

Partnership and Modernisation

ANNUAL REPORT 2002/2003



INTRODUCTION

Chelsea and Westminster Healthcare, which became an NHS Trust in 1994, is based at the Chelsea and Westminster Hospital, 369 Fulham Road, London SW10, serving a local population living in Kensington, Chelsea and Westminster as well as parts of Fulham, Putney, Wandsworth and Battersea. Our specialist services are used by people from a much wider catchment area.

The hospital opened in May 1993 and is part of the Imperial College School of Medicine and a teaching centre for Thames Valley University.

We have five clinical Directorates: Medicine, Surgery, Women and Children's, HIVIGUM and Anaesthetics and Imaging. These are supported by Corporate Directorates – Nursing and Patient Services, Human Resources, Finance and Information and Strategic Service Development.

Our specialist services include anaesthetics, burns and plastics, hand management, craniofacial surgery, HIV and sexual health, dermatology, endoscopy, medical oncology and palliative care, an assisted conception unit, obstetrics, neonatal care, paediatrics, and orthopaedics.

Non clinical support services – catering, cleaning, security, car parking, portering, estates, transport, linen services, etc – are provided under contract by Carillion.

The Trust employs some 2,200 people and had an income in 2002-2003 of more than £176 million.

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On 13 May 2003 Chelsea and Westminster Hospital celebrated the 10th Anniversary of its opening. During the past ten years this hospital has developed an excellent reputation for many aspects of its work.

In this anniversary year, it is with particular pride that we look back over the achievements of 2002/2003, most notably the award of three stars by the Commission for Health Improvement (CHI). This recognises Chelsea and Westminster Healthcare as a top performing acute teaching hospital and is a significant achievement.

Our thanks go to all our staff who are tireless in the pursuit of the highest standards of patient care.

It was particularly pleasing to be recognised for the work of our clinical teams and managers. Teamwork, investment and a desire to deliver the best possible care has helped us improve our standards year on year. This focus will be central to our commitment to maintain these standards in

the future for people who use the health services provided by Chelsea and Westminster Hospital.

Three star status also reflects the tremendous support we enjoy from our local residents, from volunteers, from The Friends of the hospital, the Charitable Funds Committee, The Children's Hospital Trust Fund, Imperial College School of Medicine, our host Primary Care Trust – Kensington and Chelsea, - the Royal Borough of Kensington and Chelsea, our neighbouring NHS hospitals and the North West London Strategic Health Authority.

Focusing on patient centred care delivered by multi-disciplinary teams and using information technology we look forward to working together to maintain the high standards we have all worked so hard to build up in the last ten years.

Juggy Pandit, Chairman

Heather Lawrence, Chief Executive,

Our Philosophy of Care

To provide high quality services to local people

To provide specialist services supported by world class academic research

To be at the leading edge of multi-professional training and education

To develop a modern infrastructure that supports patient-centred care

Our corporate strategy is built on these principles:

Patient safety - care must be safe and evidence-based

Patient focus – care must be centred on the patient.

Team working – multi-disciplinary team working is essential for better care.

Partnership – We must work closely with other organisations.

Community – we will contribute positively to the local community

Listening to patients is central to delivering a modern National Health Service. The Chelsea and Westminster has worked over the past ten years to build strong links with its local community. In 1994 the Trust appointed a Patient Advisor to support patients and in September of that year first produced freepost comment cards to encourage patients and visitors to tell us what they thought about our service. Speakers from the Trust visit local community groups – in 2002/2003 some 50 speaking engagements were completed including talks about PALS – the Patient Advice and Liaison Service.

PALS are here to help

People in hospitals, whether patients or visitors, often hesitate to talk to staff because they feel they are too busy. The PALS team - the Patient Advice and Liaison Service – has been set up to listen and help when people need advice, have concerns or simply don't know where to turn.

PALS Manager Amanda Harrington said that over the past year the team at Chelsea and Westminster had given out information to more than 1,100 people. Most called at the office on the ground floor of the hospital opposite the escalators but there were also 374 telephone enquiries.

Advice given ranged from directing people around the hospital to providing information about local buses, to explaining where to buy a stamp, or how to register with a General Practitioner.

The second main task of the PALS team has been to deal with concerns.

Amanda said: "When things go wrong we want to know. The first step should always be to talk to the person in charge of the ward or department. If that is not satisfactory for any reason, or if people are not sure who to approach, then they should come to see us. We will find out what went wrong, and hopefully help to resolve issues on the spot.

"Very often the problems people have with the health service are not formal complaints, but they are problems which need to be resolved.

"Some of the concerns over the past year have included people reporting that public toilets need more hand towels, people upset about queuing for the car park, or people who have had a mix-up over an appointment."



A new information leaflet, *We're Here to Help*, produced in 2002, explains the role of PALS and invites people to comment on our services.

In 2002/2003 we had a total of 377 comment cards returned, of which 157 contained positive comments, 41 made suggestions about how we could change our services and 179 were critical comments. Critical comments help us improve our service. In 2002/2003 comments led to better signage, improved cleaning and higher catering standards.

Learning from complaints

Two Patient Advisors handle complaints about our services and facilities, working alongside the PALS team.

A total of 498 complaints were received by the Trust in the last year, of which 88 per cent were responded to within 20 working days. (The national target is 80 per cent).

The Trust received 12 requests for an independent review. Three required no further action and four have been returned to the Trust for local resolution.

Of the four returned to the Trust, the Chief Executive and Director of Nursing have offered to meet with the complainants. Two have accepted this offer, and at the time of this report, one declined and the Trust was waiting to hear from the other.

One complaint is being investigated by the Health Service Commissioner's office.

One of the best ways for any organisation to improve its services is to learn from complaints. Here are some positive improvements made in 2002/2003:

- The HIV and GUM Directorate introduced a customer care training programme for all clinic receptionists.
- Outpatient letters for the Cardiology Department have been amended to include more information for patients about tests.
- The Bereavement Service established a Death and Dignity Committee to look at issues raised by relatives and is being expanded to include a child bereavement officer.
- The ultrasound reception area has been re-organised to give greater privacy to patients.

Progressive Maternity Services at the Chelsea and Westminster Hospital delivered 4,498 babies in 2002/2003. We have a 12 room Labour Ward, including two birthing pools, and a Birthing Unit plus a six bedded private maternity wing. There are two obstetric theatres and one post-natal ward. In addition to nine consultants, there are hospital based midwives and seven teams of community based midwives working throughout West London.

Colette Murphy, who is a member of our Maternity Service Liaison Committee, (MSLC) has given birth to two babies at the Chelsea and Westminster.

Sadly her first baby, Ethan, was stillborn. Her second baby is now a healthy two-year-old girl called Brontë.

Colette said: "I felt that through my experiences I could help other parents and improve services."

Colette and Jane, another bereaved parent, recently gave a talk to health professionals at the Maternity Forum. They both shared their very different experiences so that health professionals could have a better understanding of the feelings and needs of bereaved parents and their anxieties in subsequent pregnancies.

Through her work with the MSLC Colette hopes the Trust will establish a designated Bereavement Room and set up training for health professionals.

Angela Yates, who teaches ante-natal and post-natal classes at Kensington and Chelsea College, is also on the Maternity Service Liaison Committee.

Angela said: "I come into contact with lots of people who use maternity services at Chelsea and Westminster and I hear all the praise - and any moans that they have. When I attend the meetings I relay any suggestions back to the Trust.

"I am concerned about the high levels of caesarean births. I think that people need to be educated

more about the procedure. It is a major operation. It can take weeks to recover while looking after a newborn child.

We would like to see better patient information around this issue."



- A Birthing Unit opened in February 2003 providing midwifery support for natural birth – that is births without interventions. Consultant Midwife Susan Oakey was appointed in 2002/ 2003 to head the Unit.



Good Birth Guide

Chelsea and Westminster's maternity services compared well with maternity units across the UK according to Dr Foster's Good Birth Guide published in 2002.

The guide showed 35 births per midwife, the recommended number, compared with 50 at some other NHS Trusts. Our Unit also has average rates for the number of elective and emergency caesareans sections.

- A Maternity Day Assessment Unit opened in October 2002 to provide an improved service to women who need to be monitored during their pregnancy.



Some 90 per cent of our day surgery patients and 45 per cent of elective patients now benefit from Pre-operative Assessment. Clare Evans, who was appointed Nurse Consultant in September 2002, explains how the system works:

"At present any patient coming into hospital having a general surgery, urology, orthopaedic or gynaecology operation attends a pre-assessment appointment two to four weeks before the date for surgery.

The pre-assessment nurses ensure patients are aware of the procedure and understand what will happen throughout the admission, operation and during the recovery period.

We discuss their health and assess their fitness for surgery and anaesthesia.

We also spend time talking things through with patients – giving them clear information and advice and answering questions.

There is much anecdotal evidence and research which demonstrates that not only do patients approve of the clinics and find them beneficial but from an organisational point of view care is streamlined, organised and cancelled operations and inappropriate admissions are reduced – thus they are effective for the Trust too.

We plan to expand the service to offer appointments to all elective admissions - that is to all our patients booked to come into hospital and stay overnight for an operation or procedure."

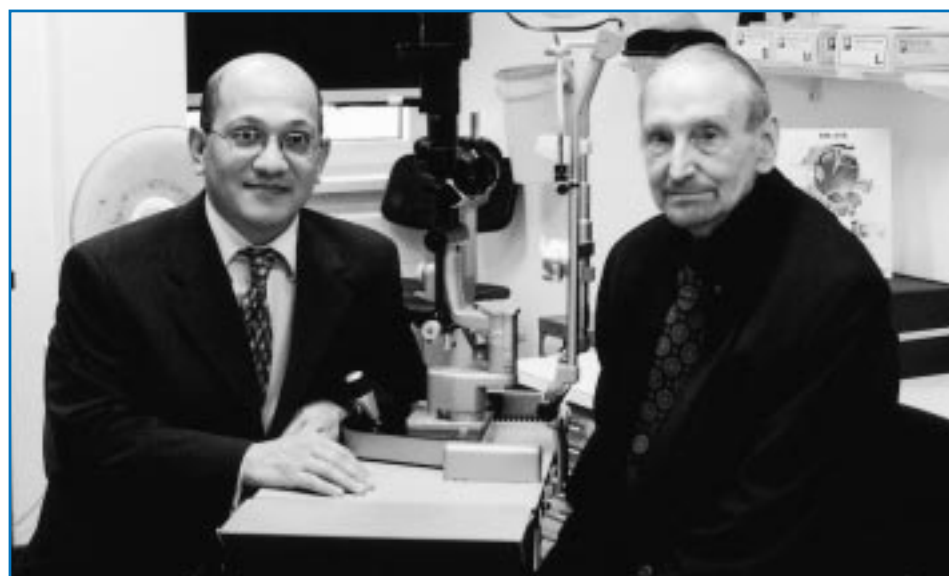


Day Surgery shows the way

Our Charter Mark winning Day Surgery Unit pioneered Pre-Assessment in 1996, producing a series of patient information leaflets and arranging to do health checks and answer questions and concerns in advance.

The Unit treats between 600 and 700 patients a month in four operating theatres, including our regional specialist Hand Management Unit. About 70 per cent of our operations are done as Day Surgery procedures.

Now, in 2003/2004, the DSU is helping develop an exciting new initiative – planning our new Diagnostic and Treatment Centre.



● *In March, 2003 Neil Potter, aged 83, came into Day Surgery for a cataract operation carried out by consultant Mr Nereh Joshi. In a thank you letter to the Chief Executive Mr Potter wrote: "Everyone was cheerful, welcoming and a skilful communicator so I was aware of what was happening which is so important."*

MP Alan Howarth wrote to the Chief Executive of the Trust after he attended the Pre-operative Assessment Unit at the Chelsea and Westminster expressing his admiration of what he called "the remarkable quality of service". He added: "What could have been a somewhat worrying or routinely bureaucratic process was made relaxing and reassuring."

Reducing waiting times for Emergency Care

The aim of the Emergency Department is always to see, diagnose, treat and discharge (or admit) patients as quickly as possible. In 2002/2003 our Emergency Department saw more than 80,000 people, including 22,000 children seen in a separate department staffed 24 hours a day with trained paediatric doctors and children's nurses. In a week in March 2003, a target was set by the Government that 90 per cent of all patients attending Emergency Departments should be seen, treated, admitted or discharged within four hours of arrival. Chelsea and Westminster achieved a figure of almost 97 per cent. Lindsay Etherington, Emergency Care Collaborative Programme Manager, explains how this was achieved and how the work continues in 2003/2004:

"The Trust spent six months looking at the way it works, following 40 patients in real time, from arrival in the Emergency Department to discharge: asking for their feelings, their observations and comments. We learnt that:

- patients had to repeat the same story to a large number of people
- we could avoid many of the queues patients face by making things happen earlier (e.g. having blood samples taken, deciding to admit a patient)
- many patients could have been cared for without coming into hospital, or could have had minor operations performed as a day surgery patient if we could only change the way we work.

Since January 2003, the average waiting time for patients with a minor injury or illness (e.g. twisted ankle or simple laceration) has been reduced from 2 hours 30 minutes to 1 hour 40 minutes. Why?

Because we put a senior doctor (consultant or middle grade) at the

'front door' to see, treat and discharge patients with very minor problems rapidly.

The Trust joined the third wave of the Emergency Services Collaborative in February 2003, alongside 34 other NHS Trusts in England.

The success of the programme relies upon the commitment of clinicians to lead the changes and the views of staff, patients and carers are vital.

We all think that the way we work is the only way, but with some imagination and support to try out new methods we are often surprised the difference small changes can make."

'I was mightily impressed'

In March, 2003 Mr Malcolm Black, an Emergency Department patient, wrote to the Trust Chief Executive expressing his appreciation for "the friendly, courteous and very efficient way I was treated by everyone; for the extent of the testing – ECG, chest x-ray and blood tests; and for the amazingly short time it took to check me over and send me home. I was mightily impressed and grateful."

Waiting times are reduced if patients are 'streamed' to a majors or minors area with allocated staff. This Trust has five Emergency Nurse Practitioners working in Adult Emergency Care. In 2002/2003 Claire Washbourne was appointed as Nurse Consultant to lead the minor injuries service.



Critical Care develops Outreach Team

Critical care at the Chelsea and Westminster moved into a new era in the spring of 2003 with the creation of a Critical Care Outreach Team.

The team, led by Andrea Blay, Consultant Nurse for Critical Care, is a link between our Intensive Care Unit and the ward staff, managers and clinicians.

The three highly experienced nurses have a twofold job: firstly, to plan discharges from Intensive Care into the wards; secondly, to help support staff in looking after more seriously ill patients on the wards.

The team's three main objectives are to:

- follow up all patients discharged from ICU/HDU
- recognise deteriorating patients on the wards with the introduction of an early warning system
- provide education and skills development for ward and medical staff.



• From left: Sister Jacqui Trotter, Consultant Nurse for Critical Care Andrea Blay, Sister Theresa Weldring and Charge Nurse Dan Ford.

Intensive Care Unit

Intensive Care looks after our most critically ill patients and the level of care we can offer them has improved with the development of better technology – more sensitive and sophisticated machines and close working teams.

The medical team of consultant Intensivists, specially trained nurses, therapists, pharmacists and dietitians all work together in the care of each individual patient.

The 11 beds on the Unit are used in a flexible

way – they can be Intensive Care, with a ratio of one nurse to one patient or High Dependency when the ratio is one nurse to every two patients. The team cares for about 400 patients a year.

The high standards of our Intensive Care Unit were recognised in 1998 when the Unit received a Government Charter Mark for excellence. It was awarded a second Charter Mark in 2002.



'The atmosphere on the unit is so open and friendly'

In December, 2001 Rachel Heslop from Fulham was rushed to the Chelsea and Westminster Hospital's Intensive Care Unit with meningitis.

The 18-year-old was on her way to see *Lord of the Rings* when she started to feel unwell.

The next morning her mother Caroline noticed a small mark on Rachel's skin and, after carrying out the 'glass test', she thought it might be meningitis and called 999.

If a glass is pressed firmly against a rash and the marks do not fade then medical help should be called. Caroline's swift action helped to save her daughter's life.

By the time Rachel arrived at the hospital she was unconscious and the rash had developed across her whole body. She had meningococcal septicaemia.

Rachel spent the next three weeks on the ICU battling for her life.

Thanks to the expertise of staff on ICU, and Rachel's fighting spirit, she fully recovered and celebrated Christmas three months late.



Rachel is pictured (left) on a visit to the Unit with Caroline (right) and Clinical Nurse lead Jane Marie Hamil.

Caroline said: "The staff were wonderful. I can never thank them enough. The atmosphere on the unit is so open and friendly.

"They encouraged me to talk to Rachel and get involved with her everyday care.

"It was a terrible time but also very uplifting – the goodness you are surrounded by is overwhelming."

On the day of Caroline's 50th birthday, Rachel was able to come off her ventilator.

Caroline said: "It was like giving birth

all over again. It was the best birthday present I could have had."

Rachel, now aged 20, is enjoying life at university and has visited ICU several times since her recovery.

She said: "I am so grateful. I came back to show them that I was living proof of what a difference they can make. It makes you realise that life is precious and you have to enjoy it."

Caroline is a volunteer on the unit and also provides a relative's perspective on how services on the Unit can be improved.

Robot helps improve service for patients

Modernisation of Pharmacy Services – including the installation of a £500,000 robot in the dispensary department - has been a major development in 2002/2003 at Chelsea and Westminster Hospital.

The robot is the first machine in the country to dispense outpatient, inpatient and discharge prescriptions and both label and distribute items.

When the drugs are delivered to the hospital the pharmacy staff will scan the bar code on the medicine container into the robot and it will store each package in the machine in a suitable space. When the drugs are loaded or labelled for a patient's prescription this is recorded automatically by the robot and will help monitor stock and prevent waste.

Chief Pharmacist Pippa Roberts said: "More pharmacists and technicians will be available on the wards.

"Pharmacists are now working with consultant teams in medicine and surgery. They have begun to take drug histories on the admissions ward and attend the post take ward round.

They are currently writing one third

of discharge prescriptions across the Trust. These changes will support the reduction in doctors' hours and speed up discharge from hospital.

"As pharmacists spend more time on the wards we will also be able to put in place systems to help patients self medicate.

"This increases the patient's familiarity with their medicines so that they take them properly at home and this has been shown to reduce re-admission rates."

A full shift system also started in December 2002 with pharmacists working nights rather than the old system where they were available on-call only.

The Chelsea and Westminster Hospital's Pharmacy Department, employs almost 100 pharmacists, technicians and support staff and dispenses 450,000 prescriptions every year at a cost of about £21 million.



Our Healing Environment

Chelsea and Westminster provides a very special environment for patients, staff and visitors. The hospital is a five storey building built round a series of atriums with a transparent roof.

Within the atrium spaces are major works of art and there are more than 1,000 pieces of art in wards and departments – thanks to Hospital Arts, a charity funded by public and private donations which also organises weekly performing art, including music, dance and full length operas on a second floor stage.

A two year research project is now proving that the benefits of this healing environment are not merely in the mind – it actually helps our patients to get better faster.

‘Every member of staff enjoyed being in the building...some said their spirits rose when they walked through the front entrance’ - Improving Working Lives report, 2003



Patientline entertainment offers 16 channels

Patientline, a new £1 million state-of-the-art bedside television, telephone and internet service was launched in January 2003 giving patients access to more than 16 television channels, six radio stations, films, talking books, games and e-mail.

Patientline site manager Kit Burcham is pictured with 14 year old Aktar Hussain and the new Patientline system.



Football pundit Jimmy Hill opened the refurbished Denise Kilmarnock Endoscopy Unit in November 2002. The nurse-led programme to improve the hospital environment for patients and staff was funded with £35,000 from the Kings Fund. Changes included a new consultation area and extended reception, plus new flooring, lighting and curtains.

Chelsea and Westminster Hospital has six main operating theatres, four day surgery theatres, including a specialist Hand Management theatre; two operating theatres especially for children; two obstetric operating theatres and a Burns Unit theatre.

Managing the use of those theatres well is crucial to the service we provide for patients. In 2002/2003 there were new initiatives at the Trust. Catherine Andrews, who led the theatres project, explains what happened:

Small changes make a real difference

"We first looked at the reasons why operations were being cancelled.

One that stood out was that theatre lists were not starting on time and some operations had to be cancelled at the end of the day because we ran out of time.

We have now made some small but crucial changes to our systems and launched the first of several pilot schemes that will make a real difference.

For example, in the past the anaesthetist would spend time going from ward to ward to see the first patients of the morning. Now patients are sent to the anaesthetist and assessed in the recovery room.

This is also better for patients as they can wait for theatre in the recovery room, rather than in a corridor.

Theatre Porters have been asked to report sickness a lot earlier so that duty rosters can be reorganised to ensure things run smoothly."

'A lot of people have said these are just simple things to change. I agree, but it is amazing what a difference these simple things can make'



Streamlining the patient journey through an operation

Chelsea and Westminster Healthcare has appointed two Specialist Co-ordinators for Emergency Surgery – David Mitchell and Linda Myford.

Linda, who is the Deputy Clinical Nurse Lead for Day Surgery, is concentrating on patients treated by Plastic Surgeons and the Hand Management Unit.

She said: "Both our roles are about streamlining the journey for patients – getting emergency cases dealt with as efficiently as possible and helping patients by explaining what is happening, when and why.

We are now able to offer an emergency, general anaesthetic day surgery service to a wider range of patients. In the past plastic surgery, and in particular patients with hand injuries, have been given a low priority on the emergency operating lists because their condition is not life threatening.

The result was some patients had long waits before getting their surgery and were cancelled at short notice two or three times."



Pictured from left to right are Linda Myford, David Mitchell and Tim Aitchison

This new service helps to reduce the length of stay and reduces the risk of cancellations.

Patients are now given a dedicated appointment for surgery in the Day Surgery Unit, are less likely to be cancelled, and can go home on the same day.

David added: 'I work as a liaison between theatres, ward staff and medical staff. So a lot of the role is about communicating clearly and making sure everyone is kept in the picture.

'I also see the individual patients and explain the process and support them.'



First Assistant to the Surgeon is appointed

Tim Aitchison is the first theatre nurse to be appointed as a First Assistant to the Surgeon at the Chelsea and Westminster Hospital.

Tim said; "This is an opportunity for me to utilise my years of knowledge and experience of practical surgery to formulate a new extended role for nurses within the

operating rooms. I find the work very rewarding and enjoy refining my suturing skills.

Working closely with consultant surgeons allows me to learn and become more proficient at other surgical manoeuvres also. This means widening the skills base of the theatre team and so improving efficiency."

We are one of the leading NHS Trusts in the country for the development of computer technology and Electronic Patient Records – or EPR as it is known.

EPR is the personal health record of every patient – accessible to health professionals at every hospital computer terminal via a security code. Staff use the system to order tests and examinations, to look up the results of those tests, to track patients through the Emergency Department and send discharge summaries to GPs.

The technology provides e-mail throughout the Trust and access into an internal Trust-wide Intranet which has built an electronic library of medical and nursing guidelines. This means, for example, that a nurse or doctor can quickly and easily access up to date information on the best way to care for a patient with a particular condition or having a specific procedure.

Pioneering paperless records

In October, 2002 the Burns Unit at the Chelsea and Westminster Hospital began a pilot of Electronic Medical Notes using the Trust's EPR System 'LastWord' and by March 2003 was almost completely 'paperless'.

Dr Peter Barnes, chair of a multi-disciplinary committee set up to oversee the development of EPR, said: "Not all information can be added to the electronic patient record such as ECG charts, but in the longer term it is hoped that all systems will be integrated.

"One of our big priorities is to help with the launch of electronic prescribing which is part of the overall modernisation of pharmacy here at the Trust."

Data progress wins Top Hospital Award



The Chief Executive with some of the Trust staff who helped us to achieve the Most Improved Hospital award. Left to right are pictured Vipul Masters, (IT), Chief Executive Heather Lawrence, Peter Phillips and Janet Maxwell from Information, with Gus Colquhoun from IT and Graham Straughair from Clinical Governance.

Chelsea and Westminster was a winner at the third 40 Top Hospitals programme awards in 2003 presented by the benchmarking company, CHKS.

We won a second award for most improved hospital for the improvements made in our quality data. Edward Donald, Acting Director of Strategic Service Development, said: 'Staff in the Information Team, and Clinical Directorates have

worked very hard to improve our data and this award belongs to them.'

In 2003 a number of NHS Trusts improved their performance in the 15 indicators selected by CHKS, making the achievement of a 40 Top Hospitals listing that much harder. Indicators included the risk adjusted mortality index, emergency readmission rates (within 28 days of discharge) and discharge of stroke patients.

Imaging Service is State of the Art

Many of our patients refer to the Imaging Services as the X-ray department and the humble plain film x-ray still is the most common procedure – we take about 80,000 a year! But we also do increasingly sophisticated examinations of soft tissue – the inside of organs and the inside of the abdomen, chest, skull, joints and spine.

MRI and CT scanners are able to produce images of great accuracy and to do it very quickly – sometimes in the time someone needs to hold a single breath. The experience for patients is faster and less stressful and the results for consultants trying to diagnose problems are much clearer.

We also offer a wide range of treatments in the form of interventional procedures. For example, Radiology works closely with Endoscopy to treat patients, including those with suspected cancers.

In 2002/2003 the major development for Imaging was installing no less than 15 new pieces of equipment including a very sophisticated MRI scanner and a state of the art CT scanner.

The equipment, which is all being leased – a common practice in acute hospitals throughout the country – is now installed in the main hospital department, in our Emergency Department and at the South Westminster Centre for Health, in Pimlico, where this Trust provides an x-



ray service and an ultrasound unit.

Our next big development in Imaging will be in converting to a film-less department, with all images being stored and displayed on computers, and being accessible from any authorised terminal in the hospital.

Imaging Services include Nuclear Medicine which uses a sensitive radiation detector and computer ('Gamma-Camera') to show the distribution of a trace of radioactive fluid injected into the patient's bloodstream.



In the spring of 2003 the actress Natascha McElhone kindly consented to open the new MRI and CT suite. Pictured left at the opening of the new state of the art MRI and CT suite here at the Chelsea and Westminster Hospital are, from left, The Chairman of the Trust Mr Juggy Pandit, Consultant Radiologist, Dr. Roger Chinn, Ms McElhone, Mr Ray Doddrell, London Sales Manager for Siemens and Consultant Radiologist Dr Simon Padley.

Cardiology works closely with the Royal Brompton

Patients who have had heart attacks are brought into the Chelsea and Westminster Hospital where they are seen and treated in the Emergency Department.

We admit patients to our Coronary Care Unit and later send them to the Royal Brompton Hospital for tests and possibly for treatment.

Our Cardiology Service works closely with the Brompton developing joint posts and joint clinics to improve care for cardiac patients.

New roles have been developed with the recruitment of nurse specialists such as a chest pain nurse, heart failure nurse and cardiac rehabilitation nurses.

The time taken for patients who are admitted to hospital suffering heart attacks to receive life-saving thrombolytic drugs has been steadily reduced. By spring 2003 we were thrombolising 80 per cent of patients within 30 minutes of their arrival in the Emergency Department.



Dedicated vehicle pioneers care for coronary patients

The first dedicated coronary care transfer vehicle in the UK started taking patients from the Chelsea and Westminster Hospital to the Royal Brompton in January, 2003.

The vehicle will also be used for neo-natal transfers and out of hours Emergency Department discharges.

This joint venture between the London Ambulance Service and the Coronary Heart Disease partnership programme at Chelsea and Westminster is expected to be picked up by other Trusts around the country.

Kevin Shire, from the LAS said; "The crews have under taken extra training over and above the normal non-emergency basic

ambulance personnel training.

'This has involved a three week intensive blue light driving course and a total of 96 hours supervised hours with front line ambulances.

They are also trained in some specialist emergency care procedures."

Chelsea and Westminster is the Brompton's largest referring hospital sending a total of 155 patients along to the Brompton in 2002.

Pictured are LAS crew members Paul Delafond (left) and Richard Riley (centre) with Kevin Shire, the Transport site manager for LAS at Chelsea and Westminster and right, Mandla Mlambo, Staff Nurse on Marie Celeste Coronary Care Unit.



Medical Day Unit is 'a shining example'

The Medical Day Unit at Chelsea and Westminster Hospital provides a shining example of health care, according to a focus group involving older patients.

Clinical Governance Facilitator Graham Straughair and Assistant General Manager for Medicine Andrea Hayden who organised the focus session in December 2002 said there was unanimous approval of the MDU.

Graham said: "Everyone was incredibly positive. They liked everything, which was a bit embarrassing because we really were encouraging them to say what they didn't like!

"Ultimately all their comments came back to the attitudes of staff – everyone from cleaners to consultants, from nurses to receptionists – were praised as being very friendly and helpful."

The focus group was organised to help monitor objectives set by the Department of Health's National Service Framework which aims to



Pictured from left to right are Staff Nurse Vicky Cruz, Housekeeper Clarise Lindsay, Transport Officer, Geraldine El-Hamasy, Senior Sister Ellie Shepherd, Health Care Assistant, Sue Murden, Receptionist, Zahra Kelly and Administrative Assistant, Elaine Warren.

establish new national standards of care for older people both in hospital and at home.

Graham added that the Focus Group had also given some critical feedback.

He said; "One of the problem areas was the length of time people have waited in the past in the Emergency Department. That can be difficult, without food or drink and a growing sense of isolation.

Georgina Godbolt, 72, who attends the Falls Clinic at Chelsea and Westminster, was a member of the Focus Group. She said: "I can't thank the staff in the Medical Day Unit enough. They have been so thorough and explained everything so clearly. I get a complete MOT every time I go."



Ageism check

In 2002 Chelsea and Westminster checked all policies and guidelines for any evidence of ageism. Small changes were made. In 2003/2004 a local scrutiny group, chaired by a Non-Executive Director, will be established to examine all new guidelines and policies and check if there is evidence of more discreet ageism in practice.

One stop shop for diabetic patients

It is estimated that one in every 20 people in the UK suffers from diabetes and statistics show that one in every ten patients admitted to Chelsea and Westminster Hospital is diabetic.

The Beta Cell Centre at the hospital is a busy 'one stop shop' that allows patients to be treated under the same roof by a variety of specialists working in a multi-disciplinary team.

More than 20 people work in the Beta Cell Centre including specialist diabetes nurses, dietitians, podiatrists, retinal screeners, and a medical team of three consultants supported by secretarial staff.

Consultant Dr Michael Feher said: "We run specialist clinics including: HIV, antenatal, hypertension, and a special clinic for adolescents to help them come to terms with their illness and match their treatment to their adult life.

"Both the HIV diabetes clinic and the liaison psychiatry diabetes clinic are unique clinics in the UK."

Helen Treml, Specialist Diabetes Nurse in the Beta Cell Centre said: "I hold regular clinics each week in the community, allowing patients to be treated and receive advice without having to come into hospital.

"We match our clinics to the needs of our patients.

"Currently a lot of our patients are interested in using insulin pump therapy rather than having to give themselves daily injections, so we have set up special community training sessions to cope with

the demand for this treatment."

Education is a big part of the work of the Beta Cell Centre.

Staff teach good practice courses to GPs, GP practice nurses, medical students and have post graduate training.

In 2002 Miranda Greg, Chief Specialist Dietitian in the Beta Cell Centre, was awarded an MSc. in Diabetes with distinction. The three year course, run jointly with the University of Surrey Roehampton, is one of the first of its kind in the country.



A podiatrist and a dietitian are part of the multi-disciplinary team working in the Beta Cell Centre at Chelsea and Westminster Hospital.

Holistic approach to cancer care

Over the past decade the Chelsea and Westminster has worked closely with other local hospitals, such as the Royal Marsden and the Charing Cross Hospital, and with external organisations such as Macmillan, to provide a holistic approach to cancer care.

By March, 2003 the Macmillan nursing team at the Trust numbered six, including a specialist nurse working with children who have cancer.

In 2002/2003 we saw and treated about 800 patients suffering from specific kinds of cancer, including HIV related malignancy, lung, colorectal, gynaecological, urological and skin cancers.

In January 2003 building work on a £340,000 Macmillan Cancer Information and Therapy Centre was completed at the Chelsea and Westminster Hospital.

The Centre, funded through the Macmillan Greater London Appeal, offers counselling and complementary therapies as well as a wide range of information on cancer, its treatment and the support available.

A Three Star Trust

In 2001 the Government introduced the first national NHS performance ratings. (Ratings range from a maximum of three stars to none)
In July 2003 Chelsea and Westminster Healthcare was awarded three stars.

The Nine Key Targets	Our Performance
1. No patients waiting more than 12 months to come into hospital.	ACHIEVED
2. No patients waiting more than 21 weeks for a consultant appointment	ACHIEVED
3. No patients waiting more than 12 hours to be admitted from the Emergency Department after the decision to admit	ACHIEVED
4. 90 per cent of patients in the Emergency Department to be seen, treated and either discharged or admitted within four hours in March, 2003.	ACHIEVED
5. All patients whose operations were cancelled on the day should be readmitted within 28 days	ACHIEVED
6. Patients with suspected cancer should not wait more than two weeks to be seen in hospital	ACHIEVED
7. Achieve practice status in improving the working lives of our staff	ACHIEVED
8. Standards of hospital cleanliness	ACHIEVED
9. A satisfactory financial position	ACHIEVED



Hands up for a winning week

The Chelsea and Westminster Infection Control Team ran a hugely successful week in April 2002 (and another in April 2003), raising awareness among staff, visitors and patients of the importance of hand hygiene in preventing the spread of infections.

The Prime Minister Tony Blair and Chancellor Gordon Brown visited the Trust in April, 2002 following the Government's pledge of an extra £40 billion for the NHS over the next five years. They visited our Pre-Operative Assessment Centre and held a discussion session with staff.



Diagnostic and Treatment

The creation of a new Diagnostic and Treatment Centre was given the go-ahead by the Secretary of State.

The £5.6 million centre, planned to open in 2004, will be housed in four new operating theatres.

A DTC will provide a rapid diagnostic and treatment service for a range of skin conditions and procedures. This is a project which brings together technology, health care expertise, and putting patients greater choice and expand the use of both.

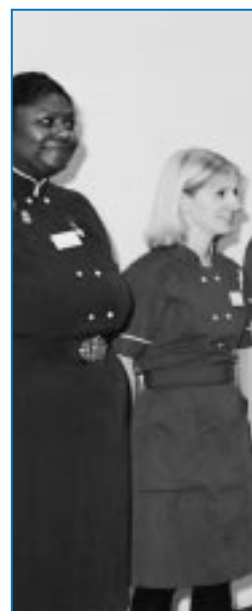
Prince Philip visits

HRH The Duke of Edinburgh officially opened a new look Dermatology Unit at Chelsea and Westminster Hospital in March, 2003.

Facilities expanded in 2002/2003 thanks to £250,000 funding from the Government's 'Action on' initiative. The money provided two new consulting rooms, a diagnostic clinic for a multi-disciplinary skin cancer service and a second operating theatre.

Every year about 30,000 patients a year are seen and the department carries out more than 2,000 surgical procedures. Consultant posts in the department have increased from three in 1993 to eight in 2003. In 2002 Professor Richard Groves was appointed to a Chair in Dermatology.

This Trust also provides the largest children's dermatology service in London.



Prince Philip is pictured with the new Dermatology nursing staff. Staff Nurses Mary De Hallett.

Sixth Hospital Open Day

Our Sixth Hospital Open Day, held on 15th March, at the Chelsea and Westminster, attracted over 1,000 visitors to learn more about their local NHS.

A total of 46 separate departments and organisations took part with hospital tours, a Photographic Competition, cream teas, and more. Among the written comments from visitors were these:

- Thank you for a brilliant day.
- This is a wonderful hospital with wonderful staff.
- A success to be proud of.

The next Hospital Open Day is planned for 2004.

nt Centre gets go-ahead

Centre (DTC) at Chelsea and Westminster Hospital for Health, Alan Milburn in December 2002.

will provide about 3,500 extra operations a year

ent centre for patients needing short stay
er key aspects of modernisation – improved
patients first. The aim is to cut waiting times, offer
looked admissions.

s Dermatology



red with the Chairman of the Trust, Mr Juggy Pandit, and
staff, from left, Sister Karen Stewart, Senior Staff Nurse Sue Stroud,
pherty and Sheila McDonnell and Health Care Assistant Judith

SUCCESS

Saturday May 18, 2002 at
d 1,000 visitors eager

d health service
ours, a puppet show, a staff
competitions and prizes.
visitors

onderful staff.

d for June 2004.

Two awards for HIV pioneer

Professor Brian Gazzard was presented with the Outstanding Achiever (Health) Award by HRH The Prince of Wales and the Secretary of State for Health Mr Alan Milburn at a ceremony in London in August 2002.

Professor Gazzard was honoured for his work in the field of HIV and AIDS. The judging panel called him "a pioneer and a unique role model".

The annual Health and Social Care awards honour outstanding contributions to reforming the treatment and care of patients as well as improving the working lives of staff.

In November Prof Gazzard received another award from Prince Charles – this time the Clinical Leadership Award from the Terrence Higgins Trust.

Prof Gazzard said: "I am honoured to receive this award on behalf of the staff who have created what I believe to be the best centre for HIV care in Europe."

- In April 2002 the AIDS charity Crusaid launched



Professor Brian Gazzard

a new research centre at the Chelsea and Westminster Hospital which will carry out research into treatments for HIV. The centre is next to the newly opened International AIDS Vaccine Initiative (IAVI) core laboratory, which is co-ordinating world wide trials and the Kobler Clinic, which treats more than 20 per cent of the UK's HIV population.



BBC TV Ground Force star Charlie Dimmock arrived from the Chelsea Flower Show in May, 2002 to present a cake to patients and staff on our Nell Gwynne Ward. Pictured left to right are Sister Michelle Gorham, Charlie Dimmock and Sally Sharpe.

A young South African boy was honoured in 2003 by the naming of an HIV Unit after him at our West London Centre for Sexual Health, based in Charing Cross Hospital. Nkosi Johnson, who was only 12 when he died, became known around the world when he spoke at an international conference in Durban, South Africa about his experiences of being HIV positive.

Getting you home from hospital as soon as possible

The Chelsea and Westminster has been working hard during the last year to improve our discharge planning and to make sure patients leave hospital as soon as possible once they are medically fit to go.

The Discharge Team includes ward-based co-ordinators who support staff across the hospital to plan the discharge of patients who have complex needs. The team works closely with nursing and medical staff, physiotherapists, occupational therapists, district nurses and social workers to ensure that patients get the support they may need at home and prevent

them from being re-admitted to hospital unnecessarily. Supporting discharge and the discharge team, the Trust has an active Discharge Steering Group with representatives from all our partner Social Services, Primary Care Trusts and intermediate care services. It provides a useful forum for Trust staff and outside agencies to discuss and improve our discharge planning

arrangements.

Karen Costelloe, Chair of the Discharge Steering Group said: "Problems with communication between agencies have come up as a key issue needing improvement.

"We hope that by improving information and by training staff we will work better together to improve discharge planning and the patient's experience."

Providing non clinical services

Our partners in care are Carillion who provide all the non clinical support services such as security, catering, main reception staff, cleaning, laundry and car parking. In June 2003 we learnt that the Trust had been awarded 'green status' for the first time by PEAT – the Patient Environment Action Team.

The PEAT award covers all areas of the hospital and winning the top mark reflects a commitment by our partners and by Trust staff to providing a better environment for our patients and their families.



Chelsea and Westminster Healthcare provides a wide range of highly specialised skills for adults and children. In these three pages we provide only a snapshot of a few of our many specialist areas.

Centre for Burns and Plastics

Chelsea and Westminster Hospital provides a specialist Burns and Plastics Service for both adults and children from all parts of London and the South East of England.

There is a dedicated plastics ward, with its own outpatients department and a specialist Hand Management Unit in the Day Surgery Unit on the ground floor. We have five consultants seeing patients in seven outpatient clinics in the south east of England.

The Unit provides an emergency operating service six days a week, in addition to planned operations.

The Burns Unit has a 20 bedded ward. There is a dedicated Burns Theatre, an outpatient clinic, a nurse led dressing clinic and Intensive Care beds.

A Craniofacial Unit, staffed by three consultants, offers a specialist service with an international reputation for excellence, working with adults and children with severe facial injuries, birth defects or disfiguring diseases.



Occupational Therapists and Physiotherapists work together in a combined Hand Therapy Team as part of this highly specialised area of expertise at Chelsea and Westminster Hospital.

Complex investigation and treatment in our Endoscopy Unit

The Endoscopy Service at Chelsea and Westminster works closely with colleagues at both the Royal Marsden and Royal Brompton Hospitals on complex cases of diagnosis and treatment.

Doctors, led by consultant David Westaby, are able to use a flexible tube to investigate the alimentary tract.

About 20 per cent of the work in Endoscopy not only finds out what is wrong, but also helps treat the problem. For example we have a highly specialised service to treat gastro-intestinal bleeding.

Orthopaedics expertise

In 2002/2003 a team of seven consultants carried out more than 2,000 operations in main theatres and day surgery. As well as most types of orthopaedics our surgeons offer very special expertise in:

- Hip and knee surgery
- Shoulder surgery
- Paediatric orthopaedic surgery

The department meets daily to discuss the previous day's emergency admissions, ensuring a team approach to trauma management.



Referrals from all over the UK to our Assisted Conception Unit

The Assisted Conception Unit was opened in 1995 to provide affordable fertility care to all. It is now well established with a reputation for expertise in specific areas, including the management of male factor infertility.

The ACU is also the leading centre in the UK for the management of couples where one or both partners are infected with Hepatitis B, C, or HIV. There is a separate laboratory for processing samples from

these patients and an established programme of care to minimise transmission risk to the uninfected partner or child. The ACU receives referrals from all over the country as well as abroad.

High Risk Maternity Service



Women with medical conditions or previous complicated pregnancies are cared for by a specialised high risk team which includes midwives and obstetricians, who are expert in caring for women with specific medical conditions eg diabetes, heart disease, HIV, hypertension (high blood pressure) .

The Fetal Medicine Unit, ultrasound and day assessment units all provide antenatal diagnosis and support for the maternity services.

There is close liaison with the Neonatal Intensive Care Unit to ensure continuity of care for woman and baby.

34 cots in Neonatal Intensive Care

Our Neonatal Intensive Care Unit has expanded from 19 cots to 34 cots in 2003 – some Intensive Care, others High Dependency and Special Care.

The Unit looks after about 400 babies a year – many born in this hospital and others brought here from all over London and the South East of England.

The Unit is also a specialist referral centre for North West London for neonatal surgery.

The number of consultants working on the unit has grown from one to four. In addition an academic neonatologist was appointed in 2002/2003.



Excellent Children's Services

Children's Services at Chelsea and Westminster Hospital provide a wide range of health care expertise with an approach which fully involves parents in the care and treatment of their children.

Our multi-specialist Children's Services – described by the Commission for Health Improvement in 2002 as excellent – include a dedicated 24 hour Emergency Department with trained paediatricians on duty 24 hours a day, seeing about 24,000 children each year.

There are four children's wards, including a dedicated adolescent unit, looking after 5,000 inpatient admissions every year and a Children's Outpatient Department with nine consulting rooms, seeing more than

25,000 children a year.

There is a special Imaging Service, two operating theatres and a range of surgical specialties including orthopaedics, ophthalmology, craniofacial and orthodontics. In

addition there are medical specialties including dermatology, gastroenterology and endocrinology.

Over the past decade the amount of time children spend in hospital has decreased to an average of only two days. In 2003 Chelsea and Westminster plan to develop a new Unit which will concentrate on keeping children at home with their families wherever possible.

It will provide Day Care facilities for our young patients enabling them to receive treatment, tests and care and return home the same day.

In addition to hospital care we provide community paediatrics including Child Health, Audiology, Child Development and Special Needs.



Praise for high standard

In December 2002 the Trust underwent a comprehensive assessment process to measure our progress against the Improving Working Lives standards. Early in 2003 the Trust was awarded Practice status with particular praise for our high standard in HR Management and Strategy.

Other areas of good practice included positive feedback on the hospital environment, praise for a high level of education and training and good communications.

Areas for improvement included providing better facilities for staff, raising awareness of equality and diversity policies and further expanding the use of flexible working.

Chelsea and Westminster Healthcare has one of the highest retention rates and lowest vacancy rates in West London.

During 2002/2003, we have successfully implemented the second stage of our three year Recruitment and Retention Strategy, with overall vacancies of 8.7 per cent at the end of March 2003.

Initiatives included attending job fairs, holding Open Days and local recruitment of newly qualified students and people wishing to return to nursing. In addition, we launched a transport and accommodation strategy which provides practical assistance to staff working in what is the highest cost housing area in the country.



Three year Equality and Diversity Action Plan agreed

In May 2002 the Trust Board agreed a three year Equality and Diversity Action Plan, incorporating the Race Relations Scheme as required by the Race Relations (Amendment) Act 2000.

Our aim is to develop a working culture which seeks, respects, values and harnesses all differences, as well as meeting our statutory duty to promote race equality.

Our Equalities Taskforce oversees the work of two groups – one promotes equality in the work place and the other focuses on patients and service users.

This year we have worked at improving our ethnic coding rates. This is in order to ensure that we have a good base on which to be able to assess the impact of our service policies and principles on different ethnic groups.

Life-long Learning for all staff

This Trust is committed to developing life-long learning opportunities for all staff.

In 2002/2003 two Assistant Directors within Human Resources and Nursing have been leading the work on education and training.

Chelsea and Westminster is a teaching hospital for the next generation of health care professionals working closely with Imperial College School of Medicine and Thames Valley University.

This Trust actively promotes a programme of life long learning opportunities for all staff, at all levels.

In 2002/2003 a total of 24 support staff took National Vocational Qualifications

(Health and Social Care Awards) and Seven Healthcare Assistants were seconded to undertake pre-registration nurse training or midwifery training.

A partnership between West Thames College, Kingston University and the NHS Confederation will pilot a new NHS foundation degree course for employed people who may never have considered taking a degree.

The degrees are designed for staff who do not have formal qualifications.

Nigel Grant, Assistant Director of Human Resources said; "This provides a wonderful opportunity for NHS staff

who have never had the chance to pursue higher education."

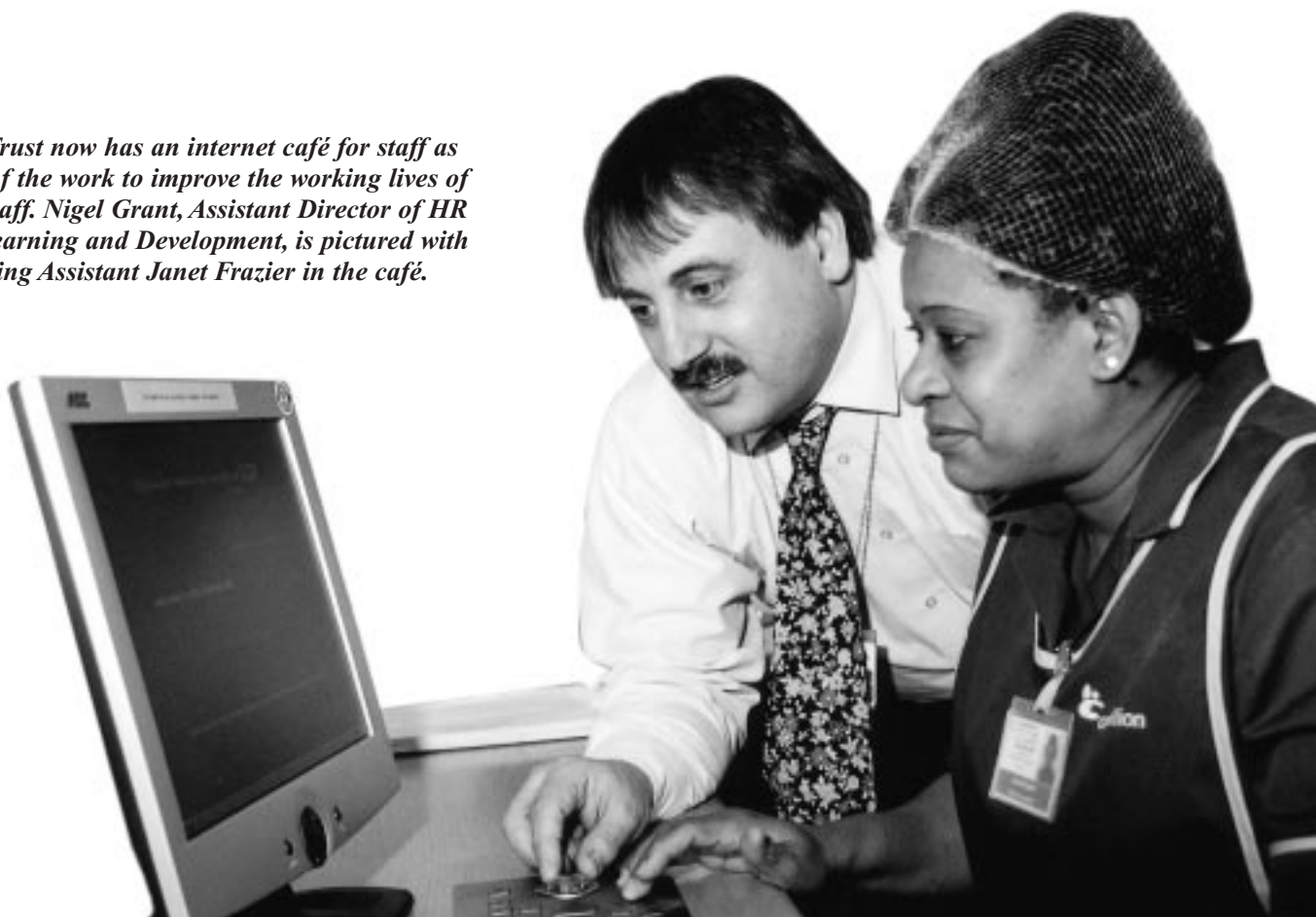
The prize winning Freeway Project, run by the Learning Resource Centre, (Part of Human Resources) specifically for Administrative and Clerical staff, offers development opportunities for all support staff, including Healthcare Assistants and Technicians.

The first 10 participants in the Leadership Development Programme made their final presentations in the spring of 2003 after a four month course.

Kate Kirby, Physiotherapy Assistant, was awarded an Outstanding Adult Learners Award by the Education Committee of the Corporation of London in 2002/2003. The awards are for adult learners whose achievements could inspire others.

Kate was nominated by Education and Training Facilitator Paul Hodson, who said: "Kate was one of the first staff to undertake and complete a National Vocational Qualification in Diagnostic and Therapeutic Support. She demonstrated great commitment and enthusiasm and used her learning to improve the quality of care for her patients."

The Trust now has an internet café for staff as part of the work to improve the working lives of our staff. Nigel Grant, Assistant Director of HR for Learning and Development, is pictured with Catering Assistant Janet Frazier in the café.



Improving the work/home life balance

The Trust has a range of **flexible working initiatives** to help our staff achieve a healthy balance between working and home life, including job sharing, career breaks and a holiday club for the children of staff.

In February, 2003 the Trust launched a new **Maternity Returners club**, to prepare staff on maternity leave for their return to work.

Sessions are held quarterly to give staff practical advice and help and develop a network for women coming back to work.



Career Breaks success

Career breaks offer Trust staff the chance to take a break from work for up to 12 months – and then to come back into their old job.

Staff Nurses Zoe Smith and Ruth Featherstone from Day Surgery went off on a four month round the world trip in 2002. They got back to the UK one weekend and simply walked back into their old jobs on Monday morning.

Consultant Rheumatologist Dr Stephanie Kaye took a year off in 2002 to be at home with her young son and our Assistant Director of Nursing Tony Pritchard fulfilled a lifetime ambition and went travelling around India for six months.



All policies and procedures reflect the good practice guides for the Employment of Disabled People issued by the NHS Executive and the Department of Education and Skills.

The Trust has the 'two ticks' symbol in recognition of our work in attracting and supporting employees with disability.



World-class research

In addition to providing accessible and high quality care to our local population, our Strategy focuses on the development of specialist services on site that are supported by world-class basic and clinical research. Chelsea and Westminster is one of the three major teaching hospitals of the Imperial College School of Medicine. As such we have a major role to play in teaching undergraduates and postgraduates in all disciplines and undertaking both patient based and laboratory based research.

Within Imperial, we are valued for a comprehensive patient base that supports 'bench to bedside' teaching and clinical research in a setting of academic excellence.

To evolve successfully, the NHS must promote multi-professional team working. Towards that goal we have established a Good Clinical Practice Centre (GCPC) which includes a Clinical Skills Laboratory, a Simulation Centre, a Manual Handling training centre and a Resuscitation training centre.

In this new setting we bring together different clinical disciplines comprising multi-professionals to implement state of the art training methods using sophisticated and realistic computer-driven models.

Apart from the provision of training and development for our own teams, the GCPC will be available as a resource for the wider NHS.

We have five major research groups, each with the ability to attract high profile grants. They are:

- **Anaesthetics, Intensive Care and Pain Management, led by Professor Mervyn Maze**
- **Tissue Engineering, led by Professor Dame Julia Polak (including our work in surgery, plastic surgery, burns and bioengineering)**
- **Perinatal Medicine, led by Professor Philip Steer**



Clinical skills lab helps to train medical students

The Clinical Skills Laboratory at the Trust was started in 2002 with the first group of third year medical students using the lab every day for six weeks leading up to their end of year clinical examinations.

They practised various procedures, including inserting catheters, suturing and taking blood. They were also able to use a special machine that simulates breath and heart sounds.

The new laboratory, resourced by Imperial College School of Medicine, has been set up by Clinical Skills Trainer Sarah Lee and Director of Clinical Studies, Dr Peter Kroker, assisted by Claire Dossi, Teaching Co-ordinator.

It will be used for training medical students and for multi disciplinary training in the months ahead.

(including obstetrics, gynaecology, paediatrics and neonatology)

- **Immunity and Infections, led by Professor Frances Gotch**

and Professor Brian Gazzard who specialises in HIV research

- **Dermatology led by Professor Richard Groves.**

FOREWORD TO THE SUMMARY FINANCIAL STATEMENTS

An NHS Trust has the following statutory financial duties laid down by the NHS Executive:

- to break-even on its income and expenditure account taking one year with another;
- to keep within the annual Capital Resource Limit;
- to keep within the External Financing Limit which is the limit placed on net borrowing; and
- to achieve a 6% return on its relevant net assets (Capital Cost Absorption Duty)

The Summary Financial Statements are merely a summary of the information in the full accounts which are available on demand.

I am pleased to report that the Trust has achieved all its statutory financial targets for the year ended 31st March 2003. The Trust achieved a surplus of £88,000 during the year as well as achieving a 6.1% Return on the average net relevant assets. The Trust met its Capital Resource Limit and undershot its External Financing Limit by £10,000, which is within the tolerance allowed.

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust paid 31.3% of its bills by number and 38.75% (in value) against a specific target of 75% for 2002/03. Other NHS bodies are required to pay 90% of the number of invoices received within 30 days. This reflects the cash flow constraints in the earlier part of the year.

Budgets for 2003/04 have been funded on the full year effect of outturn and the Trust has agreed a 6.22% generic uplift with its commissioners. The Trust achieved its in-year break-even target with the receipt of additional non-recurrent funding and cost savings of £9.2m. Therefore as part of negotiating new budgets for 2003/04 the Trust has agreed a recovery plan of £9m with the North West London Strategic Health Authority and its key commissioners to reduce its reliance on non-recurrent income.



Director of Finance and Information

Income and Expenditure Account for the Year Ended 31st March 2003

	2002/03 £000's	2001/02 £000's
Income from activities:		
Continuing operations	160,949	140,421
Other operating income		
Continuing operations	27,050	27,300
Operating expenses:		
Continuing operations	(171,552)	(152,519)
Operating Surplus		
Continuing operations	16,447	15,202
Exceptional gain: on write-out of clinical negligence provisions	0	8,281
Exceptional loss: on write-out of clinical negligence debtors	0	(8,281)
Surplus Before Interest	16,447	15,202
Interest receivable	197	279
Interest payable	(29)	(29)
Surplus For The Financial Year	16,615	15,452
Public Dividend Capital dividends payable	(16,527)	(15,051)
Retained Surplus for The Year	88	401

Balance Sheet as at 31 March 2003

	2002/03	2001/02 Restated
	£000's	£000's
FIXED ASSETS		
Intangible assets	74	147
Tangible assets	312,479	277,015
	312,553	277,162
CURRENT ASSETS		
Stocks and work in progress	2,941	2,669
Debtors	17,185	13,575
Cash at bank and in hand	164	167
	20,290	16,411
CREDITORS: Amounts falling due within one year	(26,955)	(30,263)
NET CURRENT LIABILITIES	(6,665)	(13,852)
TOTAL ASSETS LESS CURRENT LIABILITIES	305,888	263,310
CREDITORS: Amounts falling due after more than one year	(321)	(778)
PROVISIONS FOR LIABILITIES AND CHARGES	(210)	(318)
TOTAL ASSETS EMPLOYED	305,357	263,214
FINANCED BY:		
CAPITAL AND RESERVES		
Public dividend capital	166,686	165,002
Revaluation reserve	136,941	97,870
Donated Asset reserve	5,010	4,078
Income and expenditure reserve	(3,280)	(4,736)
TOTAL CAPITAL AND RESERVES	305,357	262,214

These accounts were approved by the Board of Directors and signed on behalf of the Board on 7th August 2003



Chief Executive



Director of Finance and Information

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2003

	2002/03	2001/02
	£000's	£000's
OPERATING ACTIVITIES		
Net cash inflow from operating activities	20,391	21,673
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	197	279
Interest element of finance leases	(29)	(29)
Net cash inflow from returns on investments and servicing of finance	<u>168</u>	<u>250</u>
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(5,704)	(6,264)
Net cash outflow from capital expenditure	<u>(5,704)</u>	<u>(6,264)</u>
DIVIDENDS PAID	(16,527)	(15,051)
Net cash (outflow)/inflow before financing	<u>(1,672)</u>	<u>608</u>
FINANCING		
Public dividend capital received	1682	(1,020)
Public dividend capital repaid (not previously accrued)	0	0
Loans received	11,200	0
Loans repaid	(11,200)	0
Capital element of finance lease rental payments	(13)	(13)
Net cash inflow/(outflow) from financing	<u>1,669</u>	<u>(1,033)</u>
Decrease in cash	<u>(3)</u>	<u>(425)</u>

Statement of Total Recognised Gains and Losses for the year ended 31 March 2003

	2002/03	2001/02
	£000's	£000's
Surplus for the financial year before dividend payments	16,615	15,452
Unrealised surplus on fixed asset revaluations/indexation	40,996	7,142
Increases in the donated asset and government grant reserve due to receipt	652	1,548
Reductions in the donated asset and government grant reserve due to depreciation,	(277)	(177)
Total recognised gains and losses for the financial year	<u>57,986</u>	<u>23,965</u>
Prior period adjustment - Pre 95 retirement	(155)	0
Total recognised gains and losses in the financial year	<u>57,831</u>	<u>23,965</u>

The prior period adjustment relates to pre 6th March 95 early retirements previously included within operating expenses. These have now been brought into line with post 7th March early retirements and the outstanding liability has been recognised as a prior period adjustment.

Notes to the Accounts

1. Management Costs

	2002/03	2001/02
	£000's	£000's
		Re-stated
Income	187,746	167,574
Management Costs	<u>7,747</u>	<u>5,611</u>
Percentage of management costs to income	<u>4.13%</u>	<u>3.35%</u>

The Trust complied with the requirement to limit the total increase in the cost of senior managers' pay to 3.6% of the overall pay bill, as set out in the letter of the NHS Chief Executive dated 1th April 2002.

2. Better Payment Practice Code

	2002/03	2002/03
	Number	£000's
Total bills paid in year	38,270	63,031
Total bills paid within target	11,915	24,422
Peremntage of bills paid within target	31.13%	38.75%

3. Directors' Remuneration

Name	Title	Age	Salary Band	Benefits in Kind	Real increase in pension at age 60	Total accrued pension at age 60 at 31 March 03
			(£000's)	(£)	(£)	(£)
Juggy Pandit	Chairman	60	20 - 25	-	-	-
Heather Lawrence	Chief Executive	53	115 - 120	-	1,292	30,491
Nick Dawe *	Director of Finance & Information	45	30 - 35	-	762	22,969
Alan Bramhall **	Interim Director of Finance & Information	W	65 - 70	-	-	-
Dr John Collins	Medical Director	64	10 - 15	12,083	-	-
Therese Davis	Director of Nursing & Patient Services	37	80 - 85	-	1,045	16,331
Caroline Dove	Director of Strategic Service Development	35	65 - 70	-	869	4,917
Edward Donald ***	Director of Strategic Service Development	37	15 - 20	-	-	-
Krystyna Ruszkiewicz	Director of Human Resources	W	70 - 75	-	859	6,994
Jenny Hill	Non Executive Director	54	5 - 10	-	-	-
Mariyn Frampton	Non Executive Director	60	5 - 10	-	-	-
Martin Sherwood	Non Executive Director	59	5 - 10	-	-	-
Charles Wilson	Non Executive Director	67	5 - 10	-	-	-
Professor Sir L. Borysiewicz	Non Executive Director	51	5 - 10	-	-	-

W = Consent to disclose withheld

*Disclosure for Nick Dawe is for the period April 2002 to August 2002

**Disclosure for Alan Bramhall is for the period October 2002 to March 2003

***Disclosure for Edward Donald is for the period January 2003 to March 2003

The Trust is recharged for the services of Mr E Donald from the Royal free Hampstead Trust, and for Dr J Collins from the Royal Brompton and Harefield NHS Trusts. Details of pension contributions are held by these respective bodies.

The Trust made no pension contributions on behalf of Mr A Bramhall.

4. Related Party Transactions

Chelsea and Westminster NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Chelsea and Westminster NHS Trust

The Department of Health is regarded as a related party. During the year Chelsea and Westminster NHS Trusts has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These entities are listed below:

Income	£000's	Expenditure	£000's
Kensington, Chelsea and Westminster PCT	86,371	Hammersmith Hospitals NHS Trust	9,080
Hammersmith & Fulham PCT	20,650	NHS Supplies Authority	2,572
Wandsworth PCT	11,834	London Ambulance NHS Trust	1,825

In addition the Trust provided financial and payroll services to the following NHS Organisations in year.

National Institute for Clinical Excellence

National Patient Safety Agency (To 30th September 2002)

National Treatment Agency

North West London Strategic Health Authority

Kensington Chelsea and Westminster PCT

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements which comprise of the income & expenditure account, balance sheet, statement of total recognised gains and losses, cash flow statement and related notes 1 to 4.

This report is made solely to the Board of Chelsea & Westminster Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission. To the fullest extent permitted by law, we do not, in giving our opinion, accept or assume responsibility to anyone other than the Board Directors for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

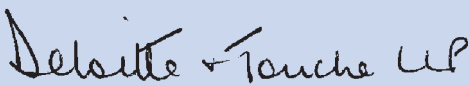
The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.



Deloitte and Touche LLP

Chartered Accountants
Verulam Point
Station way
St Albans
AL1 5HE
2003

Date 2nd September 2003

Controls Assurance

STATEMENT OF DIRECTOR'S RESPONSIBILITY IN RESPECT OF INTERNAL CONTROL

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core NHS Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control. Key corporate objectives have been identified and the principal risks and controls to manage them have been identified. A framework is in place for the monitoring of Clinical Governance through the committee structure. A Risk Register has been established and an action plan is in place to fully populate this in the early part of 2003/04.

Other actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards. An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- Complete the assurance framework
- Continually improve the existing risk management reporting structure/processes

by 31st December 2003.

Signed



Chief Executive Officer (on behalf of the Board)

Date 7th August 2003

All our services are provided by multi-disciplinary teams, including administrative staff and clinical support professionals, ie physiotherapists, occupational therapists, speech and language therapists, dietitians, pharmacists, music therapists, play therapists, and radiographers.

Anaesthetics and Imaging Directorate

Operating Theatres In 2002-2003 six main operating theatres, a paediatric theatre and a specialist burns theatre, carried out a total of 10,050 operations. Of those 35 per cent were emergency operations.

Intensive Care Unit In 2002-2003 some 455 patients have been treated on the Intensive Care / High Dependency unit – 50 more than last year. The amount of time these patients have spent in the unit has totalled 3,393 days.

Sterile Supplies Unit Each month the unit decontaminates and produces more than 15,000 theatre instrument trays and about 10,000 sterile packs. During 2002 the unit undertook a major re-furbishment.

Day Surgery / Hand Management Unit This service carried out 6,800 procedures in 2002-2003. Our day case rate (i.e. the percentage of all operations done as day cases) is 66 per cent, compared to a national average of 60 per cent.

Phlebotomy Service In 2002-2003 staff took blood for testing from more than 80,500 patients.

Imaging Services The Imaging Department carried out a total of 142,950 examinations, including 8,450 CT scans, 40,500 ultrasound examinations, 77,500 plain X-rays and 4,425 MRI scans in 2002-2003.

Surgery Directorate

Emergency Department In 2002-2003 there were 80,000 attendances- including children seen in their own separate specialist department, one of only four in London.

Burns Service The regional unit which sees both adults and children, includes a 20 bedded ward, with Intensive Care beds and High Dependency beds, and an operating theatre suite.

The unit treated 502 patients during 2002-2003.

Plastic Surgery The Plastics Service has a dedicated ward, outpatient clinics and a specialist Hand Management Unit. In 2002-2003 1,780 day case operations, 1230 elective in-patient operations and 313 emergency operations were performed.

Ophthalmology A comprehensive service for both adults and children carried out a total of 765 eye operations in 2002-2003, including 450 cataract operations.

Trauma and Orthopaedics In 2002-2003 there were 1,280 elective in-patient cases, 1,075 non-elective cases and 1,080 day cases.

Urology The service saw a total of 835 day cases and 575 inpatients in 2002-2003. The year saw the appointment of an additional Consultant Urologist.

General Surgery There were more than 2,100 operations in main theatres and day surgery including keyhole operations in both Vascular surgery (operations on veins and arteries) and Gastro-intestinal surgery (stomach, intestines and colon).

Medicine Directorate

Rheumatology Services expanded in 2002-3 with the appointment of an additional Consultant.

Medical Day Unit The unit provides a multi-disciplinary assessment room, an acute treatment area with day care beds, a physiotherapy gym and five outpatient clinic rooms.

Medical Oncology This service providing chemotherapy care, looks after about 60 per cent of the day cases seen in the Medical Day Unit

Palliative Care This is a consultant led service involving hospice care, community care and hospital based Macmillan nurses.

Respiratory Medicine A multi-disciplinary team provides services for patients with a range of respiratory diseases, including asthma and TB.

Gastroenterology There are five consultants specialising in problems of the digestive system, including cancer of the bowel and colon.

Endoscopy The unit carried out over 5,500 procedures in 2002-3 compared with 5,000 the previous year. A nurse Endoscopist was recruited in 2002 to help manage the increase in referrals.

Medicine of the Aging The service aims to provide timely intervention, reduce the need for admission, prevent deterioration and help the elderly to maintain maximum independence at home.

Cardiology The ECG/Cardiology department carries out about 10,000 investigative procedures each year. There is also a six bed Coronary Care Unit and specialist nurses.

Neurology More than 4,000 new patients were seen by the three consultant neurologists in 2002-3.

Stroke Team Our multidisciplinary stroke team offers intensive rehabilitation in hospital and in the community. A dedicated stroke unit equipped with acute care and rehabilitation facilities opened in November 2002.

Dermatology More than 8,000 new patients are seen in the department every year.

Diabetes A multidisciplinary service is based in the Beta Cell Unit. In April 2003 an additional Consultant was appointed.

Women and Children's Directorate

Gynaecology Services Our gynaecological service includes menopause clinics, a fertility clinic and a gynaecology /oncology service. We have a Rapid Access Service to treat women with suspected cancer. A dedicated ward offers 22 beds for gynaecological patients.

Assisted Conception Unit This Unit offers specialist infertility services and links closely with gynaecology and endocrinology.

Maternity Service This Trust has become the centre of choice for more and more women living in the south and west of London. Women have direct access to the Maternity Service and are allocated to a midwifery team according to where they live.

Neonatal Intensive Care Unit A medical, surgical and nursing team cares for babies who are low birth weight, born before 32 weeks and those needing our specialist skills.

Hospital Children's Services

There are four ward areas including two in-patient wards, a Day Surgical Ward and an Adolescent Unit. There is also a Hospital School and a Specialist Children's Accident and

Emergency Department. There is a twin theatre unit, specifically built for children's surgery and co-ordinated with the wards and a High Dependency Unit. There is a large dedicated Out-Patients Department.

Community Children's Service A comprehensive community service with a focus on multi-disciplinary and multi-agency working includes social paediatrics including child protection, adoption, fostering and looked after children; Child Public Health; Child Development Service; Audiology and the Cheyne Day Centre for children with severe disabilities.

Paediatric Dental and Craniofacial Unit This Unit provides specialist care for children with dental and craniofacial needs through a highly skilled multi-disciplinary team.

HIV/GUM* Directorate

HIV Services are based in the Kobler Clinic, in St Stephen's Centre, next door to the Chelsea and Westminster Hospital, and also in the Nkosi Johnson Unit at West London Centre for Sexual Health, Charing Cross Hospital and at the Victoria Clinic,

based in the South Westminster Centre for Health, at Pimlico. Testing and counselling is available at the John Hunter Clinic in the St Stephens Centre, at the West London Centre and at the Victoria Clinic. There were a total of 35,997 attendances in 2002/2003 – an eight per cent increase over the previous year and a 41 per cent increase over the past five years.

HIV Day Care Kobler Day Care provides a six bedded unit and endoscopy research unit. Day Care is also available at the Nkosi Johnson Unit, West London Centre for Sexual Health.

Thomas Macaulay Ward is a Specialist In-patient HIV Unit which meets the needs of patients from acute care through to Palliative Care.

Sexual Health Services include screening for Sexually Transmitted Infection, treatment, health promotion and sexual health advice provided at the John Hunter Clinic, the West London Centre for Sexual Health, and at the Victoria Clinic. The total attendances in 2002/2003 were 54,809.

*GUM = Genito-Urinary Medicine



Chairman

Mr Juggy Pandit

Chairman of the Trust since November 1999 and a non-executive member since February 1996. He is a business consultant for BEI inc. and a non-executive director for BEI Ideacod S.A. (France).

Non-Executive Directors

Mrs Jenny Hill

Re-appointed in November 1999 for a further four year term. She is a partner in Hill Tallack Consulting, a training consultancy and Director of Echelon Learning Ltd Publishers, an internet publisher. She is Vice-Chair of the North London Workforce Confederation.

Mrs Marilyn Frampton

Appointed in November 1999. She is a self-employed educational consultant who formerly worked in education and training, as a senior manager. She is a member of an Editorial Advisory Panel of a Health related magazine. *

Mr Martin Sherwood

Appointed in April 2000. He is a director of city stockbrokers Teather & Greenwood and a number of unquoted companies, and has wide board and charity experience. *

Mr Charles Wilson

Appointed in September 2000. He was formerly Managing Director of the Mirror Group plc, publishers of the Daily Mirror and The Independent, and, prior to that, was a journalist and editor of a number of papers including The Times. *

Professor Sir Leszek Borysiewicz

Represented the University of London until February 2003. This position is currently vacant.

Executive Members

Mrs Heather Lawrence

Chief Executive

Mrs Lorraine Bewes

Director of Finance and Information from 6th May 2003 (*Mr Nick Dawe held the post until 30 August 2002 and Alan Bramhall was appointed as Acting Director of Finance from 7th October 2002 until Mrs Bewes took up post*)

Ms Thérèse Davis

Director of Nursing and Patient Services (*Ms Davis left the Trust at the end of July, 2003 and Mr Andrew MacCallum took up the post at the end of August, 2003*)

Dr John Collins

Medical Director (*Dr Collins retired in August, 2003 and Dr Mike Anderson took up the post in September 2003*)

Ms Krystyna Ruskiewicz

Director of Human Resources

Ms Caroline Dove

Director of Strategic Service Development (*Ms Dove went on Maternity leave in January 2003 and Mr Edward Donald was seconded as Acting Director of Strategic Service Development*)

NB The last two directors listed hold the position of Executive Director on a joint basis

All non-executive directors are members of the Remuneration Committee.

***Member of Audit Committee**





This annual report has been produced by Chelsea and Westminster Healthcare,
Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH.

Main switchboard: 020 8746 8000

www.chelwest.nhs.uk/jobs

Photographs by Christopher Woods, Hugh Nutt, Will Pryce, Sarah McKellar, John Goodman, Gerard Farrell and the PR Department of Chelsea and Westminster Healthcare.

Designed and printed by Baines 01707 876555

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