

# THE PULSE

News from The Hillingdon Hospitals NHS Foundation Trust  
Issue 156 Spring 2019

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News and  
charity updates  
Meet the  
Mortuary Team  
Focus on ITU



# Welcome from the Trust's new Chief Executive

Sarah Tedford, our new Chief Executive, answers some questions for The Pulse about her first impressions of the hospitals and her plans.

Can I just start by saying a warm welcome to this edition of our magazine. I hope you notice a few changes and enjoy the features. In future issues I am going to focus on how we deliver our constitutional standards for patients: good quality care, an improved CQC rating, a return to healthy financial balance and improving our buildings and our estate. I am incredibly pleased to be here, and I am committed to improving the care we provide to our community.

**Q Thank you, Sarah. Now that you have been in post for almost three months, what are your first impressions of the hospitals?**

**A** The NHS is all about people; its staff, patients, their families and carers, and our key partners. It has been my priority to meet as many staff as I can and I have been made to feel very welcome. I have been encouraged by the passion staff feel for the hospitals and their commitment to working here. I've been contacted by patients, thanking me for the care they have received, but also by patients when things have not been as good as they could be. It is always hard to hear when we have let a patient down; we should not do that.

My focus aims to ensure that everyone who comes to work at Hillingdon and Mount Vernon knows what they are here to do; has the appropriate skills and support to do their job and is doing it to the highest professional standards.

**Q What do you mean by highest professional standards; how does that apply to a nurse or doctor or someone in finance or HR?**

**A** The NHS has clear constitutional standards – the things every patient can and should expect from their treatment. We have to deliver these and deliver them in the best professional way we can. Our CARES values are at the heart of

this, we simply must ensure that we show care and compassion – and professionalism.

In our clinical areas I expect to see high levels of cleanliness, good communication between teams as well as between NHS staff and patients. In non-clinical areas, I want to see the same things – good communication, pride in the office environment and a focus on everything being for the benefit of patients. Every bill that's paid, every new member of staff we hire, every lightbulb that is changed contributes to patient care. The article on page 8 about the Mortuary Team is a good read; it shows that caring for our patients, even when they have sadly died, showing them and their families our utmost respect, is vitally important.

**Q There have been a lot of changes to the leadership team, why is that?**

**A** It is important that we have the right people doing the right jobs, across the whole Trust. I have really valued the support my executive colleagues have given me and I wish those leaving the very best for the future. We now have some additional support for the hospitals, so together we can deliver all the improvements we need to as a result of our CQC report. We are all focusing on supporting our dedicated teams and colleagues to do a good job for all our patients.

“I have really valued the support my executive colleagues have given me and I wish those leaving the very best for the future.”



**Q There is lots of talk about a new building for Hillingdon Hospital. Can you tell us a bit about your vision for that?**

**A** One of the things that I am certain about is that the fabric of our buildings is challenging. In some areas, it's really not acceptable. We must take pride in our work and care of our estate, amongst other things, we must ensure the highest standards of cleanliness. I want us to identify the key risks in our estate and create a plan to deal with them; clearly some of those will be short-term, and some longer-term, like a new build. However, there are things we can do now, and we must commit to doing those.

**Q Finally, how can people get in touch with you?**

**A** For staff I am holding Open Forums and Team Briefings (for senior staff). For patients, I am often out and about on the wards, so please do stop me and have a chat. We will shortly be announcing some Open Meetings for patients to come along to. There are also our fantastic governors and they are a good way to feed back comments. Finally, I'll be part of the hospital team running the 10k later this month, and afterwards I hope to chat to folk. Please do give us your feedback, I am listening.

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The Pulse magazine is for our patients, local people, staff and members of The Hillingdon Hospitals NHS Foundation Trust.

Copies can be picked up from the Trust and downloaded from our website.



www.thh.nhs.uk

# What's New

Here you'll find the latest news about Hillingdon and Mount Vernon Hospitals as well as information about available services.

## Parking made easier

Patients and visitors can now pay for parking over the phone or via the mobile app PaybyPhone. The new facility is available at both Hillingdon and Mount Vernon in the Pay and Display car parks.



## Planning the future

The NHS Long Term Plan was published on Monday 7 January.

It sets out how the NHS will support patients throughout their lives. It has been created with input from frontline healthcare staff, patient groups and other experts.

The plan explains how, by making a few changes – including an emphasis on preventing illness and making better use of data – in addition to extra funding, care can be improved.

For more information, visit [longtermplan.nhs.uk](http://longtermplan.nhs.uk).

## On your bike!

Work has started on the docking station at Hillingdon Hospital, as part of the area's Santander Bike scheme.

The Trust signed up for the scheme along with Uxbridge town centre and Brunel University London's campus, and the distinctive bicycles can be hired by the hour from this spring.

It is hoped the scheme will eventually be extended to West Drayton station to link up with the Elizabeth Line.



## Do you know the men of Hut 20?

A greeting card with beautiful hand-painted illustrations discovered in the estate of a former nurse has given a tantalising glimpse of post-war Mount Vernon Hospital.

Tucked inside the card sent to Margaret Corrin in 1947 is a collection of cheeky, charming notes from the 'men of Hut 20' – one in the shape of a hot water bottle, another a water jug and a third cut out to look like a bed pan.

Margaret Corrin's executor (her friend Pat Walker) said Margaret worked at the hospital in Rickmansworth Road during the 1940s when much of it was turned over to nursing injured service personnel. A number of huts were built at the approach of

war to accommodate anticipated casualties, and at the height of the fighting, the hospital had more than 1,000 beds for injured servicemen.

"The notes suggest to me that the men were from the military and it would be fascinating to know if this was the case," said Mrs Walker.

She has donated the card to the Trust in the hope it can be preserved.

We'd love to hear from anyone who might know more about it.

Can you help? Please email [thh-tr.communications@nhs.net](mailto:thh-tr.communications@nhs.net).



## Don't give up, stop!

A Stop Smoking Service is available to patients in the Outpatients Department every Wednesday in Outpatients 8.

The drop-in session runs from 9.30am - 12.15pm, when the Stop Smoking Advisor, Jean Elliot, will be available to talk through any concerns, offer advice and provide nicotine replacement products. In particular the clinic is able to offer nicotine replacement for patients who have been admitted so they do not feel the need to go outside and smoke.

A week's supply of patches for up to six weeks are given for free, however patients need to come back each week to collect and must take a carbon monoxide test each time to prove they have stopped smoking.

The service at the Trust is part of a larger initiative run by the local authority who provide clinics that anyone can access in GP surgeries and town centres.

## New units for A&E

Two new units have opened at Hillingdon, designed to improve care of emergency patients and ease pressure in A&E.



Emergency staff

The Ambulatory Emergency Care Unit (AECU) and the Rapid Assessment Medical Unit (RAMU) are housed within the AMU, a short walk along the corridor from A&E.

Dr Fiona Wisniacki, Deputy Divisional Director of Emergency Care, explained the patient flow process: "This is an improvement to emergency care. The aim is to avoid time spent in A&E, as the patient will, ultimately, come directly to the AECU or RAMU.

"It's easy to decide whether you are either 'walking' or if you are 'too sick to sit' – in which case you go to an area that makes use of trolleys." A verbal handover is made from a clinician in A&E, patient's GP or the Urgent Care Centre (UCC) doctor to the Medical team.

The AECU (a former doctor's office, just outside the AMU itself) has been converted to a bay with cubicles housing six treatment

chairs. The RAMU is a larger bay inside AMU, to allow for patients to be treated on a trolley before being discharged or admitted to an appropriate bed. Senior clinicians will ensure that decisions about where the patient goes next are key to ensuring length of stay is reduced.

All patients will be referred from one of three streams: their GP, the UCC or from A&E at Hillingdon.

Working in tandem with the A&E extension which opened last year, the two new units are intended to 'top slice' emergency and acute patient numbers, reduce waiting times and improve the flow of patients through the hospital by diverting less serious cases away from A&E.

# 5 Fast Facts

## Nuclear Medicine

### SPECT CT

...a nuclear medicine examination. Our scanner uses gamma radiation and x-rays (CT) to produce 3D images that show the function and anatomy of an organ or system in the body.

### £900k

...the cost of our SPECT CT scanner, which was formally unveiled by The Princess Royal in 2016 during the official opening of the Nuclear Medicine facility.

### 2,300

...patients were seen in the Nuclear Medicine Department in 2018, with 342 of those from neighbouring NHS Trusts.

### 7

...new services have been introduced in the department over the last seven years, including brain and breast imaging.

### 1st

...department at a West London District General Hospital to be a reference site for Siemens, who bring prospective buyers from all over the country to see the scanner.

*Nuclear medicine is an area of medical imaging that uses small amounts of radioactive material to diagnose and determine the severity, or to treat a variety, of diseases, including many types of cancers, heart disease, gastrointestinal, endocrine, neurological disorders and other abnormalities within the body.*

# It's all about great care

The Trust has introduced a new Ward and Department Accreditation Programme to showcase what they do well and share best practice.

The programme allows colleagues and peers to review a ward and/or a department using a similar approach used by the Care Quality Commission (CQC). Services are reviewed based on the five CQC domains listed below with areas of good practice highlighted as part of the learning process.

- 1. Is it safe?** People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- 2. Is it effective?** People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- 3. Is it caring?** Services involve and treat people with compassion, kindness, dignity and respect.
- 4. Is it responsive?** Services meet people's needs.
- 5. Is it well led?** The leadership, management and governance of the organisation and services assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

The pilot took place in November when The Stroke Unit achieved a Silver accreditation and Jersey Ward, a Bronze one.

Feedback was provided on the day. Key messages learned from participants included the support this process will provide to frontline teams to show real improvement and re-energise the Trust toward achieving a Good rating.

The programme will be rolled out across the Trust in March.

## Themed Fridays

The Trust has started a series of Themed Fridays to raise awareness on important topics and issues including Inpatient Falls, Medicines Management, Sepsis Care, End of Life Care and equipment checks.

Each Friday staff (including non-clinical) come together to explore a particular quality and compliance theme. Following a brief overview, staff conduct a survey using the Trust's GiveMeData solution (an online data capturing system) to check how the clinical area is meeting best practice and regulatory requirements associated with the particular theme.

As part of a continuous improvement programme each area assessed has an opportunity to benchmark themselves against others and identify any changes required. Each theme is closely aligned to the Trust's expectations of continuous quality improvement and ability to demonstrate good patient and staff outcomes.

Jacqueline Walker, Director of the Patient Experience and

Nursing said: "All staff within clinical areas have truly embraced these initiatives and have shown their commitment in demonstrating improvements in standards of

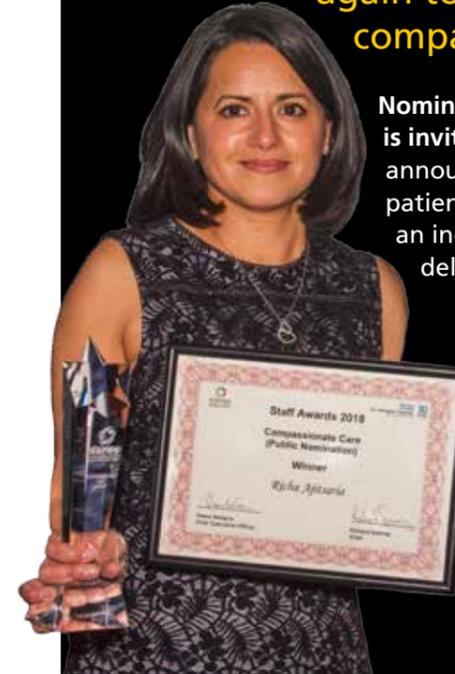
practice and are adhering to clinical guidelines and Trust policy. This will ensure that the care we deliver to patients is safer and of a high quality."



Staff inspect ITU resus trollies during a Themed Friday

# Staff Awards

The Hillingdon public has the chance once again to reward outstanding, compassionate healthcare.



Nominations for the 2019 Compassionate Care Awards are now open and everyone is invited to put forward an individual or team for the honour. Winners will be announced at a special awards ceremony in June. The Trust wants to hear from patients, their friends and carers about staff who have made a real difference; an individual or team that has excelled at 'seeing the person in the patient' and delivered compassionate care.

The closing date for entries is Friday 29 March and applications can be submitted in the following ways:

- In person:** main receptions at Hillingdon Hospital and the Treatment Centre at Mount Vernon. Nomination forms are available at both
- Post:** download a form from: [thh.nhs.uk/documents/\\_Publications/2019\\_Compassionate\\_Care\\_Award\\_nomination\\_form.doc](http://thh.nhs.uk/documents/_Publications/2019_Compassionate_Care_Award_nomination_form.doc) or pick one up at reception and send it to: Learning & Development – Staff Awards, Hillingdon Hospital, Kirby Way, Hillingdon UB8 3XX
- Email:** Download a form and send it to: [thh-tr.StaffAwards@nhs.net](mailto:thh-tr.StaffAwards@nhs.net)
- Online:** [surveymonkey.co.uk/r/CompassionateCare2019](http://surveymonkey.co.uk/r/CompassionateCare2019).



## A big thank you!

We have had a busy few months, funding the Trust's Christmas trees, staff Christmas breakfast and chocolates. Thank you to all our volunteers and supporters for their help and generosity, we wish them all the best for 2019.

We would also like to say thank you to the local community and businesses, including Jato Dynamics (who raised an amazing £10,000 for us throughout 2018), Hasbro and Access Self Storage for their donations to our children's wards. Also to local branches of Asda, Sainsbury's and Waitrose for

their fundraising efforts – thank you to everyone.

We're hoping to double our efforts in 2019 and to start with, we're delighted to continue our partnership with the Hillingdon Half Marathon & 10k, providing drinks, snacks and moral support. It's the biggest event in our

calendar and this year, takes place on Sunday 24 February. Runners from the Trust and local community, including new CEO, Sarah Tedford, will be taking part and raising much-needed funds.

### Want to get involved?

Please contact Volunteer Fundraiser Trish Mule, at [trish.mule@nhs.net](mailto:trish.mule@nhs.net) if you have any fundraising suggestions.

Volunteering opportunities are advertised on the Trust website, or you can contact Volunteer Manager, Marcy Madzikanda at [marcy.madzikanda@nhs.net](mailto:marcy.madzikanda@nhs.net).



To make a donation, visit: [hillingdonhospitalscharity.org](http://hillingdonhospitalscharity.org).

# World Kidney Day: Thursday 14 March 2019

You might not give your kidneys much thought – unless they go wrong – but perhaps take some time to consider good kidney health this March.

World Kidney Day is an annual global awareness day, intended to reinforce the message that our kidneys are important and we need to look after them.



This year's theme is 'Kidney Health for Everyone, Everywhere'. One of the aims is to make screening for kidney diseases a primary healthcare intervention including access to identification tools such as urine and blood tests. It also calls for screening of high-risk individuals and early diagnosis and treatment to be more cost-effective to prevent or delay end-stage kidney diseases.

Most people reading this will have perfectly healthy kidneys – to help keep them that way, you can support the campaign – the #move4kidneys initiative aims to raise awareness; encouraging everyone to get up, get active and take a picture to share with the world. Find and follow:

#move4kidneys



The NHS provides plenty of information about how to maintain good kidney health, particularly around the five key areas of alcohol consumption and smoking cessation, weight control, healthy eating, hydration and blood pressure.

Visit [worldkidneyday.org/2019-campaign/move4kidneys](http://worldkidneyday.org/2019-campaign/move4kidneys) to find out more, or visit [nhs.uk](http://nhs.uk) and search 'kidney health'.

## A dignified end

Patient care comes in many forms and at our hospitals it does not stop when a patient dies. Relatives and friends will be comforted to learn that when someone dies Hillingdon Hospital, they are cared for as compassionately and with equal dignity as when they were alive.

This standard is a badge of honour for the small Mortuary Team that works from a suite of rooms on the lower ground floor of Hillingdon Hospital: "Our main role is to care for the deceased patient in every possible way," says Veronica Koutellaris, the Trust's Mortuary Services Manager. "Certainly we provide the last element of care in the hospital but why would caring stop just because that person is no longer alive? We are very clear that we still have a duty of care and we take pride in discharging that duty."

### Working together

Maintaining excellence comes through continual monitoring and auditing of the service the mortuary provides.

Veronica, Chief Pharmacist Andrew Counce and Mortuary and Bereavement Support Officer Joanna Norman form this small team which is at the centre of a network that includes the Trust's End of Life and Chaplaincy teams, Bereavement Service and funeral directors. This close liaison is key to making a difficult time for families less stressful and complicated.

### Diverse cultural needs

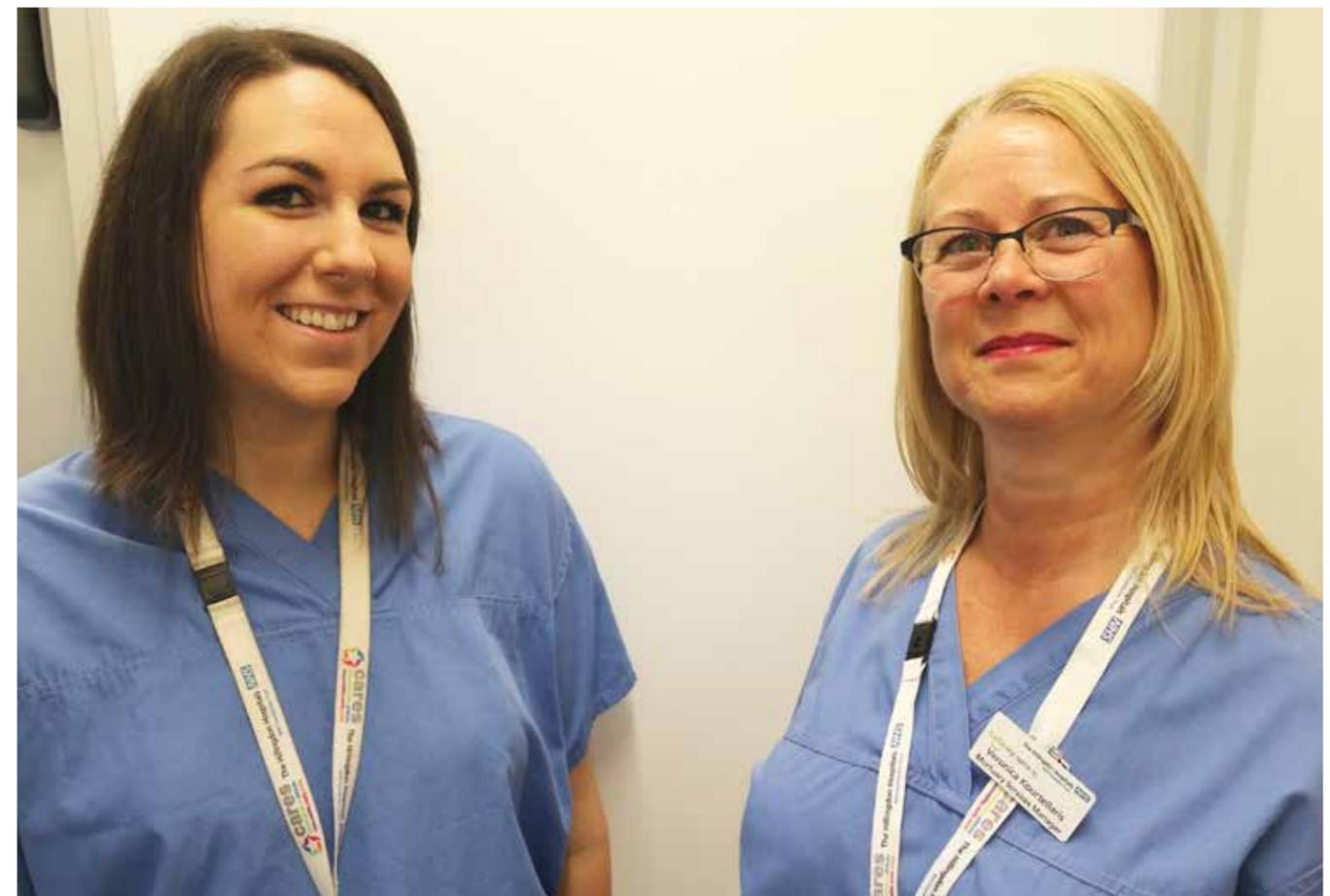
From the religious and cultural needs of the diverse community which Hillingdon Hospital serves, to the need for time and space for grief, familial wishes and funeral arrangements, the Mortuary Team is sensitive to all aspects of the aftermath of a death in hospital.

Once a patient has died, the family's wishes are paramount,

within the requirements of the law. At the same time, an understanding approach is important to the team, who all know they are dealing with families and loved ones during one of their worst possible moments. Veronica explains:

"A great deal of what we do is about relationships; with the multi-faith Chaplaincy and making sure we refer the family to them, with the local funeral directors and with our End of Life Care Team and Bereavement Service here at the hospital.

"Of course, our relationship with the family, even for the brief time we interact with them, is perhaps the most important of all. We are known among the local funeral directors for our high standards, and they have a high regard for how we do things here."



Mortuary staff, Joanna Norman (left) and Veronica Koutellaris

In End of Life Care, the audits that the mortuary staff completed were very thorough and the team worked hard to improve each month

– from 'Outstanding Practice' section, Trust CQC report, July 2018.

# A good year for the team

It's been a very busy and productive year for the Trust's Children and Young People with Diabetes Team (CYPD) with many achievements to be proud of.

Looking back over 2018, key achievements stand out, among a range of improvements the team has made, to help the children and families it supports.

Each of these families has at least one child with diabetes, either type one or type two (T1 or T2). Some families have more than one member with the condition, so holistic support is crucial, and the team has taken steps in the last year to move even closer to a 'whole family, whole condition, whole team' approach.

Families are invited to consultation days where all the young people who come along share a common factor, such as diabetes type or narrow age group.

"Traditional clinics meant our children and young people, attended with their family but in isolation, they came in to see the doctor or nurse, got checked, got advice and went home. We wanted to improve that," explains Paediatric Diabetes Specialist Nurse Catherine Tapping.

## Whole family, whole condition, whole team

"So now we have a sort of group education system for similar patients where, for example,

our T2s or 9-11-year-olds attend together. We find they can learn an awful lot from one another.

"We invite the whole family and the full team is there too. It's very important to be inclusive, especially where T2 diabetes is concerned because it depends so much on familial behaviours."

To back up their work, the team invested in a series of information videos which are available on the Trust's YouTube channel ([bit.do/youtubehillingdon](https://bit.ly/youtubehillingdon)). They make for an easily-accessible overview of several aspects of the CYPD Team's work, including the vitally important school clinic scheme; where team members work closely with the school attended by one of their patients.

## Family funday

2018 also saw the seventh annual World Diabetes Day funday. For the last few years, this family-orientated event has been held in a large sports hall at Brunel University London, with plenty of activities for the children including a climbing wall and electric bull ride. As well as supplying a wealth of information and support for families, the funday gives the precious gift of inclusivity, helping with the isolation many families experience.

## Embracing improvements

The team has also been encouraged by the results of a Quality Improvement Collaborative it took part in, run by the Royal College of Paediatrics and Child Health. Hillingdon volunteered after the team noticed that HbA1c (a measure of overall diabetes



CYPD staff have a team meeting

control) in its T1 children and young people wasn't as good as they had hoped.

T1 patients wear a pump that delivers them a continually monitored supply of insulin. Used properly, it should be highly accurate and useful for controlling blood glucose levels. However, targets were being missed and some internal processes were clunky.

The case study gave the team a chance to dig into their own way of doing things says Catherine: "This project gave us a sense of where we were and what we needed to do to get to where we needed to be. As a team we embraced it, as well as the time and opportunity

it gave us to adopt some quality improvements." The team came up with a game plan, involving a policy, pump use refreshers for patients including some new procedures, a Pump Support Plan for those patients who needed extra help, and group training for patients to optimise nurse time.

The initiative was a big commitment, including some weekends away needing to be built into the schedules of an already busy team, and plenty of ongoing work, webinars and data sharing to be completed.

Although it is early days, the results so far are good, with HbA1c in the trial group moving steadily in the right direction.

"We invite the whole family and the whole team is there too. It's very important to be inclusive, especially where T2 diabetes is concerned because it depends so much on familial behaviours."





## Focus on ITU

**For the sickest patients, time spent in hospital will be in the Intensive Therapy Unit (ITU), surrounded by state-of-the-art equipment, cared for by a highly experienced multidisciplinary team of medical and allied professionals.**

For many patients in the ITU, the outcome can be far from certain, whilst for others, it is the first step back from the brink on a long road to recovery. It is for these reasons that this area of the hospital can be a place of extreme emotion and high levels of stress.

Staff in the ITU/ HDU (High Dependency Unit) at Hillingdon Hospital gave us an insight into the pressures and fulfilment of working in such an environment. They explained how the unit fitted into the hospital's care provision and what it is like to be at the sharp end of patient care.

Due to its proximity to Heathrow Airport, Hillingdon is the default

hospital for emergency cases and patients who have become seriously ill during a flight. Such patients are frequently taken into the A&E and often end up being admitted into ITU.

Cases from Heathrow are challenging but can also be rewarding because the patients who may have collapsed in-flight or at the airport could be suffering from infections uncommon in the UK and the team must learn how to manage the care required.

Lourdes Opimo is a Senior Sister in ITU and says she likes working there, as it offers her a great sense of satisfaction; caring for patients at their lowest point

and supporting the families through some difficult times. It is this, combined with the variety of complex cases that the unit is required to handle, plus the subsequent opportunities for learning that give the days variety. Lourdes says: "If working here was predictable then it would be boring. No two days are the same and there is no typical day on ITU...I come to work with the mind-set that this is going to be a good day."

One of the team's biggest challenges focuses around patient flow, which involves the process of safely moving patients who are ready to go to a ward specific to

their condition. This guarantees continuity of care delivered by specialists.

Pippa Dorney-Kingdom is Senior Nurse Manager of ITU/HDU and the Critical Care Outreach Team (CCOT). She explains that admission to the unit is down to the consultant-in-charge who will be looking to establish whether the patient has an acute, reversible condition. This is the main criterion for admission. The term 'high dependency' is generally used for patients who need single organ support, whilst ITU is for those who need multiple organ support. In addition, the unit also receives elective and emergency post-operative patients.

Pippa added: "We always keep in mind that there may be patients who are critically ill in other parts

of the hospital and our CCOT works very hard communicating with other wards and in the stepping-down process when a patient leaves us."

Jan Guerin, Nurse Educator supported Pippa's statement: "For example, if a patient has a tracheostomy tube but does not require ITU, then they can be stepped down to a ward and given tracheostomy support by tracheostomy-trained nurses.

"That is one of the roles of our CCOT, to support patients stepped down to the ward." The team also sees deteriorating patients on the wards with the aim of recognising their situation early and preventing the need to admit them to ITU. They also run deteriorating patient study days for ward staff to increase nurses'

knowledge and skills.

To run a successful ITU/HDU, you need a team of like-minded, highly trained and compassionate staff.

Whilst maintaining life is the fundamental objective of ITU/HDU, there are times when recovery is not possible. Pippa says: "Unfortunately we are not always successful and a large part of our work is end of life care, I think ITU nurses are very good at it. Being able to continue one-to-one care makes this possible."

Lourdes added: "The rewards when patients recover are obvious and a joyful time for their families, however, on the occasions it doesn't happen that way, for me it's about ensuring they have a good ending, the best send-off we can give them. This means a dignified and peaceful passing."

# A very warm welcome to the Outpatients Department

With its entrance right next door to A&E and taking up a large part of the hospital building, it's hard to miss the Main Outpatients Department at Hillingdon.

Inside the main department are many smaller departments and disciplines which, combined, see a total of about 5,000 adult patients each week.

Outpatients consists of 11 different specialities, spread over the Hillingdon and Mount Vernon sites, including the Mount Vernon Treatment Centre, Blood Tests (Phlebotomy), the Eye Department (Ophthalmology), Oral and Maxillofacial (procedures involving the head and neck, including tooth removal), Physiotherapy and the Plaster Room (Orthopaedics).

There are also three minor operation rooms where skin (dermatology) and eye (ophthalmic) procedures can be carried out. This allows patients to have small operations with a local anaesthetic, quickly and easily.

Staff are our biggest asset, and the day-to-day running of all the outpatient departments works well because of their friendly,

caring and flexible attitude. Matrons, sisters, nurses, healthcare assistants and receptionists all play their part across the unit, getting involved in all aspects of improving the patient experience. Staff turn their hands to assist patients in every situation; from making a welcome cup of tea, to speaking to GPs or helping transfer patients to the Transport Department for their journey home.

The team recently put in place an initiative to improve the experience for patients that require extra assistance – where possible, clinic slots are given early on in the day, or at the start of the afternoon clinic and appointments are a bit longer to give the patient and/or their carer time to discuss any concerns.



Outpatients staff

“Missed appointments cost the NHS a lot of money, so the department is actively trying to reduce the number of people who do not attend – the DNA rate.”



Reception and clinical staff work together

## How we are improving the service

- ✓ Better translation services
- ✓ Reducing DNAs with mobile phone technology
- ✓ Looking to offer 'one-stop clinics' where possible
- ✓ Transport options are taken into account when making appointments
- ✓ Appointments with extra time for those with additional needs, dementia or learning difficulties.

Missed appointments cost the NHS a lot of money, so the department is actively trying to reduce the number of people who do not attend – the DNA rate. To help with this, we are now using text messages to remind patients of their appointment time giving them the opportunity to confirm or advise they're no longer able to attend. We are very pleased to report that since its introduction, our DNA rate has dropped to below national average.

The team is also trying to reduce unnecessary appointments by looking into providing more one-stop clinics, where the patient is seen by the doctor with all necessary investigations performed

during a single visit. Following the results, a management plan can be made or, if all is well, the patient can be discharged.

The clinicians in the department are supported by a team that most patients will never see but are incredibly important in making sure everything is in order when you arrive for your appointment. All the way down in the basement are the Note Checking Team. This team diligently prepare patient files ready for each outpatient appointment. This means that when you arrive the clinician will have all the information they need, including your GP's referral correspondence and any test results.

### Get in touch

The Outpatients teams are always open to new ideas to improve the service and you can now send any good ideas you may have to: [thh.betteropd@nhs.net](mailto:thh.betteropd@nhs.net).

## Did you know...

Some services are available in the evening or on Saturdays

The Outpatients Department saw 376,056 patients in 2018

The Blood Test Team can see over 18,000 people a month across both sites

The Eye Department can see up to 4,000 patients a month

Nurse-led clinics have been increased.

# A privilege and responsibility

It is a privilege to be in constant contact with patients and staff, as well as members of The Hillingdon Hospitals (THH) and it is a responsibility to represent members' and patients' views to the Trust.

Governors are also responsible for appointing Non-Executive Directors (NEDs) and holding them to account. We set NED objectives each year and appraise their performance whilst NEDs themselves are responsible for ensuring that the THH Executive Board Directors are dutifully carrying out their statutory responsibilities.

## Out and about

Recently governors have been involved in Safety Walkabouts where teams comprising a NED, a senior manager and a governor have visited 63 different areas in Hillingdon Hospital. During these walkabouts staff were able to talk openly about any safety concerns to senior staff and much was learned from the discussions.

Governors have been involved in strategy and quality meetings and PLACE assessments (inspecting items such as cleanliness, quality of food, condition of property

and equipment). We also have regular briefing sessions where we are updated on current events and future developments and are able to comment on these and make suggestions. We were very fortunate to have our Chief Executive Officer, Sarah Tedford, brief us at our last two meetings.

## When and where

Four times a year we hold public Council of Governors meetings. The dates of these for this year are:

Tuesday 5 February  
Thursday 9 May  
Friday 5 July  
Thursday 10 October

We also hold regular PIP meetings (Patients in Partnership) when members and patients are updated and have the opportunity to ask questions. All meetings are on Tuesdays and are held in the Education Centre.



This year they will take place on:

19 February  
14 May  
23 July  
26 November

I look forward to seeing you at one of the meetings.



Tony Ellis, Lead Governor

## Find out more

If you would like to contact a governor or would like to find out more about the Foundation Trust then contact the Foundation Trust Office on: 0800 8766953 Email: [foundation@thh.nhs.uk](mailto:foundation@thh.nhs.uk) or write to: Foundation Trust Membership Office, The Hillingdon Hospitals NHS Foundation Trust, Pield Heath Road, Uxbridge UB8 3NN.

For more information about the governors visit the hospital website at [thh.nhs.uk](http://thh.nhs.uk).

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