explore the service currently available to pregnant drug users and to begin to address the inequities of care which pregnant women from marginalised sectors (i.e. drug users) in Herefordshire can experience.

To date, a formalised referral system between the DASH workers and the Midwifery service has been implemented, and work is being undertaken to develop an ICP for this group of service users.

Information and Communications Technology (ICT)

Modern ICT systems are integral in supporting the delivery of effective and efficient healthcare. In 2004/05 a major achievement was the successful implementation of a ‘wireless network’ enabling clinical staff access to a patient’s electronic record from anywhere within a ward or clinic location. In addition, all patient x-rays are now available digitally on any hospital computer and a new information system within the Radiology Department will help improve patient access to these diagnostic services.

Soon, all patients will be given easier access to their choice of hospital for their first outpatient appointment. The hospital has been gearing up for this to make their clinics available for ‘on-line’ booking by referrers, such as GPs.

Allied to this will be an extensive training programme to facilitate staff to use the new technology.
human resources

It has been another busy year for the Trust in relation to Human Resources management.

Human Resources Strategy and Management

A review of actions against the current Human Resources Strategy (2000-2005) was presented to the Trust Board with some significant successes noted.

Agenda for Change

The Trust has been working hard to introduce the new NHS pay and benefits system, Agenda for Change. At the end of March 2005 the Trust had assimilated 51% of staff onto the new pay system which was in excess of the national targets required for achievement at that date. Delivering the remainder of the workforce onto the new pay system will remain a challenge for 05/06, along with the other elements of the package most significantly the delivery of 100% performance appraisals and Knowledge and Skills Framework outlines (KSF) for employees by the end of 2005.

Staffing and Staff numbers

The past year has seen some further changes in the composition of the Trust Board, with some further new appointments, namely the Director of Nursing and Quality and the Director of Finance posts. These appointments provided the trust with the additional posts required for the Executive Team.

Staff Numbers and Headcount

- The number of doctors working in the Trust has increased in the last twelve months.
- The number of nurses has remained relatively static.
- The number of therapists, including physiotherapists, dieticians, occupational therapists and radiographers has increased.

Student Nurses

This year all the student nurses who have trained within Herefordshire in Adult nursing and wanted to work in the Trust have been offered positions within the Hospital. The students had spent three years training to become qualified nurses at University College Worcester with many of their placement experiences in Hereford Hospital, supported by a team of Clinical Facilitators.
Hereford Hospitals NHS Trust

looking after our staff

The results of the national staff survey for 2004/5 showed key strengths for the Trust as:

- Training, empowerment of staff and development and opportunity to take on additional tasks/responsibilities
- Encouragement of team work and team objectives
- Healthy workplace support
- Work-life balance initiatives

Areas which were identified for room for improvement were:

- Performance management and performance appraisal for employees
- Involvement of employees in decision making
- Working hours
- Management support for involvement and development of employees and longer vision/direction for organisation
- Strategic Human Resource Management

The results of the survey have been shared with staff and are readily available via the intranet.

Work Life Balance

The Trust is committed to delivering an improved working life for all staff and understands that staff work best for patients when they can strike a healthy balance between work and home commitments. The Improving Working Lives Standard offers guidance for supporting staff in the workplace. Activities which the Trust has been delivering in this area are:

- flexible working
- childcare provision and support for carers in the workplace
- flexible careers
- flexible retirement
- training and development
- healthy working
- staff involvement and communications

Helping to Support Working Parents

The Childcare Co-ordinator role, in place since 2002, has now been expanded to a Work Life Balance Adviser role to cover both childcare, carers and flexible working needs. The role is having a positive impact on recruitment and retention of staff by helping them to balance the pressures of work and life outside of work.

For the 5th year running, The Trust has successfully implemented a subsidised holiday play scheme at the local College of Technology. Last year over 125 children attended the scheme during the 6 week period and parents benefited from this childcare support.

Flexible Working

The Trust has in place a number of policies and procedures relating to flexible working e.g., job-sharing, self-rostering, term-time, condensed hours, annualized hours, career breaks and working from home. As part of this approach to flexible working, Natalie Butt was able to take a career break.

Occupational Health

The Occupational Health Department are committed to providing and developing a comprehensive and high quality service to all members of staff, in order to preserve and enhance their health at work.

A proactive department, we are constantly evaluating our procedures and policies to improve our service provision, by providing a quality service to NHS staff through:

- Pre-employment Health Screening
- Immunisations/Vaccinations
- Health surveillance programmes
- Environmental/Workstation Assessment
- Sickness Absence/Health referrals
- Health at work initiatives
- Counselling service
- Complementary therapies
- Flu vaccination programme
- Lifestyle Assessment screening
- Health & Safety Issues

In addition to these ongoing services, Occupational Health is always seeking ways to implement additional services and projects to benefit our NHS staff, for example last year we:

- Installed the Hela massage chair for use by staff. The money to purchase this was raised by staff through the annual slimming club
- Introduced Nephritis C testing Trust-wide for all staff who undertake exposure prone procedures
- Introduced Varicella (Chicken Pox) testing and vaccination for all front-line staff who are non immune
- Taking the lead for Improving working lives plus accreditation
- Development of a risk assessment form for staff who are returning to work following work-related stress

The Occupational Health Department is a nurse-led service.
looking after our patients

Complaints

A total of 214 complaints were received in the period 1st April 2004 to 31st March 2005. 82% were concluded within 20 working days, the remainder being delayed through staff absence / complexity. The number of meetings with complainants to resolve complaints locally has risen and this has included the offer to meet with complainants in their own homes. Examples of actions taken and service improvements arising from complaint investigations include:

✓ Extra clinic initiatives
✓ Discharge check list revised
✓ Guidelines produced regarding drug withdrawal
✓ Monitoring of communication skills
✓ Policy produced regarding dental swabs left in situ after surgery

PALS

The Patient Advice and Liaison Service has been running for three years. The service supports patients, relatives and carers who have concerns, need information or advice about healthcare issues within the Trust or wish to comment on the services they have received. Improvements to care through the work of PALS include:

✓ the introduction of ‘protected meal times’ in response to concerns raised by some dependent patients and their families that they required assistance with feeding.
✓ the development of an inpatient booklet and a project introduced to improve the quality of patient information available, including access via the internet.
✓ establishing a Patient and Public Involvement Committee within the hospital to ensure that patient views are listened to and acted upon.

Consumer Group

The consumer group has been in existence for a number of years. Over the past year the group has been actively involved with the Patient Environment and Audit Team and Cleanliness in Hospitals inspections. The group has also carried out a report on the patient survey and an analysis of the vast array of comments obtained. A visit to a local hospital also took place to look at how volunteers can work even more effectively with patients and staff to improve the patient experience.

Patient Surveys

Two patient surveys were carried out during the year on Accident and Emergency and Outpatient Services. The Trust performed well nationally and action plans have been developed to address the issues where we could make improvements. Patients’ views put Hereford Hospital in the top 20% of Trusts nationally with respect to the ‘hospital environment and facilities’ including issues around cleanliness.
environmental improvements

The Hospital - Its Your Building!

Last year saw the first full year of occupying the building without the added complication of having the builders on site. As a consequence, it’s been a year of refining how we can use the building to provide the best possible care for our patients.

During the year, we have seen further donations to our “Art in Hospitals” scheme. The “Big Apple”, a gleaming metal sculpture, was erected on the site as part of Hereford Art Week. The 2.5m stainless steel apple was designed and made by local artist Ian Berill and is sited in the public seating area opposite the main entrance.

Several pictures were donated, including a picture to commemorate the late Kenneth Webb, who celebrated his 100th birthday in the Hospital. “The Dorset Downs” was painted by his wife, Eva. “Moving Onwards”, a triptych picture, was presented by artist Lynne Hollingsworth to thank the staff at the Hospital for their excellent care of her father, Harold Williams.

Last year, via our PFI partners (in this case Atkins Health Asset Management), the Hospital entered the “Hereford in Bloom” competition, and the site came second. We were also visited by the judges for “Britain in Bloom”, our contribution to Hereford City’s efforts in this year’s competition.

During the year we have also maintained our standing within NHS Estates, who audit the environment in respect of catering and cleaning standards. This coming year we hope to improve upon these audit results.

The introduction of further measures to restrict smoking on the Hospital site leads to a quite important message from the Trust to you, our patients and visitors. The message is that “this is your Hospital”. Although we make every effort to keep the physical environment clean, pleasant, and fit for us to provide services, we need you to take care and pride in our Hospital, and we always welcome any helpful suggestions you may have.

Voluntary Services

Our Hospital Volunteers continue to support us in many ways: Way Finding, Ward Library, Chaplaincy, Ward Flowers and support in the Charles Renton Unit. We have said goodbye to one of our long serving volunteers who, at the age of 90, has decided to “retire” and has moved to live nearer her family after 21 years of volunteering at the Hospital.

We all very much appreciate the many hours these wonderful people give to make life a little easier for our patients.
The CNS group has achieved another successful year, spanning 24 diverse services from Cancer care to Colorectal; Respiratory to Rheumatology; Tissue Viability to Thrombolysis (to name but a few!).

CNS’s involved with the Three Counties Cancer Network have developed care in partnership with Cheltenham and Gloucester increasing local facilities for patients with cancer and their carers. The Palliative Care CNS continues to provide holistic care to patients with terminal illness.

The work of Cardiac Rehabilitation CNS has been enhanced through the appointment of a Clinical Psychologist to give cardiac patients emotional and psychological support. Diabetes, Respiratory and Cardiology CNS’s have been successful in expanding their service through recruitment of additional members to their teams. These service developments have enabled more people to manage their long-term condition through CNS support; guidance; information and education thereby preventing hospital admissions, and more importantly, increasing the quality of life.

All CNS’s remain active and committed to maintain the highest standard of patient care. Their representation on Regional and National Boards champions and drives innovative changes in nursing practice. The CNS group look forward to another excellent year and the challenges ahead in the delivery of modern health care within The Trust.

Helen Griffiths – Nurse Consultant for Gastroenterology

Helen was appointed to the post in February 2005. She has worked in the Trust for 15 years, starting as a part-time staff nurse in the Endoscopy unit in 1990. Having taken over as unit sister Helen undertook a Masters degree, following on from which she secured a post as clinical nurse specialist in gastroenterology, where she was voted Gastroenterology Nurse of the year in 2002 for her work setting up an Iron Deficiency anaemia service. This new post allows Helen to continue in her clinical role, which includes undertaking Endoscopies, but also allows her to utilise her knowledge and skills in a consultancy and strategic role. In addition, her work at National and International level includes lecturing and she is a regular contributor to Gastroenterology’s Specialist Nursing Journal for which she is a member of the editorial advisory board. She is also undertaking a PhD at Swansea University.

NHS Professionals: Hereford

Hereford NHS Professionals is a service providing temporary staff with a variety of skills relevant to working within Hereford Hospital. This service has not only reduced the cost to the Trust for the supply of temporary staff, but has ensured a consistently high standard of staff at what can often be very short notice.

NHS Professionals are always keen to recruit individuals who are keen to work for the Trust on a flexible basis.
Supporting Older People and Preventing Avoidable Admissions

Nationally about a third of all people aged over 65 fall each year and falls contribute to half of hospital admissions for accidental injury. Falling in older age can lead to increased anxiety and depression, reduced activity, walking and social contact, along with higher use of medication and greater dependence on health and social care services.

The Day Hospital Assessment and Rehabilitation Centre has established a programme aimed at preventing and reducing falls by improving people’s balance and advising them about safety, particularly in the home. Through working with people who have fallen or who are at risk of falling, people may live more independently, have fewer injuries through falls and fewer admissions to hospital.

Depending on their individual requirements patients are invited to join a balance and safety or falls prevention programme. Both programmes are run over a set number of weeks and include key elements such as:

- Exercise led by a trained person to improve strength, balance, gait and improve stamina, confidence, mobility, ability and independence.
- How to cope following a fall, summon help and getting up off the floor safely.
- Health promotion on topics such as medication, nutrition, hazards in the home, foot care and much more.
- Improved quality of life by reducing the fear of falling, increasing activity levels and reducing isolation.
- Further medical review if required.

There has been excellent feedback from patients attending the programmes and referrals to the service can be made by all health care professionals.

This risk assessment tool was introduced early this year across all adult wards within the hospital. The tool has been incorporated into the existing nursing records, ensuring each patient’s risk of falling is assessed so that staff take those actions which we know can reduce the risk of a patient falling.

Pre-operative Knee Workshops

Following the success of the pre-operative Total Hip Replacement workshops the Orthopaedic team have piloted and from January 2005 started running similar workshops to prepare patients for Total Knee Replacement surgery.

Patients and their carers listen to presentations describing the surgery, pain relief, exercises they can do to help themselves, what they can do to help their recovery and what to expect from each member of the team during their hospital stay. They are prepared for an admission of 5 days, going straight home without the need to be transferred to a community hospital. After returning home we expect patients to attend their local hospital for follow up physiotherapy and to be able to manage with most of their everyday tasks with little assistance from others - an important message particularly to the carers!

Each patient is also seen individually by Occupational Therapy, Physiotherapy and Nursing to address individual and more personal needs. A comprehensive booklet is provided for all patients to reinforce all the information given, it comes with an expectation they will practise their exercises and with their crutches and do what they can to ensure the surgery and discharge goes smoothly. We now run both hip and knee workshops every week and throughout the team find the experience of patients coming through both the hip and knee workshops to be more straightforward and less traumatic.
One of the most significant achievements over the last year has been improving patient access to the Barium Enema Service. Barium Enema waiting times have reduced from 120 weeks to 2 weeks and patients are now able to choose the time and date of their appointment thanks to administration service improvements.

Radiology staff, patients, referring Consultants and colorectal teams, service improvement facilitators and other health professionals all worked together to achieve this fantastic result. Introducing the Radiographer led barium enema service has also supported their professional development, leading to greater job satisfaction while providing a more flexible service to accommodate operational requirements.

Certainly, the feedback from patients and staff has been encouraging:

‘Excellent in every way – minimum of waiting and swift procedures. Congratulations to all concerned’
(Patient)

‘Gastroenterology has seen a huge improvement to the service provided to our patients and it’s been amazing to see the enema waiting list reduced to such a short time, which is beneficial to all concerned’
(Colorrectal medical secretary)

In August 2004 the department received its first Ionising Radiation (Medical Exposure) Regulations inspection. The report highlighted the high standards of practice undertaken within the department together with a good understanding of the regulations. A further positive report was received following an Environmental Agency inspection of the Nuclear Medicine Department in November 04.

The department is also benefiting from £20k awarded by the National Radiography Workforce Project to support the training and development of two Assistant Practitioner posts. Having completed their NVQ Level 3 Course in Therapy and Diagnostic Care, two Radiography Assistants have been enrolled on the Assistant Practitioners course at the University of Central England (UCE) and another assistant will be taking a place on the Radiography Degree course at UCE in September 05.

We were also the host Trust for the 2004 NHS International Radiologist Fellowship Programme, designed to recruit experienced Consultants from outside the UK to positions in the NHS. We were delighted to appoint Dr Joy Thomas through this scheme who started with us in November 2004. Dr Peter Stamper, Part time Consultant Radiologist, also joined us in March 2004.

Consultations with Local Groups and Organisation

The Herefordshire Overview and Scrutiny Committee reviewed the consultation undertaken by Herefordshire PCT on the ENT for emergency ENT services. The outcome of the consultation process led to the transfer of emergency ENT services to Worcestershire Acute Hospitals NHS Trust.

We value the challenge and constructive feedback provided by the committee on the provision of services locally and readily participate and provide information to meet their programme.
health & safety performance

The revised Health and Safety Committee and the formal links with the Risk Management and the Clinical and Corporate Governance Committees has provided a revitalised approach to further developing and improving the management of health and safety and monitoring performance.

The Joint Health and Safety policy with Mercia Healthcare was given Trust Board approval in November 2004. This has provided detailed guidance for managers on risk assessments, statutory health and safety training and workplace audits/inspections. The Trust has continued to improve the management of health and safety at ward and departmental level by managers attending the IOSH (Institute of Occupational Safety and Health) managing safely certificate course.

Fire risk assessments have been completed for the whole of the hospital site and are currently being progressively reviewed and improvements made to fire protection arrangements. In addition the fire emergency response arrangements have been modified to improve communications and reduce the response times of fire teams in an emergency.

Data from the Trust incident reporting system has provided a measure of health and safety performance showing the total number of reported incidents have decreased by 12%. Compared with last year, patient incidents decrease by 2%, and staff incidents decreased by 11% compared with the previous year.

Infection Control

The Prevention and Control of Infection is considered a top priority by Hereford Hospital NHS Trust. This commitment is evidenced by the diverse and robust Infection Control programme delivered across the Trust by the Infection Control Team.

The Infection Control Team undertakes a programme to ensure standards and practice for the prevention and control of infection are high. This includes education, audit, surveillance, policy and service support.

The expansion of the Infection Control Team in 2004 enabled a number of initiatives to be effectively implemented.

The Infection Control Team consists of Dr Alison Johnson: Infection Control Doctor, Mrs Gillian Hill: Lead Infection Control Nurse, Mrs Sandra Townsend: Infection Control Nurse and the Infection Control Board Level representative, Mrs Helen Blanchard: Director of Nursing and Quality.

Infection Control participates in the Audit programme across the Trust and monitors infection control standards within all specialties. The Infection Control team conduct regular audits as well as participating in The National Standards of Cleanliness audits and the PEAT audits (Patient Environment Action Team).

On the 28th February 2005 the Trust participated in National Think Clean Day. The day brought all grades of staff together in order to raise the profile of cleaning. The day itself was a huge success and has been developed to continue on a monthly basis across all the wards. This programme is led by the Modern Matrons and the Ward Sisters.

In February 2005 Hereford Hospitals became an implementer site for the National Patient Safety Agency: 'Clean your hands' campaign. The Trust was one of the first hospitals to put alcohol-based hand gel at the foot of every bed in the Hospital. The campaign has introduced gel positioned at the entrances and exits of hospital areas for use by patients, staff and visitors. Awareness of hand hygiene best practice for staff, patients and their visitors has been raised through education, posters, leaflets and badges. The campaign reinforces the message to patients that it's ‘ok to ask’ if staff have performed hand hygiene and has been a huge success.

Across 2005 the Infection Control programme has continued to expand and improve with a variety of new initiatives ensuring that patients and staff are in an environment where the prevention and control of infection is a priority. However, the Infection Control Team are not complacent and are continually evaluating and introducing new measures to control hospital-acquired infection.

Emergency Planning

The Trust has in place the most recent version of the Major Civil Incident Plan and this was circulated widely on the 31st January 2005. This fully complies with the current emergency planning guidelines.

2004/05 was undoubtedly a challenging but ultimately successful year in financial terms for the Trust as we managed to treat the highest number of patients ever whilst still meeting our statutory financial targets. This was in large part due to the skilled and prudent use of resources by front line clinical and other staff.

The headline statutory financial achievements for the year, which as a Trust we should rightly be proud of were as follows:

- we successfully achieved a balanced Income and Expenditure position in relation to our day-to-day activities as a hospital, generating a small surplus of £20,000 (this compares with a deficit of £1,596,000 in 2003/04 after taking account of a prior year adjustment)
- we exactly hit the External Financing Limit (in effect a cash limit for all our activities) set by Government of £3,042,000
- we achieved a Capital Cost Absorption Rate (in effect a return on capital employed) of 3.3% which was within an acceptable range of the official target of 3.5%
- our capital spending (i.e. expenditure on new buildings and equipment etc) was within the Government set Capital Resource Limit of £2,694,000 by £409,000

In order to fund the hospital services (secondary care) we provide as a Trust, we secure the majority of our income from NHS commissioner organisations (Primary Care Trusts in England and Local Health Boards in Wales). In 2004/05, of our total income of £77,428,000, £68,717,000 came from NHS commissioners and other Income from Activities with the remainder being £8,711,000 funding for the Education and Training of our staff and £6,096,000 for Other Operating Income. The chart below provides a breakdown of our income from commissioners in 2004/05:

In 2004/05 we spent £77,028,000 on the direct provision of services, an increase of £5,106,000 or 7.1% over the previous year, reflecting the fact that with additional funding of over £3m from Herefordshire PCT, we were able significantly to expand or improve a range of services including Orthopaedics, Accident and Emergency and Cardiology. As a result patients can expect to wait for a shorter time for treatment and to receive a higher quality service. We also took steps during the year on our own initiative to respond to unprecedented levels of demand for emergency treatment by increasing bed capacity (in practice by reopening Kenwater Ward), thereby halting the bed closure programme originally conceived as a means of funding the new privately financed (PFI) hospital.

Not surprisingly, the bulk of our day to day spending goes on front line services and in particular medical and nursing staff as is demonstrated in the chart below (in this context it is pleasing to note that our management costs fell as a proportion of relevant income from 4.4% in 2003/04 to 4.2% in 2004/05):

During the year we were also able to commit capital expenditure (building construction/improvement and equipment items over £5,000) of £2,580,000, an increase of £587,000 over the previous year. Amongst other things, this enabled us to begin the refurbishment of our Pathology laboratories and to make a significant investment in clinical equipment and IT for front line service areas. A breakdown of our capital expenditure programme is provided below:

<table>
<thead>
<tr>
<th>£k</th>
<th>PFI Tariff – Capital Element</th>
<th>Medical Equipment</th>
<th>IT Replacement Programme</th>
<th>Pathology refurbishment</th>
<th>IT NPFIT</th>
<th>A&amp;E Development</th>
<th>Digital Hearing Aids</th>
<th>Other</th>
<th>Asset sales</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,087</td>
<td>526</td>
<td>317</td>
<td>309</td>
<td>220</td>
<td>91</td>
<td>88</td>
<td>237</td>
<td>-295</td>
<td>2,580</td>
</tr>
</tbody>
</table>

These achievements aside, the financial experiences and challenges of 2004/05 sound a cautionary note for the future because in essence we were only able to balance income and Expenditure last year through one off gains totalling some £1.6m (primarily through changes in how we accounted for hutton wards originally scheduled for closure and through slippage on some of our planned service developments).

Looking ahead to 2005/06 when we expect to treat an even greater number of patients as we strive to reduce waiting times, we are estimating that we will need to find operational savings through improved efficiency of some £2.5m to achieve break even once again. That said, as the NHS in England moves progressively over the next two years to a financial regime called Payment by Results where hospitals are paid strictly at a national price for the number of patients treated, we can expect to see our income better reflecting the volume of services that we provide.

A summary of the Trust’s Annual Accounts for 2004/05, as audited and signed off by our external auditors (the Audit Commission), follow at the end of this section. A complete set of accounts can be obtained by contacting Martin Woodford, Trust Director of Finance, on 01432 364428.

Charitable Funds

The accumulated balance of sums received through legacies, donations and gifts from the public was £1,216m at 31 March 2005. This is invested on deposit with Cazenove Fund Management and Barclays Business Premium Account. In 2004/2005 £0.534m additional charitable income was received, including interest of £0.052m. £0.561m was spent on patients’ and staff welfare, amenities and hospital building and equipment. Management and administration costs were £0.025. An annual report of the activities of the Charitable Funds is sent to the Charity Commission and is available on request from the Director of Finance (Tel: 01432 364468).
Hereford Hospitals NHS Trust

- Annual Accounts of 2004/2005

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2005**

<table>
<thead>
<tr>
<th></th>
<th>2004/05</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>68,717</td>
<td>64,552</td>
</tr>
<tr>
<td>Other operating income</td>
<td>8,711</td>
<td>6,095</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(77,028)</td>
<td>(71,922)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS (DEFICIT)</strong></td>
<td>400</td>
<td>(1,275)</td>
</tr>
<tr>
<td>Cost of fundamental reorganisation and restructuring</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Profit (loss) on disposal of fixed assets</td>
<td>(4)</td>
<td>(5)</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</strong></td>
<td>487</td>
<td>(1,184)</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>102</td>
<td>101</td>
</tr>
<tr>
<td>Interest payable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other finance costs - unwinding of discount</td>
<td>(11)</td>
<td>(7)</td>
</tr>
<tr>
<td>Other finance costs - change in discount rate on provisions</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>20</td>
<td>(1,596)</td>
</tr>
</tbody>
</table>

All income and expenditure is derived from continuing operations.

No NHS Bank or internally generated financial support is included in the retained surplus/(deficit) for the year.

**BALANCE SHEET AS AT 31 March 2005**

**CURRENT ASSETS**

- Stocks and work in progress: £881, £798
- Debtors: £15,347, £28,920
- Investments: £0, £0
- Cash at bank and in hand: £1,760, £2,325

**TOTAL CURRENT ASSETS**: £17,988, £32,043

**CREDITORS**

- Amounts falling due within one year: £(7,196), £(9,606)
- Amounts falling due after more than one year: £(9,175), £(20,852)

**TOTAL LIABILITIES**: £(16,371), £(22,437)

**TOTAL ASSETS LESS CURRENT LIABILITIES**: £10,792, £22,437

**FINANCED BY**

**CURRENT ASSETS**: £17,988, £32,043

**TAXPAYERS’ EQUITY**

- Public-funded capital: £7,612, £4,543
- Revaluation reserve: £11,910, £6,009
- Donated asset reserve: £4,713, £4,770
- Government grant reserve: £0, £0
- Income and expenditure reserve: £3,302, £3,282

**TOTAL TAXPAYERS’ EQUITY**: £27,537, £18,604

We achieved a surplus of £20,000

Our assets and liabilities
Hereford Hospitals NHS Trust - Annual Accounts 2004/05

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus (deficit) for the financial year before dividend payments</td>
<td>487</td>
<td>(1,184)</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus/(deficit) on fixed asset revaluations/indexation</td>
<td>6,158</td>
<td>2,245</td>
</tr>
<tr>
<td>Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets</td>
<td>290</td>
<td>393</td>
</tr>
<tr>
<td>Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets</td>
<td>(604)</td>
<td>(482)</td>
</tr>
<tr>
<td>Additions/(reductions) in “other reserves”</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total recognised gains and losses for the financial year</td>
<td>6,331</td>
<td>972</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>(2,831)</td>
<td>0</td>
</tr>
<tr>
<td>Total gains and losses recognised in the financial year</td>
<td>3,500</td>
<td>972</td>
</tr>
</tbody>
</table>

Prior period adjustment

Total gains and losses recognised in the financial year

OPERATING ACTIVITIES

Net cash inflow/(outflow) from operating activities

RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:

Interest received

Interest paid

Interest element of finance leases

Net cash inflow/(outflow) from returns on investments and servicing of finance

CAPITAL EXPENDITURE

(Payments) to acquire tangible fixed assets

Receipts from sale of tangible fixed assets

(Payments) to acquire intangible assets

Receipts from sale of intangible assets

(Payments to acquire)/receipts from sale of fixed asset investments

Net cash inflow/(outflow) from capital expenditure

DIVIDENDS PAID

Net cash inflow/(outflow) before management of liquid resources and financing

MANAGEMENT OF LIQUID RESOURCES

(Purchase) of current asset investments

Sale of current asset investments

Net cash inflow/(outflow) from management of liquid resources

Net cash inflow/(outflow) before financing

FINANCING

Public dividend capital received

Public dividend capital repaid (not previously accrued)

Public dividend capital repaid (accrued in prior period)

Loans received

Loans repaid

Other capital receipts

Capital element of finance lease rental payments

Cash transferred (to)/from other NHS bodies

Net cash inflow/(outflow) from financing

Increase/(decrease) in cash

Movements in our Cash position

Who funded us?
### Salary and Pension entitlements of senior managers

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary (bands of £500)</th>
<th>£000</th>
<th>£</th>
<th>£000</th>
<th>£</th>
<th>£000</th>
<th>£</th>
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</thead>
<tbody>
<tr>
<td>D Rose Chief Executive</td>
<td>95 - 100</td>
<td>12.5 - 15</td>
<td>65 - 70</td>
<td>173</td>
<td>40</td>
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<tr>
<td>K A Lappin Dir of Finance (to 20/8/04)</td>
<td>25 - 30</td>
<td>5 - 10</td>
<td>100 - 105</td>
<td>391</td>
<td>4</td>
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<tr>
<td>M Woodford Dir of Finance (from 5/10/04)</td>
<td>40 - 45</td>
<td>0 - 2.5</td>
<td>95 - 100</td>
<td>333</td>
<td>22</td>
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<tr>
<td>M Johnson Dir of Planning</td>
<td>65 - 70</td>
<td>2.5 - 5</td>
<td>55 - 60</td>
<td>243</td>
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<tr>
<td>P H Harper Medical Director</td>
<td>90 - 95</td>
<td>20 - 25</td>
<td>170 - 175</td>
<td>755</td>
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<tr>
<td>Mrs S Beamish Dir of Service Del</td>
<td>75 - 80</td>
<td>2.5 - 5</td>
<td>65 - 70</td>
<td>243</td>
<td>23</td>
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<tr>
<td>P Mogg Dir of Human Resources</td>
<td>65 - 70</td>
<td>60 - 65</td>
<td>145 - 150</td>
<td>705</td>
<td>158</td>
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<tr>
<td>Mrs H Blanchard Dir of Nursing (from 10/5/04)</td>
<td>50 - 55</td>
<td>0 - 2.5</td>
<td>45 - 50</td>
<td>142</td>
<td></td>
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<tr>
<td>L Kedward Dir of Nursing (to 9/5/04)</td>
<td>5 - 10</td>
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<td>Mrs C Moore Chairman</td>
<td>15 - 20</td>
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<tr>
<td>WLS Bowen</td>
<td>5 - 10</td>
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<tr>
<td>Mrs C M Brown</td>
<td>5 - 10</td>
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<tr>
<td>Mrs J L Whitlock</td>
<td>5 - 10</td>
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</tbody>
</table>

### Note:
- The figures for 2003/04 have been increased by £1,578,000 in respect of a reversal of adjustment re discount rate on deferred assets following a revised accounting opinion resulting in restated 2003/2004 figures.
- There has been a reverse impairment of £722,000 being £595,000 in respect of the reopening of three wards and £127,000 in respect of the continued use of the Pathology laboratories, previously intended for demolition but in continuing use.
- The Better Payment Practice Code requires the Trust to aim to pay 95% of valid non-NHS invoices by the due date or within 30 days of receipt of the invoice.
directors’ interests and trust umbrella charity trustee interests as at march 2005

Mrs Cessa Moore, Chairman
President St. John Ambulance Brigade, Herefordshire; Trustee and Chairman, Support for the Sick Newborn and their Parents, John Radcliffe Hospital, Oxford; Trustee, Sick Newborn Education and Research Trust, John Radcliffe Hospital, Oxford. Patron of Herefordshire Muhesa Link Society

Mr David Rose, Chief Executive
None.

Mrs Sharon Beamish, Director of Service Delivery
None.

Mr Peter Harper, Medical Director
None.

Mr Michael Johnson, Director of Planning and Development
None.

Mrs Lynne Kedward, Acting Director of Nursing (term 01.08.03 - 09.05.04)
None.

Mrs Helen Blanchard, Director of Nursing & Quality (commenced 10.05.04)
Member of the Investigating Committee of the Nursing and Midwifery Council

Mr Martin Woodford, Director of Finance (commenced 05.10.04)
Director of Geld Psychology Ltd
Director Monmouthshire Consultancy Co Ltd

Mr Kieran Lappin, Director of Finance (until 20.10.04)
Chair of the Chartered Institute of Management Accountants NHS Specific Project Working Group
Treasurer, Hereford Muhesa Link Society.

Mr Philip Mogg, Director of Human Resources
None.

Mr Stephen Ludwig, Non-Executive Director
None.

Cllr Sebastian Bowen, Non-Executive Director
Elected Member of Herefordshire Council.

Mrs Caroline Brown, Non-Executive Director
None.

Mr Mark Curtis, Non-Executive Director
None.

Mrs Joanna Whitlock, Non-Executive Director
None.