The Secretary of State for Health, John Reid, returned to The Chelsea and Westminster Hospital for the second time in three months in March, 2004 to launch a £4 million national NHS Careers initiative.

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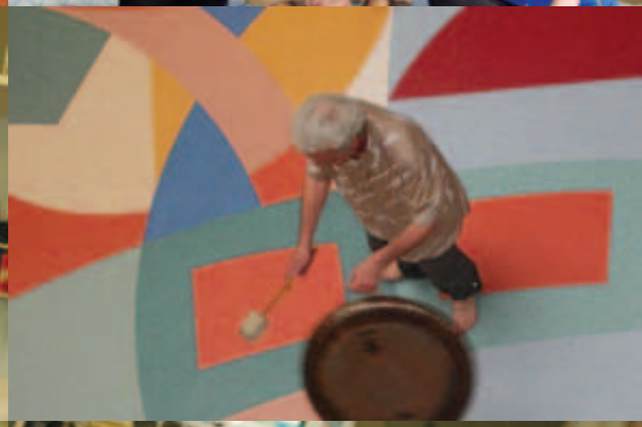

Going Forward Together

Annual Report 2003-2004

Chelsea and Westminster Healthcare NHS Trust

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Front Page Photographs

1. Modernisation of Pharmacy includes this £500,000 robot which dispenses and labels drugs. See story page 6.
2. Patient David Hounsell with staff – see story on page 9.
3. Senior Physiotherapist Esther Palmer with patient Susie Wintour.
4. The sounding of a gong marked the opening of the Kappascope in the main mall as part of World AIDS Day in December, 2003. The floor for the performing arts area was designed by Nicola Kerr Bone and commissioned by Chelsea and Westminster Hospital Arts.
5. Christmas Cheer awards are given to staff nominated by their colleagues for their positive and cheerful contribution through the year. The 2003 winners are pictured with the Chief Executive Heather Lawrence after the December presentation.
6. Baby William Grima with Staff Nurse Harriett Sanders on Neptune Ward

Foreword

We had hoped that by the time this Annual Report went to press we would have been able to announce that the Secretary of State for Health had given us permission to apply for Foundation Trust status.

Unfortunately we did not maintain our three star rating in the last appraisal by the Healthcare Commission and as a result we are not able to go forward with our application at this stage.

Whilst this is disappointing, we believe it is important to set it in context. In 2003/04 we achieved or exceeded the required standards on eight out of nine key performance indicators, but we failed to achieve financial breakeven.

As you will see from the financial data, we recorded a deficit of £1.8 million.

So we performed well in terms of clinical care and service to our patients, but our costs exceeded the income we received.

We have identified a key reason for the cost pressures we have been carrying, which is that the value of the hospital's land and building has been overstated for some time.

Because we make charges in our accounts based on these values, we have been carrying excess costs amounting to about £5.0 million per annum. This anomaly was not identified in time to get the full benefit in 2003/04 but we hope that over the next two years we will get the full benefit, which will make a substantial difference to the finances of the Trust.

We are sorry that our star rating did not reflect the hard work of all our staff in achieving higher standards of care and service.

The challenge for us is to maintain and further improve on these standards whilst also ensuring that we move into financial balance. If we can do this, it is our intention to apply for Foundation Trust status at the next opportunity.

On behalf of the Trust Board we would like to thank all members of staff for their hard work during the year.

In May 2003 we celebrated the 10th anniversary of the opening of the Chelsea and Westminster Hospital. It was an opportunity to remind ourselves of how much has been achieved over the first decade.

We go forward into our second decade with a commitment to patient care at the centre of all we do. It is a commitment which has never faltered.

Thank you to all those who support the work we do, namely our many volunteers and the charities who raise funds to benefit patients and staff, including the Charitable Funds Committee, The Friends of Chelsea and Westminster Hospital, The Children's Hospital Trust Fund and The Palace of Westminster All Party Ladies Committee.

JUGGY PANDIT
Chairman

HEATHER LAWRENCE
Chief Executive

Chief Executive Heather Lawrence (centre) congratulates our NHS Champions – Consultant in Palliative care, Dr Sarah Cox, (left) and Midwife Elizabeth McGimpsey. The awards, sponsored by the King's Fund and The Evening Standard, were announced in January 2003.

Introduction

Chelsea and Westminster Healthcare has a track record at the leading edge of patient service delivery, provided by multi-disciplinary teams trained using advanced simulation techniques, driven by evidence-based research and supported by advanced IT and robotics.

This Trust is:

- A major provider of secondary services to our local population;
- A centre of excellence for a number of specialist services, including HIV, burn care, dermatology and anaesthetics;
- A major centre for teaching, training and research;
- A high quality, modern environment for delivering healthcare, with first class clinical and diagnostic facilities;
- An integral part of the provision of acute services for West London and, in particular, a close working partner of our Fulham Road neighbours, The Royal Marsden NHS Foundation Trust and the Royal Brompton and Harefield NHS Trust; and
- An organisation dedicated to working with our primary care partners and in clinical networks to enhance the quality of care we provide.

We provide safe, modern, multi-disciplinary and high quality care supported by effective governance and good risk management arrangements.

Our vision

Our vision for services, which was agreed by the Trust Board, is:

"To deliver safe care of the highest quality for our local population and those using our specialist services, provided in a modern way by multi-disciplinary teams working in an excellent environment, supported by state of the art technology and world class academic research."

Who we are

Chelsea and Westminster Healthcare is an NHS Trust, started in 1994 and based in the Chelsea and Westminster Hospital, which opened in 1993 on the site of the former St Stephen's Hospital.

We are a campus of the Imperial College School of Science, Technology and Medicine and also a teaching centre for Thames Valley University.

Where we are

Chelsea and Westminster is located in a cosmopolitan area of West London.

This Trust has a catchment area of about 390,000 residents, with a higher percentage of young adults than the national average. Our residents live in Chelsea, Westminster, South Kensington, Fulham, Putney and parts of Wandsworth.

At Chelsea and Westminster we are working hard to improve access to services for all our 'hard to reach' groups, and to ensure that we are providing services that meet their needs.

Our services

Chelsea and Westminster is a general hospital offering a range of experience and expertise to our local community and a centre of excellence in teaching and training. We also offer a range of specialist services, supported by first class academic research.

We provide services managed in five clinical Directorates, namely Medicine, Surgery, Anaesthetics and Imaging, HIV/GUM and Women and Children's. These are supported by Corporate Directorates – Nursing and Patient Services, Human Resources, Finance and Information and Operations.

For a full list of clinical services turn to page 37.

The Chelsea and Westminster Hospital has six main operating theatres, four dedicated day surgery theatres, one burns theatre, two maternity theatres and two paediatric theatres.

We have 500 beds, nine main outpatient clinic areas, and specialist HIV/ Sexual Health clinics in the St Stephen's Centre, at the West London Centre for Sexual Health in Charing Cross Hospital, and at the Victoria Clinic for Sexual Health in Pimlico.

We have two endoscopy rooms and 21 radiology rooms. New state of the art CT and MRI scanners were installed in 2003.

In 2003-04, we

- Reviewed and treated 260,000 outpatients
- Saw 88,000 Emergency Department attendees
- Admitted 35,000 people to the hospital for treatment
- Carried out 27,000 operative procedures
- Delivered more than 4,500 babies.

We met the four Emergency Department targets in 90.96 per cent of cases, and admitted 97.5 per cent of people to a bed within four hours.

We had no nine month waiters, and out of a total of 2913 people on our waiting list, only 222 – just eight per cent - had been waiting more than six months.

We had no 17-week waiters for outpatients, and 98 per cent of people waiting to be seen as outpatients waited 13 weeks or less.

Chairman of the Trust, Mr Juggy Pandit, is pictured with Senior Midwife Mary Griffin – one of the many members of staff who have been working at the Chelsea and Westminster since it opened in May 1993. The 10th anniversary in May 2003, funded by the Charitable Funds Committee of the Trust, provided an opportunity for staff, patients and visitors to celebrate a decade of caring for our local community.

Modernisation

Pharmacy changes

A multi-million pound modernisation of pharmacy services at Chelsea and Westminster Hospital was completed in 2003-2004 resulting in shorter waiting times and a safer, more effective service for patients.

The work combines changes in the way services are delivered with building work to bring the inpatient and outpatient pharmacies into one area of the hospital and installing air tubes to deliver medicines quickly to the wards.

It is estimated that 37 hours of nursing time is saved each week because nurses no longer have to leave the wards to collect drugs for patients going home. The drugs are delivered by air tube.

Discharge medicines are now ready on the wards before a patient is ready to go home which has reduced medication related discharge delays.

Outpatient waiting times in Pharmacy have fallen by half. Some 89 per cent of urgent inpatient discharge prescriptions are turned round in one hour compared with just 39 per cent before the modernisation programme started.

A £500,000 robot that dispenses and labels drugs reduces the risk of dispensing errors and frees up pharmacists and technicians from traditional dispensing duties so that they can spend more time on wards helping patients and sharing their expertise with clinical staff helping to reduce prescribing and administration problems.

Pharmacists work more closely with clinical teams and a full shift system has been introduced which has reduced the number of missed inpatient medication doses.

Technicians co-ordinate discharge prescriptions as part of the new model of service.

The robot has also helped to reduce waste by monitoring expiry dates - when drugs are delivered the bar code on the package is scanned into the robot before it is stored.

When drugs are picked for a patient's prescription this is recorded automatically - which helps to monitor stock.

The benefits already being realised as a result of the major modernisations programme funded by the Charitable Funds Committee include:

- 95 per cent of discharge prescriptions available on wards before the patient is ready for discharge.
- A reduction in waiting times for outpatient prescriptions from between one and two hours to an average of 20 to 30 minutes.
- A 30 per cent reduction in dispensing errors.

The modernisation programme also embedded a range of innovative practices into the working of the Pharmacy Department, including a 24-hour resident pharmacist service.

HIV Services

Innovation is a key part of the approach of the HIV and Sexual Health Directorate at Chelsea and Westminster.

For example, patients have often complained about the difficulty of telephoning clinics for appointments or to get test results.

A questionnaire revealed that 98 per cent of patients had mobile telephones – and results are now texted to patients. It is planned to expand this service to patients to remind them to attend for their clinic appointment.

Point of Care testing is a new initiative which gives patients an HIV test result within 20 minutes.

An email service is now being offered to HIV Positive patients who are well and on treatment.

The aim of the service is to improve the quality of patients' lives by reducing their clinic visits and increasing access to services outside of normal working hours so that the disruption to patients is kept to a minimum.

A new pharmacy service is being offered to HIV patients who attend the Victoria Clinic for Sexual Health. This will be rolled out to patients who attend Kobler Outpatients.

The patients' drugs will be sent directly to their home or a nominated address by an independent health care company.

The aim of this service is to offer patients greater choice and reduce the dispensing workload for pharmacists and the waiting time for patients in pharmacy.

Gynaecology Rapid Access Service

A one stop clinic for women with gynaecological problems was launched at Chelsea and Westminster Hospital in 2003/2004.

The Thursday afternoon clinic offers a streamlined service for women with abnormal vaginal bleeding – saving them from going to different clinics and making more than one journey to the hospital.

The clinic links with oncology, the menopause clinic and fertility services as well as with GP and Gynaecological clinics.

Referrals to our gynaecology services have increased in recent years, and this trend is expected to continue.

We have a high day case rate for Gynaecology and with new technical advances, it is hoped that this rate will increase further, enabling patients to spend a minimum amount of time in hospital.

Gynaecology oncology is expected to transfer to a cancer centre (the Royal Marsden and Hammersmith Hospitals are both specialist centres). Chelsea and Westminster will continue to do complex gynaecology surgery.

Pictured are members of the gynaecology rapid access team. From left to right are, Senior Specialist Registrar in Reproductive Medicine, Dr Dimitrios Nikolaou, Early Pregnancy Sister, Tina Hutchings, Sister in Gynaecology Outpatients, Claire Bellone and Consultant Gynaecologist Rick Richardson.

Over the past 12 months the emphasis in the modernisation of Surgery at Chelsea and Westminster has been geared to reducing last minute cancellations of operations and supporting the Emergency Department in its efforts to meet the required target of a maximum wait of four hours.

Main theatres

In the last year the number of operations cancelled at the last minute for non-clinical reasons has been reduced by more than 50 per cent and any operations that are cancelled are being rescheduled within the 28 day guarantee.

The improvements are the result of hard work by staff in theatres and collaboration between teams across the hospital, looking at how we can run our theatres more efficiently and improve the patients' experience.

Short Stay Unit

At the beginning of January, 2004 a 12 bedded Short Stay Surgery Unit was opened for patients who need to stay in hospital for three nights or less.

Before the SSSU opened, Surgery cancelled 15-25 per cent of routine operations due to lack of beds. Since the unit opened, there have been no cancellations for this reason.

Nurse led discharge

Both the Short Stay Surgery Unit and the Day Surgery Unit have nurse led discharge which means that patients can go home as soon as all their needs are met without having to wait for a visit from a doctor.

Scheduling

Another change that has been introduced is the booking, also called scheduling, of beds.

Patients often did not know for certain that a bed was available for them until the morning of their operation, when they had to call and find out. But now the beds in the Short Stay Unit are booked for the patient for the duration of their expected stay in hospital.

Critical Care Outreach Team

In 2003/2004 the Trust appointed a Critical Care Outreach Team at the Chelsea and Westminster Hospital to help ward nurses and doctors recognise deteriorating patients and to provide support and clinical expertise in managing the sick patient on the ward.

If a patient should be taken to Intensive Care the team makes sure it happens at the right time. If a patient is coming off Intensive Care the team helps provide a follow up service.

The three nurse team led by Nurse Consultant Andrea Blay has expanded over the year to include a physiotherapist Lorna Soares Smith and Dr Suveer Singh, a Respiratory Intensivist.

In addition to activity on the wards the team is involved in training staff through the Acute Life Threatening Events Recognition and Treatment course, clinical audit and database development.

There are now six critical care level one beds on Adele Dixon ward. These have been set up for the deteriorating medical patient, or those needing non-invasive ventilation or increased observations and monitoring.

The outreach team co-ordinates the admission and discharge of this group of patients in collaboration with the ward nursing and medical team and site managers.

This is a partnership with all who are involved in managing sick patients.

Dan Ford, right, from the Critical Care Outreach team, with Staff Nurse Louise Dwyer (left) and Team Leader Helen Brown McInnes with Mr David Hounsell.

David Hounsell from Kent, is an enthusiastic supporter of the Critical Care Outreach Team. He was looked after by them when he developed pneumonia earlier this year. He said;

"They made me feel that I was in the best possible place at a very difficult and frightening time. They were calm - and they calmed me. It was all done without any fuss. They really were excellent."

Sister Mary Knight and patient Miriam Bailey are pictured on Annie Zunz Ward. In 2003-2004 a pilot on the ward put computers into individual televisions so that health professionals can now access records, results and care plans at the bedside.

Electronic Patient Record

We have one of only five advanced Electronic Patient Record (EPR) systems in the country (providing level four EPR functionality as per the NHS tiered model).

We are seeking to improve this information technology so that the need for paper systems becomes increasingly unnecessary. This approach has proved effective within the Burns Unit where it has been used successfully and this will be phased into other clinical areas.

We are currently running a pilot electronic outpatient prescribing system and in the near future, we plan to implement inpatient prescribing.

This will allow us to maximise the benefits of pharmacy modernisation by linking the hospital information system and the new pharmacy robot.

The Trust is committed to being an early adopter of the National Care Record Service (CRS), harnessing the benefits of information, communications and technology to underpin evidence based clinical practice.

We are undertaking CRS implementation as part of the Kensington, Chelsea and Westminster care community implementation in conjunction with the London Care Cluster.

Our EPR system is supplied as a managed service contract by IDX which is an integral part of the London Local Service Provider (LSP) for the National Health Service.

This requires that all the functional capabilities that we have assisted IDX to build be included in the system upgrade. This is a considerable task, but one that will have benefits for other Trusts as they start to install the CRS solution.

Patientline – the bedside entertainment centre for patients at the Chelsea and Westminster Hospital- is being developed to provide patient records at the bedside.

A pilot has been running on Annie Zunz Ward since late in 2003 and is being extended in 2004-2005.

The televisions at every bedside will hold computers so that health professionals can use the system to access patient records, results, and care plans.

In summer of 2004 the next stage was rolled out into William Gilbert Ward.

PFI project

The Private Finance Initiative relates to the Trust's EPR system supplied by IDX under a Private Finance Initiative agreement. The EPR system was procured in 1998 and has been live since February 1999.

Children's Services

In October 2003 Children's Outpatients introduced a multi-dimensional Model of Care to allow health care assistants to use new skills such as removing plaster of paris, taking ECGs, and applying simple wound dressings.

The new Model of Care, adapted from Manchester Children's Hospital model, reflects our department's values. Our philosophy is about the whole team extending and sharing knowledge, contributing to the work and moving forward together.

It was developed by focusing on what the staff actually do when caring for the children in children's outpatients. The competencies and transferability of skills needed to look after children are classified into four levels ranging from novice to expert.

The Model of Care also includes a health promotion programme that keeps parents and families informed about the care of their child.

Outpatient Sister Joyce Welsh said:

"The new model is a result of a real commitment to provide opportunities for staff to develop clinical skills and knowledge that will have a direct impact on improving our practice."

Multi-disciplinary team approach in Outpatient Clinics. Sister Kausar Hassan with Health care Assistant John Phillips, Play Specialist Rachel Fitzpatrick and patient Arsema Yemane.

Paediatric Emergency Staff Nurse Natasha Ramsey with Pablo Meijer- Flames.

Safety

Governance and Risk Management

Governance and Risk Management are a central feature of the Chelsea and Westminster Hospital's focus on continuous improvement. There is corporate and individual responsibility for the quality and the safety of patient care.

The Trust Board ensures that governance principles and processes are embedded throughout the organisation by instilling robust systems for monitoring the delivery of quality and performance standards. Essential principles of governance include:

- maintaining a focus on continuous, demonstrable improvement in the quality of the patient experience and improvement in service and care outcomes
- ensuring compliance with the statutory duty of quality and principles of clinical governance and patient safety
- ensuring that doctors, nurses, support staff and managers are all involved in the regular review of both clinical and non-clinical services
- assessing performance and identifying training needs for all staff
- monitoring trends and outcome measures related to quality, performance and finance

The governance structures, which were last reviewed by the Trust in 2001, are currently under review to ensure that they meet the new challenges of the expanding governance agenda.

Clinical risk management is an approach to improving quality in health care which places special emphasis on identifying circumstances that put patients at risk and then acting to prevent or control those risks.

Changes in the processes for risk management will be introduced in 2004 in order that a clear pathway exists for the local management, escalation and action of risks within the organisation.

For the first time, our 2004 annual risk management report will be extended to include reports on all risks – both clinical and non-clinical, not only those related to clinical practice.

CNST and RPST

In 2004, the Trust achieved Level One status for the Clinical Negligence Scheme for Trusts (CNST), which is a well established external assessment framework to manage and raise the standards of risk management throughout the NHS. For this assessment programme we provided evidence that we manage and ensure patient safety effectively and it was recognised that there was much good work going on in many areas.

We also achieved level one for the Risk Pooling Scheme for Trusts (RPST), which involves the assurance and effective management of all risks, both clinical and non-clinical. This assessment included finance, information technology and our management arrangements.

Falls Incidents

Fundamental to governance is the identification and reduction of risk. An example of effective and close working which has developed between several teams with risk management functions is around the incidence of patient falls.

Falls are the single, most common type of reported incident.

Between April 2003 and March 2004 a total of 833 falls were reported in the hospital, of which 98 per cent resulted in either no injury or a minor injury such as bruising.

In response to this, the Trust has introduced a 'Falls Assessment Tool', which is used by all adult wards to alert staff to patients who are at risk of falling.

If a patient has a high score, precautions are put into place to prevent a fall from occurring, such as physically relocating that patient on the ward or by providing walking aids, eg Zimmer Frames, to support mobility.

Infection Control

The Infection Control Team at Chelsea and Westminster has developed an innovative Hand Washing Hygiene Awareness campaign which is used nationally as an example of good practice.

A week-long Hand Hygiene education programme held in April each year includes demonstrations of hand washing technique, a glow germ machine, a barbershop quartet singing round the hospital, presentations, quizzes and a night of comedy.

Over the past two years Chelsea and Westminster has installed more than 800 alcohol gel dispensers in clinical areas to make it easier for health workers, patients and visitors to clean their hands and so help reduce infection.

The CHI assessment in July, 2003 commended the Trust for its good infection control procedures.

We continue to provide infection control training for all staff and are working to comply with the new government guidelines (Winning Ways, Controls Assurance, CNST, EPIC guidelines, Infection Control in the Built Environment).

We continue to monitor and advise on the care and management of patients with antibiotic resistant bacteria, and other organisms of concern.

We continue to review our policies and audit staff compliance. We also advise on appropriate antibiotic prescribing.

In January, 2004 this Trust appointed Dr Berge Azadian as Director of Infection Control.

MRSA infection rates

All hospitals must record cases of MRSA blood infections.

To provide comparative data, hospitals are categorised into General Acute, Single Specialty and Specialist groups - Chelsea and Westminster is one of 10 specialist hospitals in London.

Specialist hospitals tend to have higher rates of MRSA as our patients are much sicker than patients in general hospitals.

By the end of March, 2004 we had the third lowest MRSA infection rate among the specialist hospitals in London.

Lord Warner of Brockley, Parliamentary Under-Secretary of State, visited Chelsea and Westminster Hospital to launch our Hand Hygiene Awareness week in the spring of 2004. Lord Warner is pictured scrubbing up in Paediatric Theatres with Sister Jilly Hale

Patient and Public Involvement

Every NHS Trust in England has a Patient and Public Involvement Forum to ensure continuous engagement of people and communities in the shaping of local health services.

But our Forum is only one of a number of ways in which this Trust receives feedback. We encourage a continuous dialogue between us and the people we serve.

For example, we run regular Patient Focus Groups so that our patients can talk to us face to face about their experiences.

We talk to patients in clinics, we respond to queries and questions, we investigate complaints and we act on suggestions.

Patient Advice and Liaison Service (PALS)

Patients, their families and visitors to the Chelsea and Westminster can get on the spot help, advice and support through a service called PALS.

The Patient Advice and Liaison Service answers questions, provides information, and guides patients, their family and friends through the different services available within the Trust.

The service also helps patients sort out any concerns they may have about the care they receive.

In 2003/2004 our PALS team received 484 comment cards and 2,766 other contacts.

Most of those making contact were seeking information, advice, making a suggestion or praising a service.

When we get suggestions, comments, or complaints we listen and aim to improve our services by following up on problems and trying to resolve them. For example in 2003/2004:

Appointments Office – Action plan developed to tackle problems with long waits on the telephone. Now staff see patients in person.

Gynaecology outpatient follow up - Patients are usually given their next appointment before leaving clinic.

Medical records - Request form and information sheet redrafted to include clearer information. Large print version designed and circulated for visually impaired clients.

Music in OP3 waiting area – Types and volume of music adjusted after patient feedback.

Surgical Appliances – Arrangement made for patients to collect prescription appliances from PALS Office when Surgical Appliances office is closed.

Bus Stop seating – A bus stop near the hospital fitted with seats following pressure from PALS.

Pain Clinics – Being redesigned in response to patient concerns about accessibility, administration and difficulties getting appointments.

Information directories providing information for disabled people and carers distributed to all wards and clinics.

Emergency multilingual phrasebook distributed to departments in response to issues raised by staff and patients.

Hospital directory of clinics, wards and key departments produced for patients and staff.

Hoppa Bus

In July 2003 there was public concern about the Trust decision to discontinue the hospital 'Hoppa' bus service which ran from Pimlico to the Chelsea and Westminster Hospital.

In response to that concern discussions were held with the Westminster Primary Care Trust, Transport for London and Westminster Council.

Funding was agreed to extend the service until January 2004, when the 211 bus service, operated by Transport for London was rerouted to serve the hospital.

Patients unable to use public transport to get to clinics because of their medical condition can be considered for non-emergency patient transport.

Protected Meal Times

Protected Meal times is a direct response to the feedback we have received from patients, carers, and visitors. There was a strong feeling that meal times should be given more attention.

Protected meal times start at 12.30pm for one hour. In this time all routine activities on the ward stop.

The initiative was launched in 2003/2004 to make sure that patients have time to enjoy their food and that staff have time to help patients to eat.

Patient Roger Tully with Senior Staff Nurse Lisa Adam on Marie Celeste Ward

Complaints

Raising staff awareness of handling complaints sensitively and appropriately at the earliest possible stage (Local Resolution) has continued to be the main focus of staff training.

We aim to recognise and deal with a patient or relative's dissatisfaction before it becomes a formal complaint. Staff are encouraged to acknowledge the problem, apologise, and where possible, resolve the issue.

The Trust Complaint Procedure was reviewed in April 2003 and an updated policy published on the Intranet, where it is accessible to all Trust staff.

The total number of formal complaints received in 2003/2004 was 458 – an 8 per cent decrease compared with the previous year.

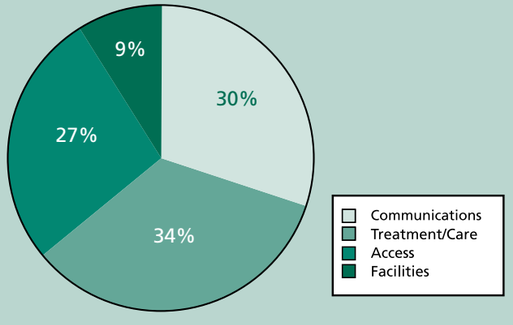
Of the formal complaints 82 per cent were responded to within the 20 working days required by the NHS Executive guidelines.

There is commitment at Board level to early resolution of complaints and many complainants have been invited to discuss their concerns with the Chief Executive or Director of Nursing.

Issues relating to staff attitude or behaviour are addressed on an individual basis through performance review and customer care courses. Clinical Governance Sessions are dedicated to role play sessions on good and bad behaviour, causes of bad behaviour and how to address these.

Complaint Categories

Complaints relating to treatment and care represent the biggest proportion of complaints at 34 per cent. This is a change from previous years when the largest percentage of complaints has related to communication issues.



Making changes

A number of changes have been implemented in response to complaints from patients, their families and our visitors. For example, within the appointments office patients complained about accessing appointments. As a result:

- A new Outpatient Manager has been appointed, who is managing the appointments office.
- A Call Centre Co-ordinator has been appointed and is based within the appointments office to directly supervise staff.
- New members of staff have been appointed to the appointments office team to improve efficiency.
- Establishment of an Outpatient Steering Group to facilitate the overall improvement of the outpatient service and provide a forum to help co-ordinate the management of outpatients, across clinical directorates.

Other changes made as a result of feedback include:

- Information packs are put by each postnatal locker providing information relating to discharge process, visiting times, contact information.
- Electronic information boards in outpatient areas ensure patients are informed about current waiting times.
- Imaging Department Assistants have been recruited to help us communicate better with patients waiting for procedures.
- Ward based training has been given for staff dealing with death and bereavement.

Independent Reviews

Since April 1996 complainants have been able to request an independent review of their complaint if they are dissatisfied with the Trust's attempts at local resolution.

We received seven requests for independent reviews during 2003/04. This compares with 12 requests in the previous year.

Following consideration by a convenor and an independent chairperson appointed by the Strategic Health Authority it was recommended that: -

- For six of these requests there was no further action to be taken.
- One was returned to the Trust for further local resolution.

No independent review Panels have been established in the year 2003-2004.

Health Service Commissioner

One complainant had a complaint relating to the services of this hospital investigated by the Health Service Commissioner's office. The Trust received the Ombudsman's report in March 2004.

Complaints, Litigation and Risk

The prompt and effective management of complaints can identify potential legal claims, or in some cases avoid litigation or secure early settlement of damages, which benefits both the complainant and the Trust.

Complaints can also identify adverse incidents which may not have been reported through the incident reporting route.

The Complaints Department interacts daily with the Legal Services and Clinical Risk departments. They also meet formally at the Complaints, Claims and Risk Group.

In the year 2003/2004 twelve legal claims were instigated against the Trust. These were formerly complaints.

There are currently three complaints which have been reviewed by the Risk Management Team.

Both the Chief Executive and the Director of Nursing oversee the formal complaints that the Trust receives. The patient advisers meet with both on a weekly basis. They discuss any new complaints that have been received.

This year the Chief Executive and the Director of Nursing have met with 18 complainants, of these, only one has gone on to request an Independent Review Panel.

The Directorate managers have met with 12 complainants. Following these meetings there have been no requests for Independent Review Panel.

Patient and Public Involvement

Benefits Agency

As part of the PALS service a weekly surgery is held by a representative from the benefits agency who advises clients over 60.

In 2003-2004 this service saw a total of 76 clients. Patients can refer themselves or be referred by ward staff or social worker.

Patient Forum

Patient and Public Involvement Forums have been established for each NHS Trust and PCT in England - a network of 572 forums with more than 4000 members.

Members of each forum are appointed by the Commission for Patient and Public Involvement in Health (CPPIH), an independent public body sponsored by the Department of Health.

A Patient and Public Involvement Forum has been established for Chelsea and Westminster Healthcare, with seven members.

The Forum met for the first time in January 2004 and visited this Trust for an introductory meeting on in February 2004. The members toured the hospital and met the PALS team.

A Forum member was involved in the tendering process for new catering and cleaning services at the Trust and a member took part in the Patient Environment self assessment process.

Trust membership

Developing a meaningful, representative membership was part of the work done on developing our application to be an NHS Foundation Trust.

Our star rating in 2004 has delayed that application but the work on involving the public and patients has been positive and productive. We sent our consultation document to more than 1,500 local voluntary organisations, health and social care partners, libraries and individuals.

All staff received summary information on our proposals and more than 50 internal and external meetings were held to discuss the matter. By the summer of 2004 the Trust had 3,000 members.

The Trust will continue to maintain a data base of members and will keep them informed of our progress and invite them to be involved in improving and developing our services.

Expert Patients

Patients with chronic conditions – such as being HIV positive – are being developed as 'experts' with training aimed at empowering them to manage their own care.

This initiative is part of the Living Well Programme, based on a recognised model for patient involvement devised by Stanford University, in the United States.

Chelsea and Westminster Healthcare is now a pilot site for the "staff expert" initiative for our HIV Services.

The core aim of the project is to promote and develop patient and public involvement.

Our Phlebotomy Department changed its opening hours in response to complaints about the length of time patients waited for blood tests. The department now opens earlier – winning praise from patients and reducing waiting times.

Performance

Emergency Care Collaborative

By the end of March, 2004 some 95 per cent of the patients who attended our Emergency Department were being seen, treated and discharged or admitted within four hours.

The achievement in reducing waiting times was the result of the Emergency Services Collaborative - a project which began by looking at the whole of the patient's journey, checking on the delays that occurred and working together to find ways to solve the problems causing those delays.

Improvements which have been made across the Trust include:

- A 'Transfer Team' to help to take patients from the main admissions ward to other medical wards and to the Discharge Lounge. The team consists of a dedicated porter and healthcare assistant.
- A 'Rapid Assessment Team' so that all patients are assessed quickly by a senior doctor when they arrive in the Emergency Department.
- A GP has joined the emergency team at weekends to see patients who come with problems best dealt with by a GP.
- Patients with minor injuries and less serious illness are now seen in a dedicated area with multi-professional teams.
- Facilities for carrying out blood testing have been installed in the Emergency Department to speed up results.
- Patients waiting to see specialist medical and surgical teams are admitted directly to a ward, cutting the time they wait on a trolley.
- Delays for patients being sent home have been significantly reduced due to the efforts of the Discharge Team – a group of staff working to ensure that patients are able to return home with whatever support they need.

Senior Physiotherapist Keith Heywood works in the Emergency Department

Emergency Nurse Practitioner Bernard Lai with patient Arjun Fasge in the Minor Injuries Area of Emergency Care.

Dr. Foster* ratings

Chelsea and Westminster had a very strong performance in the Dr Foster League Tables.

Mortality rates compared well to other London teaching hospitals.

We had 78.3 doctors per 100 beds, a relatively high number, and our nurse staffing (at 204 nurses for 100 beds) was very generous compared to other London Trusts.

Only 18.5 per cent of patients were waiting more than 13 weeks for their outpatient appointments, and only 17.6 per cent of patients were waiting more than six months for surgery – again, these figures compared favourably.

Consultant Opthalmologist Miss Suzanne Mitchell with patient Gladys Wheatley in Eye Clinic.

* Dr Foster is an independent organisation which annually publishes a Good Hospital guide based on the latest data from the Department of Health.

PEAT Green status

In June, 2003 the Trust was informed it had been awarded a green light by the Government's Patient Environment Action Team (PEAT).

PEAT is part of a major drive by the Government to improve the hospital environment for patients, visitors and staff.

Key areas assessed include the quality of the food we serve, the cleanliness of wards, corridors and waiting areas, the condition of furniture, the decoration of walls and doors and the provision of single sex accommodation on the wards.

Staff worked very hard to move from amber status to green.

Housekeeper Raphael Ashie from ISS Mediclean at work on the fifth floor of the Chelsea and Westminster Hospital.

Giving us only 48 hours notice, PEAT came to the hospital on in May 2003 to carry out their inspection. They visited all areas of the hospital talking to staff and patients.

A tasting session of hospital food was organised on David Erskine and William Gilbert wards.

Keeping the hospital clean on a day-to-day basis is a big job – with more than 80,000 square metres of floor and 4,500 panes of glass to keep clean.

Nearly £100,000 has been invested over the past 12 months on a range of improvements and redecoration programmes.

All wards have had their floors stripped and re-sealed. A de-cluttering programme was launched and resulted in more than 42 tons of rubbish – six skips full.

Many areas of the hospital such as the adult and paediatric emergency departments and the day rooms on all the wards now have new flooring and have been repainted.

There is also new seating in all these areas.

Paediatric Emergency Department Staff Nurse Yvonne Maundrell said:

"We have had lots of positive comments about the new flooring and seating. It feels like we have more space and it looks so much better and has made a difference to the atmosphere."

Staff in the Day Surgery and Hand Management Unit worked extra shifts to tackle waiting lists.

Star rating

Chelsea and Westminster was awarded one star in the annual performance ratings released in July, 2004 by the Healthcare Commission.

The Trust met eight of the nine core targets, namely:

- Achieved nine month waiting times targets for inpatient treatment
- Achieved 17 weeks waiting time targets for an outpatient appointment
- Achieved targets to ensure that 90 per cent of our patients are treated, admitted or discharged in less than four hours in our accident and emergency department
- Achieved targets to ensure that urgent cancer referrals are seen within two weeks
- Achieved targets to ensure no patients are waiting longer than 12 hours on a trolley
- Achieved hospital cleanliness standards
- Achieved standards set out in this Government's Improving Working Lives programme
- Achieved national booking programme standards for inpatients and day case – allowing patients to book hospital appointments directly at a time convenient to them

The Trust did not meet the financial targets set. All Trusts have to end the year with less than a £1m deficit. The Trust ended the year with a £1.8m deficit – just 1 per cent of our overall income.

This was deemed to be a 'significant under-achievement' which meant we got one star.

We had asked the Healthcare Commission to take into consideration our special circumstances.

The result of an investigation, approved by the District Valuer, showed that we have been paying too much – twice as much as any other hospital Trust in London – many of which are far larger institutions, in terms of land and assets.

The Trust hoped that the Healthcare Commission would have taken into consideration the savings we have been able to secure after an investigation into capital charges we have been paying on our building.

If the Healthcare Commission had rated our finance as 'under-achievement' that would have given us two stars.

We do need to improve our information governance and our communication with staff and patients and we will be putting a programme of work together to ensure that next year these issues do not impact on our star rating.

Chief Executive Heather Lawrence said:

"We will continue to provide high quality care for our patients."

Dermatology Paediatric Nurse Specialist Rosemary Turnbull with young patient Aoife McClorey in Children's Outpatients.

Partnership

We work closely with our four local Primary Care NHS Trusts and our local authorities in the Royal Borough of Kensington and Chelsea, the City of Westminster, the Borough of Wandsworth and the Borough of Hammersmith and Fulham.

Together we have reduced hospital delayed discharges, improved waiting times in the Emergency Department and speeded up the system by which patients are admitted to and discharged from hospital.

We also have close links with two local specialist hospitals on the Fulham Road – the Royal Marsden and the Royal Brompton.

Single Assessment for Older People

Staff at this Trust and in partner organisations were busy in 2003/2004 working towards key targets in the government's National Service Framework for Older People.

Health and social care communities were required to put in place a single assessment process for older people by April 2004.

The aim is to ensure that older people receive the right level of assessment at the right time and that they are not required to repeat their story many times to many different health and social care professionals.

Sharing of health and social care records across agencies was vital in achieving this milestone.

The Trust worked closely with Kensington and Chelsea and Westminster Primary Care Trusts and social service departments to work out how single assessment could be achieved.

There is a single assessment form now in use across the North West London Strategic Health Authority area. The next step will be to develop an IT system to effectively share information electronically.

Skills Audit

A multi-disciplinary group of staff met to carry out a Skills Audit to look at the skills hospital staff need to care for people over the age of 65.

It was found that further training would be helpful – for example for staff working with patients with a hearing loss or working with those patients suffering from acute confusion and dementia.

Specialist nurses

A joint bid between Kensington and Chelsea PCT and the Trust has been successful in securing Government funding to appoint a nurse consultant and nurse specialist focused on Care of Older People in 2004/2005.

Sister Ellie Shepheard with Chelsea Pensioner Thomas Wilson in the Medical Day Unit at The Chelsea and Westminster.

Cancer Services and Palliative care

As a Cancer Unit working in West London the Chelsea and Westminster works in a partnership of care with neighbouring NHS hospitals such as the Royal Marsden, the Royal Brompton and Charing Cross, and with charity organisations such as Macmillan and Marie Curie.

Together we care for hundreds of cancer patients each year, from first diagnosis, through treatment, and, when necessary, through to palliative care.

John Reid, the Secretary of State for Health, came to Chelsea and Westminster Hospital in December, 2003 to announce a £12 million investment to improve care for people nearing the end of their lives.

The investment will help to provide all patients, regardless of their diagnosis, with the same access to high quality palliative care so that they can choose, if they wish, to die at home. Training programmes will be developed for primary care teams and staff across a range of settings including hospital wards, care homes and nursing homes, working in partnership with Macmillan Cancer Relief, Marie Curie Cancer Care and other groups to draw on their expertise.

Dr Reid was accompanied by the Government's Cancer Tsar, Professor Mike Richards.

They met our Consultant in Palliative Care Dr Sarah Cox and visited the hospital's Macmillan Cancer Information and Support Centre which opened in January 2003.

In the Centre the Minister met Complementary Therapies Co-Ordinator, Sophie Gooley, Centre Manager Dr Russ Hargreaves and Specialist Palliative Care Nurse Shirley Willock.

Support Services

Here at Chelsea and Westminster our non clinical support services such as portering, security, housekeeping and catering, are provided by companies under contract.

In 2003-04 our contracts were due for renewal and staff were involved over six months in the tendering process for a new contractor.

In Spring 2004 the Trust announced that the support services would be divided into 'hard' services, such as estates and power supply and maintenance, to be provided by Haden Building Management Ltd and 'soft' services, ie catering, cleaning, portering, to be supplied by ISS Mediclean.

HIV Testing

In 2003-04 a project was established to increase HIV testing within African Communities.

A multi-disciplinary team met with local African groups in partnership with The Terrence Higgins Trust at the London Lighthouse West where a rapid HIV test is offered.

The patient is seen by both a sexual health nurse and a health adviser and if they are positive they are offered ongoing treatment at the Chelsea and Westminster Hospital or a hospital of their choice.

Our hard services include all important power supplies. Pictured, left to right, are some of the Haden team, Paul Harper, Dell Gwyther, Bruno Patojik, Fred Taylor, Derek Nicholls and Walter Bishop.

Working Towards Becoming a Model Employer

The Trust had an Improving Working Lives (IWL) assessment at the end of 2002 which showed we were making good progress towards supporting staff in achieving a work/life balance. In 2003/2004 we have continued to make improvements in the seven key areas covered by IWL but we are aware we still have challenges facing us.

Human Resources Strategy & Management

To ensure human resources fully supports the strategic direction of the Trust and needs of its staff we commenced revision and development of the Human Resources Strategy. This review also supports the progress towards Foundation Trust status, the national pay and condition review and Improving Working Lives. Research has shown that there is a direct link between the quality of human resources practices in the NHS and patient mortality and therefore by continually reviewing and improving our strategy we aim to make a difference to patient care.

Staff Opinion Survey

In October 2003 the first National NHS Staff Opinion Survey was undertaken. This survey was designed to collect the views of NHS staff about their work and the health care organisation they worked for. The overall aim was to gather information that would help provide better care for patients and improve the working lives of staff.

A key issue for our staff is that they experience high levels of harassment mainly from patients and their families. We have a zero tolerance policy which means we support our staff in not tolerating this type of behaviour.

However what we have learnt is that we need to work with staff to help them deal with difficult situations and to recognise problem areas before they become confrontational.

An action plan has been developed and will be monitored to ensure progress.

Equality and Diversity

At Chelsea and Westminster we aim to promote a culture that celebrates diversity and is integral to our corporate and directorate business plans.

The Trust has commenced a review and further development of its Equality and Diversity Action Plan which will span the next three years and covers the wider diversity agenda to include disability, gender, age etc. Key priority areas are:

- Leadership and accountability to be driven by the Trust Board. There is an Equality and Diversity Steering Group, chaired by an Executive Director with Staff Side membership.
- Regular Equality and Diversity Training for Trust staff.
- Employment analyses of staff via salaries, disciplinaries, grievances, performance, recruitment and retention to identify target areas for improvement.
- Ethnic coding - to continue to improve accuracy. This in turn will provide more useful data analysis to evaluate and improve our services.
- Policy and Service Impact Assessments to ensure important areas such as Consent, Discharge and Dignity at Work are addressed as priorities.
- Public, patient, partners and staff involvement is encouraged and valued. Focus groups and involvement sessions to review black, minority ethnic and disability access; language and interpretation facilities; catering provision and multi-faith areas.

Staff Involvement and Communication

Both management and staff side have worked hard and showed genuine commitment to partnership working. The Trust is committed to involving staff in the planning and delivery of services and the development of effective team working. Our ultimate aim is to:

- Improve patient care through better service delivery
- Have a healthier, better motivated workforce which will lead to better retention and recruitment
- Manage change more effectively

Training and Development

'Skills Escalator'

The Learning Resource Centre has expanded its range of services and training provision to take into account the national and local modernisation agenda.

The Centre caters for both clinical and non-clinical educational needs via a range of professional and personal opportunities including Basic Skills, Leadership Development, European Computer Driving Licence, Foundation Degrees in Professional Administration and Public Management and National Vocational Qualifications (NVQs) including Care, Business Administration and Customer Service and K100 Understanding Health and Social Care.

Many of the programmes have been developed in partnership with local Further Education Colleges, Unison, Thames Valley University, Open University and the North West London Workforce Confederation.

In 2003-2004 some 30 members of staff completed the NVQ programme and were presented with a Hospital Certificate of Achievement at a special ceremony. Pictured, left to right, are : Back row, Sam Williams, Judi Small, Kathryn Kirby, Joseph Oreyeni, Gale Beckles, Christine Anderson, Amita Gokani, Sharon Blake, Claire Sparkes, Front row, Jencil Austin, Kay Boyle, Nicola Poveida, Val Brown, Pravitha Rajendraprasadh, Karen Higginson.

Working Towards Becoming a Model Employer

Springboard

Chelsea and Westminster Hospital piloted the Springboard Programme in 2003 with 16 female members of staff attending four one -day workshops held in London. The feedback was overwhelmingly positive and all said they had gained both personally and professionally.

There was enthusiasm for continued networking and for encouraging and supporting women attending future programmes. Originally developed in 1989 for the BBC, the Springboard programme has won a number of training awards and now runs in 15 countries around the world.

Creating Capacity Project

The Trust is a member of an exciting new project developed by the North West London Workforce Development Confederation to introduce a new support role to work alongside professionally qualified staff.

Twelve staff employed in new specialist roles have been recruited on to the project and are currently attending Thames Valley University part time (to gain the necessary qualifications for their new role).

In the Trust Open Learning Centre (Learning Curve) staff can access a wide range of learning materials and resources to support their own personal and professional development.

About 200 staff have registered with the centre and with the recent appointment of eight part-time learning assistants, plans are in place to further develop the services and extend the opening hours.

A learning representative project started in 2003/04 plays a vital part in identifying skills and learning needs across the Trust.

Four support staff and one staff nurse now act as union learning representatives and advise colleagues on the educational and development opportunities which are available, as well as providing feed back on the learning needs of staff.

Childcare and Support for Carers

The Trust appointed a Childcare Co-Ordinator in early 2004 who is available to help staff with their childcare needs, through projects such as the user involvement group, maternity returners and holiday play scheme.

Key Home buy scheme

Over the past three years Trust employees have been given the opportunity as Key Workers in the capital to purchase their own homes under the Government's Starter Home Initiative.

More than 100 Trust employees have had their applications accepted since September 2001.

In March 2004 the Government launched its new and extended housing programme which helps to support key workers buy or rent property.

Staff enjoy the popular facility of an Internet Café in the hospital during their lunch break

Reena Appadoo who joined the Trust in September 1998 bought a one bedroom flat in Croydon under the Key Home Buy Scheme and says:

"I am saving money – the mortgage payments are less than my rent used to be – and I have a first step on the property ladder."

Education and Research

We are proud of our close working relationships with Imperial College of Science, Technology and Medicine and Thames Valley University.

We are a teaching campus of Imperial College Faculty of Medicine and our joint aim is to take advantage of our excellent patient base and maximise the opportunities available to students for teaching, training and research. Recent research developments include the:

- Expansion of the Immunology Department to incorporate the laboratory base for the International Aids Vaccine Initiative (IAVA);
- Expansion of the academic unit of Anaesthetics to incorporate pain and septic shock research. The department is now a major international centre for research in peri-operative medicine;
- Centre for Tissue Engineering on site has continued to expand and combines many strengths within Imperial College, including cell biology and materials science;
- Developments within the academic department of Dermatology, including working with Imperial College and the Healing Foundation to establish a chair in Burn Care;
- Proposal for a Chair in acute emergency medicine; and
- Initial discussions concerning the proposed establishment of a Chair in Gastroenterology.

We also work closely with Thames Valley University to provide highly regarded training for several hundred nurses each year.

Honour for Professor

The American Society of Anesthesiologists (ASA) awarded Professor Mervyn Maze its prestigious Excellence in Research award for 2003 at the Society's Annual Meeting in San Francisco.

The award honoured more than 25 years of research into the mechanisms of anaesthesia by Professor Maze who is Director of Research, Multiprofessional Education and Training, Campus Dean and Consultant Anaesthetist.

DBE awarded

Professor Julia Polak, head of the Centre for Tissue Engineering and Regenerative Medicine, was awarded a DBE in the Queen's Birthday Honours list announced in June 2003.

The Centre, based at the Chelsea and Westminster Hospital, has been at the forefront of research into ways of growing human lung and bone tissue, providing an alternative to transplantation.

Centre for Good Clinical Practice

In March 2004 the Chief Executive of the NHS, Sir Nigel Crisp, opened a new £1m state-of-the-art Centre for Good Clinical Practice at Chelsea and Westminster Hospital.

The Centre will conduct research into multi-disciplinary team training, and provides a first-class training and learning environment for both our staff and the wider NHS.

This includes advanced simulation facilities, with two high-tech operating theatres, clinical skills lab and four seminar rooms.

The theatres use sophisticated mannequins and computer equipment to create a life-like medical environment so that scenarios can be re-produced.

From the control room trainers can increase the temperature of the mannequin or even make it have a cardiac arrest. How people react to these emergency scenarios is recorded, providing a valuable learning experience.

At the Centre medical students and nurses can also practice different procedures including inserting catheters, suturing and taking blood.

Health professionals can train in a range of skills including moving and handling training, resuscitation techniques and more.

The Simulation Centre is one of only a handful in the UK and will provide training for more than 2,000 staff a year from across the NHS.

Sir Nigel Crisp said:

"This new Centre is excellent. It gives health care professionals the opportunity for hands on training - learning their skills in an ideal environment. Chelsea and Westminster Hospital is at the leading edge of training and research in the NHS."

Above: Operational and Technical Manager of the Centre Shann Sieg is pictured with Sir Nigel Crisp in one of the two simulation theatres in the Centre for Good Clinical Practice.

Financial Summary

Foreword to the Summary Financial Statements

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

Financial Review

The Trust did not meet its in year and cumulative breakeven duty, reporting a deficit of £1.8m for the financial year. This has impacted on the Trust's star rating and consequently on its application for Foundation Trust status. However, the reported position represents considerable achievement in the face of the operational and financial challenges this year, which is expanded on below.

Very importantly, the Trust has identified a recurrent reduction to its capital charge cost base, which will deliver significant benefits from 2005/06, and positions the Trust well for the future. Unfortunately, for timing reasons it has not been able to take the full benefit into 2003/04 and the impact on 2004/05 is still to be agreed.

The Trust has continued to deliver high quality care to its local community but over recent years this had increasingly been delivered through non-recurrent resources. This culminated in the 2002/03 position being achieved through £9m non-recurrent resources. The Trust therefore carried an underlying deficit of £9m into 2003/04.

The Trust requested formal assistance in 2003/04 to address this deficit over a reasonable period. However, due to reduced flexibilities in the national financial framework and limited local flexibility with the sector in overall deficit, no formal assistance and no opportunities for in year flexibility, for example capital to revenue transfers were available as had been in previous years.

Therefore the Trust was set an exceptional challenge at the start of the year to deliver a £9m savings plan without formal assistance. This was eventually agreed by the Trust on the basis that over half of the plan would be achieved through additional income and a cost savings requirement. The deficit position resulted because a number of these income initiatives did not materialise.

In addition provisions for irrecoverable old debt were assessed as inadequate leading to the write off of approximately £1m and the Trust settled a legal dispute, with a multi-million pound risk, for £0.8m.

With these items alone the Trust would have retained a deficit of £5.2m. However the financial statements record an improved deficit of £1.8m. The main reason for the reduction is the decrease in depreciation of £3.4m principally caused by a downward valuation in the Trust's land and buildings of £81.3m.

The reduction in value arises from a fundamental error due to the use of wrong measurements in floor space and cost bases by the District Valuer, which has compounded over the last decade. The reduction in value has therefore been treated as a prior year adjustment and this treatment has been agreed with the Department of Health.

The downward valuation also had the effect of reducing the Public Dividend Capital (PDC) dividend by approximately £3.0m. This reduction however has not been possible to adjust retrospectively. This is because capital charges are agreed at the beginning of each financial year with the Department of Health and are repaid via the Public Dividend Capital. It is not national policy to adjust the Dividend for changes in the actual capital charge.

Financial duties

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

As explained earlier in the foreword, the Trust has retained a deficit of £1,880,000 for the year and did not meet its break-even duty.

To keep within the annual Capital Resource Limit (CRL)

This was met by the Trust with a small under spend against its CRL of £7,419,000. The under spend will be carried forward into the capital plan for 2004/05.

To keep within the External Financing Limit which is the limit placed on net borrowing

The Trust remained within its cash limit totals for the year. An under-shoot of £ 7,000 was recorded at the end of the year which is within the allowed tolerance.

To achieve a 3.5% return on its relevant net assets (Capital Cost Absorption Duty)

The Trust over-achieved this duty, with a 4.9% return on capital after paying dividends totalling £10,499,000. The over-achievement was due to the downward revaluation of the estate in year but the PDC dividend payment was not adjusted for the overcharge, in line with national policy.

Better payment practice code

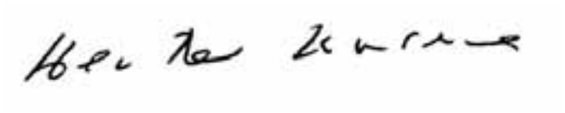
The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust paid 75.3 % of its bills by number and 69.8 % in value against an agreed target of 75% for 2003/04. This reflects a significant improvement in performance over last year when the Trust paid 31.3% of its bills within 30 days. The NHS standard is to pay 90% of the number of invoices received within 30 days. The Trust is making good progress to improve BPPC performance towards that target.

Financial Plans 2004/05

The Trust has agreed a balanced budget for 2004/05 and this is dependent upon achievement of an ambitious savings plan of £6.6m. In accordance with Resource Account Budget rules, the Trust has to pay back its deficit in the following year. The budget currently makes allowance for paying back the £1.8m deficit but the Trust will have to pay back £5.2m based on the position reported at Month 12. This is a timing issue as the difference between the Month 12 and final accounts position will reverse in 2005/06 and the Trust is agreeing a handling strategy for this.

In summary the Trust did not achieve its financial duty to break even this year. In the 2003/04 performance ratings the Trust's overall performance has been assessed as a 1 star, and this results largely from the financial deficit. 2004/05 will be an equally challenging year, the Trust expects to face considerable pressure on pay budgets, with the wholesale changes in pay terms and conditions heralded through the changes in consultant contracts and Agenda for Change. There is also anticipated to be severe income risk as a result of the deficit position faced by some PCTs within the local health economy.

Despite these risks, the Trust ends the year with a much improved recurrent financial position as a result of the revaluation and can look forward to a much more positive financial future from 2005/06.



Heather Lawrence
Chief Executive
22 July 2004

Lorraine Bewes
Director of Finance and Information
22 July 2004

Income and Expenditure Account For The Year Ended 31 March 2004

	2003/04 £000	Restated 2002/03 £000
Income from activities:		
Continuing operations	**162,798**	160,949
Other operating income:		
Continuing operations	**28,086**	27,050
Operating expenses:		
Continuing operations	**(182,587)**	(169,200)
OPERATING SURPLUS		
Continuing operations	**8,297**	18,799
Interest receivable	**352**	197
Interest payable	**(30)**	(29)
SURPLUS FOR THE FINANCIAL YEAR	**8,619**	**18,967**
Public Dividend Capital dividends payable	**(10,499)**	(16,527)
RETAINED (DEFICIT) / SURPLUS FOR THE YEAR	**(1,880)**	2,440

A valuation exercise commissioned by the Trust in June 2004 of its land and buildings has resulted in a reduction in the value of these assets. The reduction in value arises from a fundamental error due to the use of incorrect measurements in floor space and the cost base in previous valuations. The valuation has been agreed with a third party valuer, Montagu Evans and the District Valuation Office. The Trust has agreed with the Department of Health as per the Manual for Accounts that the prior year adjustment should be reflected in the 2002/03 financial statements. The impact of this adjustment on the Income and Expenditure account for 2002/03 is a reduction in the depreciation charge of £2.4 Million.

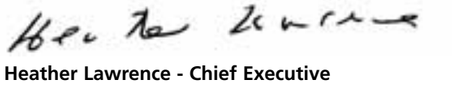
During the year the auditor, Deloitte & Touche LLP received £116,000 in respect of audit services (£78,000 for 2002/03).

Balance Sheet as at 31 March 2004

	31 March 2004 £000	Restated 31 March 2003 £000
FIXED ASSETS		
Intangible assets	**0**	74
Tangible assets	**236,745**	231,191
	236,745	231,265
CURRENT ASSETS		
Stocks and work in progress	**3,524**	2,941
Debtors	**17,826**	17,185
Cash at bank and in hand	**158**	164
	21,508	20,290
CREDITORS: Amounts falling due within one year	**(26,382)**	(26,955)
NET CURRENT LIABILITIES	**(4,874)**	(6,665)
TOTAL ASSETS LESS CURRENT LIABILITIES	**231,871**	224,600
CREDITORS: Amounts falling due after more than one year	**(347)**	(321)
PROVISIONS FOR LIABILITIES AND CHARGES	**(458)**	(210)
TOTAL ASSETS EMPLOYED	**231,066**	224,069
FINANCED BY: TAXPAYERS' EQUITY		
Public dividend capital	**169,264**	166,68
Revaluation reserve	**59,293**	53,301
Donated Asset reserve	**5,317**	5,010
Income and expenditure reserve	**(2,808)**	(928)
TOTAL TAXPAYERS EQUITY	**231,066**	224,069

A valuation exercise commissioned by the Trust in June 2004 of its land and buildings has resulted in a reduction in the value of these assets. The reduction in value arises from a fundamental error due to the use of incorrect measurements in floor space and the cost base. Therefore to be compliant with current accounting standards it has been necessary to restate 2002/03 tangible assets to £231,191K from £312,479K and the revaluation reserve to £53,301K from £136,941K and the 2002/03 income and expenditure reserve from a deficit of £3,208k to a deficit of £928k.

The valuation has been agreed with a third party valuer, Montagu Evans and the District Valuation Office. The Trust has agreed with the Department of Health as per the Manual for Accounts that the prior year adjustment should be reflected in the 2002/03 financial statements.



Heather Lawrence - Chief Executive
Date 22 July 2004

Lorraine Bewes - Director of Finance and Information
Date 22 July 2004

Cash Flow Statement for the year ended 31 March 2004

	2003/04 £000	Restated 2002/03 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	**13,690**	20,391
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	**352**	197
Interest element of finance leases	**(30)**	(29)
Net cash inflow from returns on investments and servicing of finance	**322**	168
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	**(6,085)**	(5,704)
Net cash outflow from capital expenditure	**(6,085)**	(5,704)
DIVIDENDS PAID	**(10,499)**	(16,527)
Net cash outflow before management of liquid resources and financing	**(2,572)**	(1,672)
Net cash outflow before financing	**(2,572)**	(1,672)
FINANCING		
Public dividend capital received	**2,579**	1,682
Loans received	**8,000**	11,200
Loans repaid	**(8,000)**	(11,200)
Capital element of finance lease rental payments	**(13)**	(13)
Net cash inflow from financing	**2,566**	1,669
Decrease in cash	**(6)**	(3)

A valuation exercise commissioned by the Trust in June 2004 of its land and buildings has resulted in a reduction in the value of these assets. The reduction in value arises from a fundamental error due to the use of incorrect measurements in floor space and the cost base in previous valuations.

The valuation has been agreed with a third party valuer, Montagu Evans and the District Valuation Office. The Trust has agreed with the Department of Health as per the Manual for Accounts that the prior year adjustment should be reflected in the 2002/03 financial statements.

Statement of Total Recognised Gains and Losses of the year ended 31 March 2004

	2003/04 £000	Restated 2002/03 £000
Surplus for the financial year before dividend payments	**8,619**	18,967
Unrealised surplus on fixed asset revaluations/indexation	**6,681**	(42,644)
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**(92)**	652
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	**(290)**	(277)
Total recognised gains and losses for the financial year	**14,918**	**(23,302)**
Prior period adjustment		
- Pre-95 early retirements	**0**	(155)
- Revaluation of Fixed Assets	(83,632)	
- Depreciation	2352	
Total gains and losses recognised in the financial year	**(66,362)**	**(23,457)**

A valuation exercise commissioned by the Trust in June 2004 of its land and buildings has resulted in a reduction in the value of these assets. The reduction in value arises from a fundamental error due to the use of incorrect measurements in floor space and the cost base in previous valuations.

The valuation has been agreed with a third party valuer, Montagu Evans and the District Valuation Office. The Trust has agreed with the Department of Health as per the Manual for Accounts that the prior year adjustment should be reflected in the 2002/03 financial statements. The impact on the statement of Total Recognised Gains and Losses is a recognition of the downward valuation of £83,640k and a corresponding decrease in depreciation charge of £2,352k.

Notes to the Accounts

1. Management costs

	2003/04 £000	2002/03 £000
Management costs	**8,019**	7,748
Income	**190,884**	187,746
% Management costs : income	**4.2%**	4.1%

2. Better Payment Practice Code - measure of compliance

	2003/04 Number	2003/04 £000
Total bills paid in the year	**46,474**	70,584
Total bills paid within target	**34,993**	49,265
Percentage of bills paid within target	**75.30%**	69.80%

3. Directors' Remuneration

Name	Title	Age	Salary Band (bands of £5000)	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2004 (bands of £5000)	Benefits in kind (Rounded to the nearest £100)
2003/04			**£000**	**£000**	**£000**	**£**
Juggy Pandit	Chairman	61	20 - 25	-		-
Heather Lawrence	Chief Executive	54	125 - 130	2.5 - 5	35 - 40	-
Dr Mike Anderson	Medical Director (a)	53	65 - 70	15 - 17.5	15 - 17.5	-
Lorraine Bewes	Director of Finance & Information (b)	43	80 - 85	12.5 - 15	12.5 - 15	-
Dr John Collins	Medical Director (c)	65	10 - 15	-	-	12 083
Therese Davis	Director of Nursing & Patient Services (d)	38	30 - 35	0 - 2.5	15 - 17.5	-
Caroline Dove	Director of Strategic Service Development (e)	36	35 - 40	0 - 2.5	5 - 7.5	-
Edward Donald	Director of Operations (f)	38	80 - 85	2.5 - 5	2.5 - 5	-
Alexander Geddes	Acting Director of I C T (g)	59	15 - 20	0 - 2.5	0 - 2.5	-
Andrew MacCallum	Director of Nursing & Patient Services (h)	42	45 - 50	10 - 12.5	10 - 12.5	-
Krystyna Ruszkiewicz	Director of Human Resources	W	70 - 75	0 - 2.5	7.5 - 10	-
Alan Bramhall	Interim Director of Finance & Information (i)	W	30 - 35	-	-	-
Prof Sir Ara Darzi	Non Executive Director (j)	43	0 - 5	-	-	-
Marilyn Frampton	Non Executive Director	61	5 - 10	-	-	-
Andrew Havery	Non Executive Director (k)	34	0 - 5	-	-	-
Jenny Hill	Non Executive Director	55	5 - 10	-	-	-
Martin Sherwood	Non Executive Director (l)	60	0 - 5	-	-	
Charles Wilson	Non Executive Director	68	5 - 10	-	-	-

Notes :
(a) Dr Mike Anderson joined the Trust on 1 October 2003
(b) Lorraine Bewes joined the Trust from 5 May 2003
(c) Dr John Collins left the Trust on 30 September 2003
(d) Therese Davis left the Trust on 31 July 2003
(e) Caroline Dove left the Trust on 31 May 2003
(f) Edward Donald was appointed director from 1 January 2004
(g) Alexander Geddes joined the Trust from 14 January 2004
(h) Andrew MacCallum joined the Trust from 25 August 2003
(i) Alan Bramhall left the Trust on 31 July 2003
(j) Prof Sir Ara Darzi was appointed to the Board from 1 October 2003
(k) Andrew Havery was appointed to the Board from 1 November 2003
(l) Martin Sherwood left the Trust on 31 October 2003
W - Consent to disclose age withheld

4. Related Party Transactions

Chelsea and Westminster Healthcare 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 Healthcare NHS Trust

The Department of Health is regarded as a related party. During the year Chelsea and Westminster Healthcare 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:

	31 March 2004	31 March 2003
Income	**£000**	£000
Kensington and Chelsea PCT	82,273	86,371
Hammersmith & Fulham PCT	22,991	20,650
Wandsworth PCT	13,001	11,834
Expenditure	**£000**	£000
Hammersmith Hospitals NHS Trust	6,838	9,080
NHS Supplies Authority	2,531	2,572
London Ambulance NHS Trust	1,270	1,825

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

National Institute for Clinical Excellence
National Treatment Agency
North West London Strategic Health Authority
Kensington and Chelsea PCT

STATEMENT ON INTERNAL CONTROL FOR THE YEAR ENDED 31ST MARCH 2004

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I and my executive directors are accountable to the Strategic Health Authority for performance and control issues. These arrangements include a monthly review with the Strategic Health Authority and host Primary Care Trust of all aspects of performance including financial performance. The Strategic Health Authority hosts monthly meetings for Chief Executives, Finance Directors and Human Resources Directors where generic issues of control are discussed and action agreed. This year the Strategic Health Authority has reviewed our action plan arising from the Commission for Health Improvement (CHI) review and confirmed its satisfaction with progress made.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to :

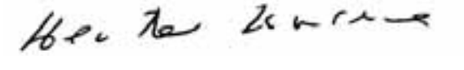
- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives; and,
- evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

The system of internal control has not been in place in Chelsea and Westminster Healthcare NHS Trust for the whole year ended 31 March 2004 but was in place by 6th February 2004 and up to the date of approval of the annual report and accounts.

All aspects of the system of internal control were in place with the exception of the Trust's Assurance Framework, which was not in place throughout the year. This was subsequently put in place on 6 February 2004.

3. Capacity to handle risk

A full statement of the Trust's capacity to handle risks, the risk and central framework and a review of the effectiveness of the system of internal control is set out in the Annual Accounts.



Heather Lawrence – Chief Executive
(On behalf of the Board) **Date 22 July 2004**

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

We have examined the summary financial statements which comprise the income & expenditure account, balance sheet, statement of total recognised gains and losses, cash flow statement and notes on salary and pension entitlements, financial performance targets, management costs, better payment practice code and related party transactions.

This report is made solely to the Board of Chelsea and 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 of Directors for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Directors and Auditors

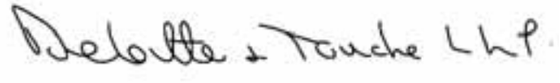
The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the annual report and consider the implications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

Basis of audit 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 2004 on which we have issued an unqualified opinion.



Deloitte and Touche LLP

Chartered Accountants

St Albans

Date: 18th August 2004

Trust Board

Chairman of the Trust

Mr Juggy Pandit

First appointed as a non-executive member in February 1996, he has been Chairman of the Trust since November 1999. He was re-appointed to the Board in November, 2003. He is a non-executive director of BEI Ideacod S.A.(France).

Non-Executive Directors

Mrs Jenny Hill

Re-appointed in April 2004. She is a Director of Echelon Learning Ltd, publishers of web enabled learning materials and systems. She is Acting Chair of the North London Workforce Development Confederation.

Mrs Marilyn Frampton*

Re-appointed in November 2003. 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 Andrew Havery *

Appointed in December, 2003. A Chartered Accountant, he worked for KPMG for eight years, before becoming a compliance officer to investment banks.

He has been a city councillor in Westminster since 2002, representing Churchill ward.

Mr Charles Wilson *

Re-appointed in November 2003. 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 Ara Darzi

Appointed in October 2003. He is Professor of Surgery and Head of the Department of Surgical Oncology and Technology at Imperial College and an Honorary Consultant Surgeon at St. Mary's NHS Trust.

Executive Members

Mrs Heather Lawrence Chief Executive

Mrs Lorraine Bewes Director of Finance and Information from May 2003

(Mr Alan Bramhall was Acting Director of Finance from October 2002 until Mrs Bewes took up post)

Mr Andrew MacCallum Director of Nursing

(Ms Therese Davis was Director of Nursing and Patient Services until the end of July 2003. Mr MacCallum took up post at the end of August, 2003)

Dr Mike Anderson Medical Director

(Dr John Collins was Medical Director until September, 2003. Dr Anderson took up the post in October 2003)

Ms Clare McGurk Director of Human Resources

(Ms Krystyna Ruszkiewicz was Director of Human Resources in 2003/2004. Ms McGurk took up the post at the beginning of May 2004)

Mr Edward Donald Director of Operations

(Mr Donald took up post in January 2004. Prior to that he had been seconded as Acting Director of Strategic Service Development to cover Ms Caroline Dove's maternity leave)

Mr Alexander Geddes Director of ICT

He took up the new post of Director of Information, Computing and Technology in May 2004. He was Acting Director from January 2004.

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

*** Member of Audit Committee**

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

Appointments to the posts of Chief Executive and Executive Directors were made following national advertisement and interviews.

The Chief Executive and the Executive Directors are appointed on permanent contracts, which may be terminated by six months notice on either side, with the exception of the Director of ICT. He has been appointed on a two year fixed term contract.

Clinical Services

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.

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 Opened in February 1996 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 care 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 multidisciplinary and multiagency 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.

Anaesthetics and Imaging Directorate

Operating Theatres In 2003-2004 we carried out a total of 9,550 operations in our six main operating theatres, two paediatric theatres and a specialist burns theatre. Of those 31 per cent were emergency operations.

Intensive Care Unit In 2003-2004 some 380 patients have been treated on the intensive/high dependency unit. The amount of time these patients have spent in the unit has totalled 3,350 days. The high quality of the ICU has been recognised with a Charter Mark.

Theatre Sterile Supplies Unit In 2003-2004 the Unit processed 210,752 trays of theatre instruments. During 2003/2004 the unit worked towards obtaining European Accreditation for sterile services. (ISO 9001-2000, EN46 002-1996 quality standards accreditation)

Day Surgery / Hand Management Unit This service carried out 6,300 procedures in 2003-2004. Our day case rate (ie the percentage of all operations done as day cases) is 72 per cent. A seven theatre Treatment Centre is being developed on the Day Surgery site and is expected to open in the spring of 2005.

Phlebotomy Service In 2003-2004 staff took blood for testing from more than 87,000 patients – an increase of almost 10 per cent compared to the previous year.

Imaging Services The Imaging Department carries out more than 140,000 examinations each year. In 2003/2004 this included 9,700 CT scans, approximately 40,000 ultrasound examinations, 80,000 plain X-rays and 5,900 MRI scans.

Surgery Directorate

Burns Service The regional centre 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 433 patients during 2003-2004.

Plastic Surgery The regional Plastics service has a dedicated ward, outpatient clinics and a specialist Hand Management Unit. In 2003-2004 1,975 day case operations were performed, 1,200 elective in-patient operations and 375 emergency operations.

Ophthalmology A comprehensive service for both adults and children carried out a total of 868 eye operations in 2003-2004.

Clinical Services

Trauma and Orthopaedics In 2003-2004 there were 1,127 elective in-patient cases, 1,010 non-elective cases and 1,131 day cases.

Urology The service saw a total of 819 day cases and 492 inpatients in 2003-2004.

General Surgery and Urology There were more than 3,200 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) and urology.

Medicine Directorate (includes Emergency Care)

Emergency Department In 2003-2004 there were more than 82,000 attendances, including children seen in a specialist Paediatric Department.

Rheumatology Services Staffed by three consultants and three specialist nurses.

Medical Day Unit The unit provides a multi-disciplinary assessment room, an acute treatment area with day care beds and five outpatient clinic rooms. The discharge lounge and Macmillan Centre also function within this area.

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 carries out over 5,500 procedures each year. A Nurse Endoscopist helps manage the increase in referrals.

Medicine of the Ageing 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 in chest pain, cardiac rehabilitation, heart failure and syncope.

Neurology More than 4,000 new patients were seen by the three consultant neurologists in 2003-2004. A specialist nurse in Multiple Sclerosis was appointed in July 2003.

Stroke Team Our multidisciplinary stroke team offers intensive rehabilitation in hospital and in the community. Wherever possible all patients admitted with a stroke are cared for on the dedicated stroke unit.

Dermatology This service provides daycare, outpatient and inpatient treatment. More than 8,000 new patients are seen every year.

Diabetes The Beta Cell Unit provides medical, nursing, dietetic, psychological and podiatric support for local people living with diabetes.

HIV/GUM Directorate

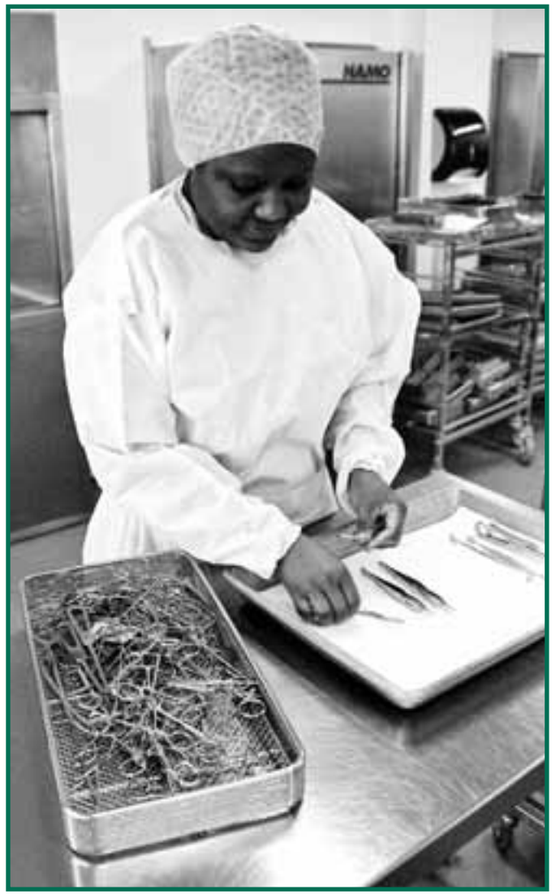
HIV Services These are based in the Kobler Clinic in St Stephens centre, adjacent to the Chelsea and Westminster Hospital, also in the Nkosi Johnson Unit at West London Centre for Sexual Health, Charing Cross Hospital and at the Victoria Clinic, based in the South Westminster Centre for Health.

Testing and counselling is available at the John Hunter Clinic for Sexual Health in the St Stephens Centre, at the West London Centre and at the Victoria Clinic. There were a total of 35,039 attendances in 2003/2004.

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

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

Sexual Health Services It includes 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. Total attendances in 2003/04 were 61,263.



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1. *Theatre Sterile Supplies Unit technician Elizabeth Johnson*
2. *Charge Nurse Steve Burwell with Bertha Durban on William Gilbert Ward*
3. *Superintendent Radiographer Karen Smith with a CT scanner.*
4. *Elliot Styles is seen by Consultant Dermatologist Dr Sue Mayou*
5. *Senior physiotherapist in Hand Therapy Zoe Clift.*