

# ANNUAL REPORT 2004/05



# WELCOME



Chelsea and Westminster Healthcare NHS Trust is one of London's most prestigious hospitals, serving a community of around 390,000 residents across Kensington and Chelsea, Hammersmith, Westminster, Fulham, Putney, and Wandsworth. We provide care to our local community, but as a national centre of excellence in a number of specialties, we also provide services for wider regional and the National Patient Group.

Our multi-disciplinary clinical teams have access to advanced IT and robotics as well as leading simulation techniques for training and ongoing staff development. Chelsea and Westminster Trust is a campus of the Imperial College School of Science, Technology & Medicine and a teaching centre for Thames Valley University. We utilise these teaching and learning networks to sustain a programme of first class academic research.

The Trust's clinical services are provided by five clinical directorates—Medicine, Surgery, Anaesthetics & Imaging, HIV/GUM (Human Immunodeficiency Virus/Genitourinary Medicine), and Women & Children's. These are supported by corporate directorates including Nursing, Human Resources, Finance & Information, Governance & Corporate Affairs, Operations & Strategy, Information Technology, and Service Development.

The majority of our patients are cared for at Chelsea and Westminster. However, we have 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 based in the South Westminster Centre for Health.

As an organisation we aim to work closely with our primary care partners, local government, neighbouring NHS Trusts, and an extensive network of GPs, community carers, and clinicians to ensure that the care we provide meets the needs of the local community. We are situated in one of the most ethnically, socially and economically diverse areas of London, and as such, we prioritise our efforts to improve access to our services—in particular, to groups that are traditionally hard to reach.

It is important to reflect on the success we have enjoyed throughout the year, but we must also continue to work hard to achieve our goals. In many ways this has been a watershed year for Chelsea and Westminster and we hope you enjoy reading about our achievements and challenges from 2004/05.



View skyward from the 5<sup>th</sup> Floor corridor

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# CHAIRMAN OF THE BOARD



**T**he Trust achieved the majority of its service delivery targets as well as its duty to break even financially. This was a considerable achievement as we not only had to meet higher service targets than in previous years—for example the target to treat 98% of those attending our A&E within 4 hours—but also set aside a substantial amount of money to pay back the deficit we had incurred in 2003/04. The credit for this is entirely due to our staff, both clinical and non-clinical, including the staff employed by our Facilities Management partners. On behalf of the Trust Board I would like to thank them warmly for their hard work and dedication.

Whilst we can take satisfaction from our achievements last year, we are, as part of the NHS Plan, engaged in a process of continual improvement in the quality of our services, our performance and our productivity. Looking forward, things

are likely to be at least as challenging as they have been in the past. There will be considerable change in the way we are paid for our services as Payment by Results comes into force. We also need to ensure that we are the hospital of choice for patients in our immediate and surrounding areas as Patient Choice is introduced. And we will have to do this against the background of large financial deficits incurred by some of our PCT partners, which will inevitably limit the financial resources available to us.

We face these challenges with a number of advantages. The Trust has a reputation for providing high quality care and a history of clinical excellence. We have a dedicated workforce that can deliver excellent results, as demonstrated by our performance last year. Our hospital building is the envy of many others. Our clinical work is supported by one of the best information systems currently in use in the UK.

It remains the Trust Board's intention to apply for Foundation Trust status, in line with Government policy, now that we are eligible. We had, in the course of our previous application, built up a significant potential Foundation Trust membership base amongst the public we serve. We plan to continue to engage with these potential members, in order to get their views on how services provided at the hospital can be improved. If you are one of these members, please help us by participating in the sessions which we will be holding twice a year.

In conclusion, while the Trust Board recognises that the environment ahead will continue to be difficult, we believe that, with the support of our dedicated staff, we can meet the challenges.

Juggy Pandit  
Chairman

# CHIEF EXECUTIVE



**T**he opportunity to begin preparation for NHS Foundation Trust status in 2004 proved a beneficial process even though we were unable to proceed at that stage. We gained clarity about our vision and strategic direction (page 6) and the process allowed us to focus on our financial performance, and the need to integrate clinical and non-clinical governance. This integration provides assurance to the Trust Board and our patients (page 15). I am pleased to report that Chelsea and Westminster now has the foundations of a balanced budget and a strong basis from which to move forward having regained 3-star status by the Healthcare Commission.

Equally, we began to build a membership of patients and carers who are able to assist us with planning future services and making service improvements. The 1,000 Good Ideas Campaign (page 8) was particularly successful. This campaign was backed up by focus groups that

allowed our patients and the public to get involved. I would like to thank Jenny Hill—Non-Executive Director until March 2005—who was the driver of this initiative, and Clare Evans for her work on the Patients Accelerating Change Project (page 9). One new initiative which has proved successful has been the idea of bringing in patients for surgery on the day of their procedure rather than the night before.

Not only did we achieve our performance targets, we opened an observation ward adjacent to Accident and Emergency which assisted us in achieving the 98 per cent four hour target. Our Early Pregnancy Assessment Unit was also officially opened by Darcey Bussell (page 31), which will provide a more accessible service to women.

A significant development has been the building of the Treatment Centre for Surgery which is now open and will play a key role in the future of the hospital.

We remain at the leading edge in the use of information technology. This year we implemented electronic outpatient prescribing across the whole hospital making prescribing safer.

This year's report sets out the changes and improvements which have been achieved and these have been in no small part due to our staff. The energy and commitment they bring to improving patient care is invaluable and I am grateful to all of them. Chelsea and Westminster is a very interactive place to work and this report has been prepared by two members of our staff who work in our Governance team. This is the first time that we have designed our Annual Report 'in-house' and I hope you enjoy reading about our achievements.

*Heather Lawrence*

Heather Lawrence  
Chief Executive

## OUR VISION FOR THE FUTURE

Chelsea and Westminster is looking forward to a challenging and exciting future. Changes to the national healthcare system will affect the ways in which we deliver care to the community, but our key objectives remain the same.

We are committed to building on our strong history of clinical excellence to ensure that high quality services are delivered for the community.

## OUR AIMS

**To provide high quality, safe, efficient and effective care to local patients.**

We understand that for many patients, their experience of hospital services forms a small part of their overall contact with the health service. We want our patients' journey through the health system to be supported by:

- Excellent communication, enabling true patient empowerment.
- Efficient systems and processes, enabling rapid access to services.
- High quality clinical care delivered by a multi-disciplinary team, ensuring that their health needs are met.
- Effective partnerships with colleagues in Primary Care Trusts, other hospitals and Social Services.

**To promote the development of specialist services, supported by excellence in research and teaching.**

We have a broad portfolio of specialist services within the organisation and a strong academic base, supported by our relationship with Imperial College. In addition to our role as a local hospital, we also have an important role in providing specialist services to a wider population, and we aim to maximise our potential to develop and deliver the highest quality specialist services, research and teaching.

**To be focused, flexible and fast; embedding innovation in service design and delivery in sound governance arrangements.**

Our organisation remains at the cutting edge of service innovation, particularly in the use of information technology, but also in the way we approach service delivery. Our goal is to be an organisation that:

- Responds quickly to new challenges.
- Is flexible and innovative in our approach, recognising that our patients need accessible care that meets their individual needs.
- Embeds all our activities in a governance structure that promotes patient and staff confidence in the quality and safety of our services.

**To value the diversity of our staff, involving and empowering them to deliver services that meet the needs of our patients.**

We serve a very diverse population and just as we would expect all patients to be treated as individuals, we expect the same respect for our staff. Our aim is to:

- Support our staff by challenging discrimination whenever it occurs on the grounds of ethnicity, age, gender, religion, disability and sexuality.
- Have a motivated workforce, with staff who judge each other by the skills they have, not the professional labels they carry.
- Establish teams where individuals have the opportunity to share and use their expertise for the benefit of each other and for patients.
- Create a culture of partnership and consultation with all our staff so organisational decisions meet the genuine needs of the workforce.

# A YEAR OF ACHIEVEMENTS

# IDEAS IN ACTION

**W**e know how valuable it is for us to listen to our patients, staff, visitors and local community, which is why the Trust works hard to encourage open communication and provide opportunities for feedback.

To help us achieve this we run regular focus groups, listen to what our patients tell us in clinics and on our wards, respond efficiently to questions and act on suggestions.

The focus on engaging with people has never been greater than in the last year and we are proud to have raised the quality and frequency of consultation on many levels and turned many of your ideas into actions.

## WE'RE THINKING CLEAN

As expected, cleanliness and the quality of food have been two of the main issues to emerge from all of the feedback we have received throughout the year and in response we have worked hard to improve and maintain standards. This has included:

- Establishing a Patient Environment Inspection Team which conducts quarterly inspections of the hospital to assess the standard of the hospital environment and the facilities provided. The group includes staff, patients and members of the public.
- Establishing a Patient Environment Action Team which is responsible for reviewing the standards of cleaning, catering and the general hospital environment and making recommendations. The group includes staff, patients and the public.
- Making significant investments in cleaning equipment and providing training for staff in the use of materials and machines.
- Piloting protected meal times on wards to provide a calmer environment where ward housekeepers and nursing staff can concentrate on ensuring patients get the right food at the correct temperature.
- Delivering deep cleaning of the public areas of the hospital and routine monitoring and inspection to drive up standards of cleaning and catering.
- Undertaking patient surveys to ensure direct feedback about the quality of cleaning and catering services.

## 1,000 GOOD IDEAS CAMPAIGN

Launched in September 2004, the 1000 Good Ideas Campaign attracted huge interest by asking staff, patients, visitors and the public to contact the Trust with suggestions on how we can make things better.

We received emails, telephone calls and comments written on the ideas board located in reception. More than 300 staff, patients and members of the public also attended a series of good ideas seminars held over the autumn.

Some of the ideas which have been implemented as a result of the feedback include:

- Providing each patient with a comment card when they are discharged to obtain feedback about their stay and what things could have been improved.
- Reviewing the quality and variety of meals provided which has included adding soup to the menu.
- Conducting a Trust-wide review and update of signage.
- Ongoing monitoring of the quality of cleaning and additional cleaning if required.
- Implementing a programme of regular visits to the clinical areas by hospital executives and senior managers.
- Placing a sign indicating availability of spaces in the car park at the front of the hospital.
- Providing more birthing balls in the birthing rooms.
- Providing a children's menu for the burns unit.

## PATIENTS ACCELERATING CHANGE

This project was linked to the National Patient Survey, which found that there were three common themes identified as areas for improvement across all Trusts in the UK. One of these themes was the information given to patients on discharge from hospital, an area that we felt we could improve upon.

Following comments from staff and patients we were able to confirm that this was an area where we could make improvements. We have developed a project, which aims to improve the information given to elective surgical patients before they are sent home.

The 1,000 Good Ideas seminars and the Patients Accelerating Change workshops held in the autumn were used to collect opinions and ideas about the information we provided for patients and more than 100 local people participated. A questionnaire was also sent to a sample of patients who had undergone elective surgery, gaining further feedback on the type and quality of information they received on discharge. The Seasonal Working Conference was then used to discuss the project at a Trust-wide level and a lively debate was held.

The feedback we received has resulted in three main actions:

- A discharge summary leaflet for each patient to take home with them and keep has been piloted and is in the process of being printed and used across the surgical directorate. The leaflet can be used to record information such as the name of the consultant, the date and type of surgery and details of recovery, warning signs to look for once at home as well as any supportive care planned once they are at home.
- An A5 booklet 'Planning your discharge' is given to patients when their pre-operative assessment appointment is booked so they can prepare themselves for leaving hospital and any concerns can be discussed at the pre-operative assessment appointment.
- An information leaflet regarding MRSA will be sent prior to their appointment, again providing time and opportunity for questions to be asked and reassurance given.



Left to right: Staff Nurse Sarah Craig, patient volunteers Marcella Roe and Dorothy Hockley, Consultant Nurse Clare Evans, and patient volunteer Diana Denchfield

# PATIENT ADVICE & LIAISON SERVICE (PALS)



PALS Officers  
Jason Lane and Jo Ivers

**O**ur Patient Advice and Liaison Service (PALS) has three PALS officers who provide patients, carers and families with help, information and advice about the different services available at the hospital.

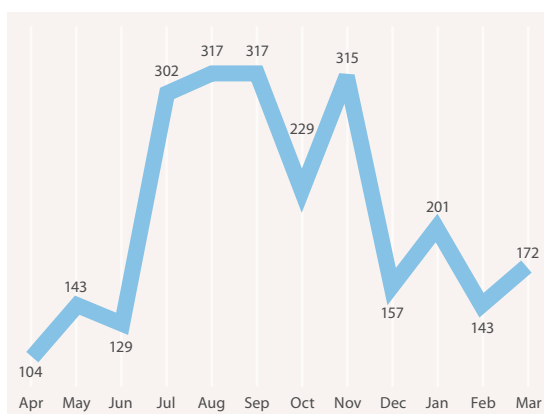
In 2004/05 the PALS team received 2,288 enquiries and 246 comment cards, the majority of which were seeking information, advice, or making a suggestion about, or praising, a service. All comments received through the PALS team are recorded and regularly reported to each Directorate.

Comments are also fed into the Trust's central Risk Management database, which is used to manage incidents, claims and complaints. These comments are also used to inform changes to services.

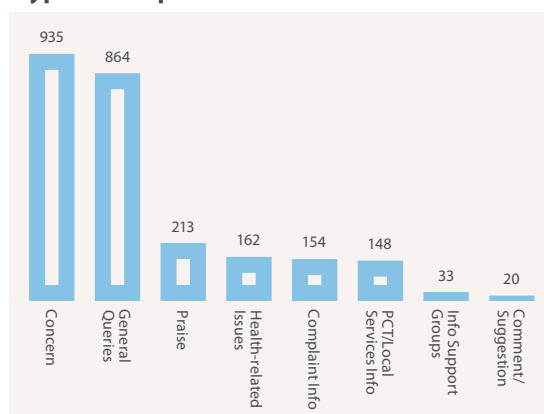
A number of changes have been made as a result of feedback received during 2004/05 including:

- A Hairdressing Service has been established in the hospital for patients and staff.
- The provision of tea and biscuits has been reinstated in the transport department.
- Alcohol Gel dispensers have been installed in the ultrasound room to enable radiographers to clean their hands in view of patients.
- Liaison between the PALS team, Superintendent Radiographer and our phone system provider, Thamesnet, has resolved telecommunication difficulties and now enables patients to contact the department and make appointments more easily.
- Thamesnet has responded to concerns raised about the automated switchboard and problems recognising the department requested, by identifying calls made by individuals and phonetically tuning the system to cater for the accent.
- A broader range of disease specific information sheets and contact details of support organisations have been provided in the waiting areas of the Intensive Care Unit.

**Contacts With PALS Team 2004/05**



**Types of Enquiries 2004/05**



## LEARNING FROM COMPLAINTS

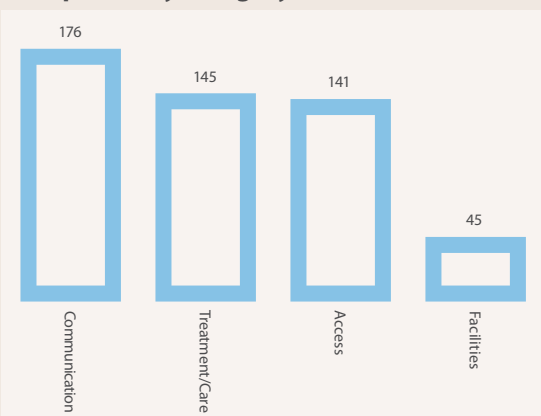
Concerns raised by patients or relatives are taken very seriously and we aim to handle any issues sensitively and swiftly. Where possible we aim to deal with any concerns and reach a resolution before they become formal complaints.

In 2004/05 we received a total of 458 formal complaints, which was the same number as in the previous year. Of the formal complaints received, 86% were responded to within 20 working days, as required by the NHS Executive Guidelines.

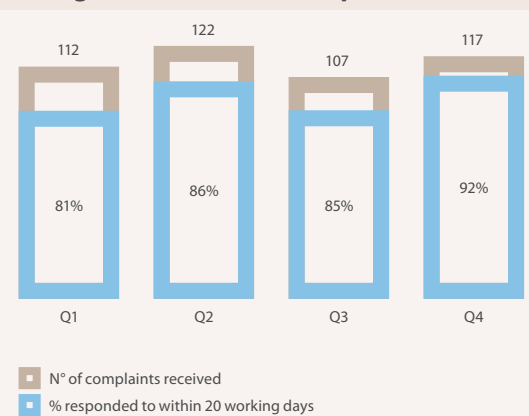
We have made a number of changes and improvements in response to information received through the complaints process including:

- A new phone system has been installed which lets callers know where they sit in the queue and how long they can expect to wait. This was developed as a result of callers experiencing problems accessing the phone number to change or confirm appointments.
- A new system has been introduced for managing outpatient appointments. Patients are now able to agree an outpatient appointment within 24 hours of the GP referring them instead of only being able to make a booking six weeks in advance. Patients will also be able to book follow-up appointments before leaving the clinic.
- Additional endoscopy lists were introduced to reduce the waiting times for patients.
- Emergency theatre lists now run throughout the day, increasing emergency capacity during the day and reducing waiting times for patients and out of hours working for staff.
- An Emergency Pre-assessment Nurse has been appointed to help the patient journey for emergency patients.
- Queuing stands have been introduced in outpatient clinics to stream line the patient queue and promote privacy at the reception desk.
- A4 size posters have been placed on all seven medical wards and in all outpatient areas. These provide the details of who to contact if patients have concerns or would like to discuss aspects of care.
- A Parents' room has been provided on one of the Paediatric wards.
- An improved system has been developed for managing the booking of urgent gynaecology patients for surgery.
- A call waiting system is being piloted at the Victoria Clinic to make it easier for patients to make appointments to access HIV/GUM services. A call centre will be established to handle the appointments as part of the refurbishment of the John Hunter Clinic.
- Staff working on the front desk in HIV/GUM clinics are now required to wear name badges and have been provided with training in customer care.

**Complaints by Category 2004/05**



**Management of Formal Complaints 2004/05**





**Left to right:** Magic Dave Allen, Paul Megram aka Captain Custard from Magic Castle, and Senior Infection Control Nurse Roz Wallis promote hand hygiene.

**W**e held our third annual Hand Hygiene Week in April 2004, spearheading an extensive Trust-wide education and awareness campaign, which has encouraged all staff to take responsibility for infection control and promote best practice.

The event was launched by Lord Warner of Brockley, the then Parliamentary Under-Secretary of State (Lords) and included a packed programme of demonstrations, presentations, quizzes, and entertainment including a barbershop quartet and a night of comedy.

Senior Infection Control Nurse Roz Wallis said Hand Hygiene Week was gaining national recognition as an example of good practice.

"Approximately 30 per cent of hospital acquired infections can be prevented if people wash their hands and use alcohol gels effectively, so the event is an innovative way of reminding people how important hand hygiene is in combating infection," Roz said.

"In the last two years the Trust has installed more than 800 alcohol gel dispensers in clinical areas to make it easier for people to clean their hands and help reduce infections."

The Infection Control Team played a significant role in the Trust in the last year and managed a number of key projects including:

- Extensive consultation with staff about the type of hand gel provided in dispensers throughout the Trust. This included conducting a nine-week trial of three new hand gels on six wards.
- Piloting the use of hand gel in operating theatres. Following the success of the trial, hand gels are now used widely in theatres.
- Recruiting an Infection Control Practitioner who is responsible for surveillance of orthopaedic wound infections and the implementation of the national Winning Ways strategy.
- Conducting hand hygiene compliance audits in clinical areas.
- Conducting environmental infection control audits in theatres and outpatient areas.
- Taking an active role in the development of the Treatment Centre including assessing the potential infection control risks associated with the building works.
- Being involved in the selection process for the Trust's new cleaning, catering and laundry contractors.
- Providing 24-hour Trust-wide infection control support and advice.

QUICK  
FACTS

100

AVERAGE  
NUMBER OF  
RESPONSES  
TO ENQUIRIES  
PER WEEK

41

CASES OF MRSA BACTERAEMIA IN 2004/05  
EVERY TRUST HAS TO MEET NEW TARGETS TO REDUCE  
LEVELS OF MRSA BACTERAEMIA (MRSA THAT HAS INFECTED  
THE BLOOD STREAM) TO 18 CASES A YEAR BY 2008.

# STAR RATINGS

## 3 STARS FOR CHELSEA AND WESTMINSTER

The Trust was awarded the maximum of 3 stars in the NHS Performance Ratings for the year 2004/05 that were published in July 2005.

We achieved 7 of the 8 key targets including the cancer, outpatient and A&E waits targets, financial management and hospital cleanliness.

Performance in the three balanced scorecard areas was also strong. We were in the top band in the Clinical Focus area which includes indicators on stroke care, child protection, and indicators on outcomes of clinical care. The Trust was also in the top band in the Patient Focus area. This includes indicators based on the

patient surveys, cancelled operations, waiting times and responding to patient complaints. We were in the middle band for the Capacity and Capability focus area which includes workforce indicators along with assessments of data quality and information systems.

The Trust spent the year developing an approach to integrated governance, bringing together clinical and non-clinical elements of care, and the approach was linked to our 9 corporate objectives. Furthermore, we paid particular attention to financial viability, A&E performance, Information Governance and staff focus areas.

We were graded as Green in the 2004 Patient Environment Action Team assessment. Furthermore, the Trust underwent the Improving Working Lives Practice Plus assessment, and we are one of the first hospitals to achieve this level.



## KEY TARGETS

Indicator Name	Performance 2004/05	Result 2004/05
12 hour waits for emergency admission via A&E post decision to admit	100%	Achieved
All cancers: 2 week wait	99%	Achieved
Financial management	Break even	Achieved
Hospital cleanliness	Acceptable	Achieved
Outpatient and elective (inpatient and daycase) booking	Outpatients = 81.00% Electives = 95.53%	Achieved
Outpatients waiting longer than the standard	0.02%	Achieved
Total time in A&E: 4 hours or less	Apr to Dec 2004 = 96.01% Jan to Mar 2005 = 98.57%	Achieved
Elective patients waiting longer than the standard	0.5%	Improvements needed in this area

## BALANCED SCORECARD FOCUS AREAS

Focus Area	N° of Indicators 2004/05	Result 2004/05
Capacity and Capability	6	Middle Band
Clinical Focus	10	Top Band
Patient Focus	16	Top Band

## GOVERNANCE: WHAT IS IT AND WHAT HAVE WE BEEN DOING IN THIS AREA?

**"P**eople often ask me what governance really means and I try and explain that it is about the Trust having a vision of how services will be delivered in the future and having a plan to ensure that we achieve the vision," Pippa Roberts, Acting Director of Governance and Corporate Affairs said.

"It involves setting targets and goals along the way to measure our success and monitoring our progress against these targets. If our progress is not as required, good governance arrangements dictate that we take action to ensure that we meet our goals," she said.

In recognition of the growing governance agenda and the need to prepare for compliance with the Standards for Better Health and other regulatory standards and inspections, the post of Director of Governance and Corporate Affairs was appointed in October 2004. The new role was created to lead the development of 'integrated' governance at Chelsea and Westminster Hospital. A review of our Governance structures was also conducted and a number of subcommittees to the Trust Board were established to ensure that the organisation was on track to deliver its objectives and meet its statutory requirements.

There are many aspects of governance that are central to our business and clinical governance, which is essentially about improving our patients' experience and safety. These are at the core of all service plans and developments. Clinical governance is the responsibility of every staff member in the hospital because it involves improving the care we deliver to our patients.

There are many ways we can do this. For example:

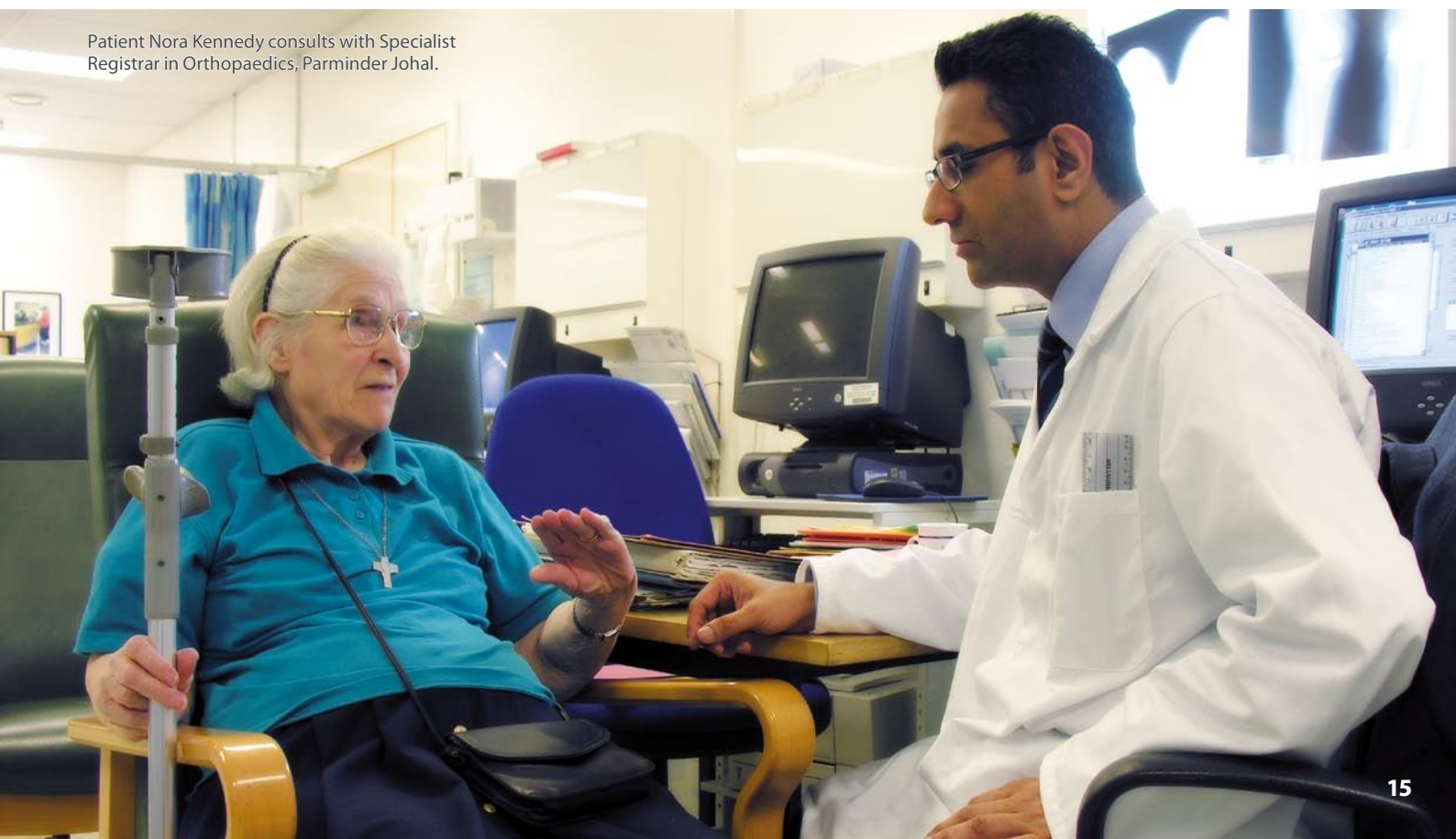
- developing new and existing services
- involving patients in service planning and design
- writing guidelines and policies
- auditing the care we deliver to make sure it is line with best practice
- managing our risks
- providing patient information
- undertaking research
- developing staff and supporting training and education to facilitate the delivery of first class services

Although our staff work hard to ensure that patients do not experience difficulties when they visit the hospital, sometimes things do not quite occur in the way they were planned. New systems have been introduced in 2004/05 to ensure that incidents are reviewed and that plans are put in place to reduce the likelihood of them happening again in the future. These plans are followed up by the Risk Management Team to make sure that they are completed.

Information is produced to update all staff on common issues and difficulties experienced by patients and staff, and includes solutions which have been or are in development. We are happy to hear your opinions about our services. Our Patient Advice and Liaison Service collates all of your comments and you can contact them if you wish by calling 020 8846 6727 or emailing [pals@chelwest.nhs.uk](mailto:pals@chelwest.nhs.uk).

# GOVERNANCE

Patient Nora Kennedy consults with Specialist Registrar in Orthopaedics, Parminder Johal.





Sonographer Hilary Beardmore

## SCHOOL HOLIDAYS ARE CHILD'S PLAY FOR WORKING MUM

**W**hile school holidays are a fantastic time for kids, working parents are often left trying to find suitable child care or resorting to taking unpaid leave to look after their children.

Sonographer Hilary Beardmore and her partner were faced with that scenario until she decided to book her nine-year-old son Max into the Easter Play Scheme organised and run by the hospital.

"The play scheme is absolutely invaluable", said Hilary.

"Max travelled to work with me and the bus would pick the kids up from the hospital and take them to the primary school where the scheme was based.

"They would either stay at the school and participate in art, cooking, or games, or be taken on an outing planned for the day. The bus would then drop them back to the hospital around five o'clock.

"He absolutely loved it. They went to the cinema, ice skating, indoor climbing, horse riding, bowling; everyday was something different.

"It was really well organised and I felt confident letting him participate. Max made lots of friends over the two weeks and he has asked to go back again during the next school break."

# HUMAN RESOURCES

**W**e worked hard in 2004/05 to engage with our staff and help create a workplace which is supportive and encourages learning and ongoing development. Significant improvements have been made in providing avenues for staff to feedback to management and we are also proud of our efforts towards helping all employees achieve a healthy work/life balance. There are still challenges which need to be faced, but we will continue to listen and work with staff to help overcome them.

## IMPROVING WORKING LIVES

The Improving Working Lives validation in April 2005 was a significant focus for the year and a number of focus groups and individual interviews were held to help us obtain a clearer picture of employees' working lives.

A total of 102 employees, or 5% of the staff population, participated in the consultation programme during a series of 7 focus groups and 8 individual interviews. A variety of occupations were represented, ranging from porter to administrator to doctor, enabling feedback from a large cross-section of the Trust's workforce.

The consultation told us what we were doing well but also highlighted some key issues which staff felt could be improved. An action plan has been developed from the findings and this will be implemented over the next year.

## AGENDA FOR CHANGE

It has been a busy time for our Agenda for Change team since the national rollout of the new NHS pay scheme began in November. The changes have huge implications for all Trusts and we have been making good progress towards implementation including:

- 45 matchers/evaluators have been trained by the Project Manager and a trained Staff Side evaluator (Society of Radiographers).
- 650 posts have been matched to National Profiles. Of these, 600 have been checked to establish that there are no inconsistencies.
- A Job Evaluation Working Group has met monthly to review the outcomes of job matching panels.

## EQUALITY & DIVERSITY

We aim to promote a culture that celebrates diversity in its workforce and have continued to develop and implement our Equality and Diversity Action Plan. In 2004/05 we achieved a number of our key priorities including:

- An Equality and Diversity Group, chaired by the Director of Operations, has been established and membership includes staff representatives.
- A Gay and Lesbian Staff Association is fully operational and our Black and Multi-Ethnic group is at a developmental stage.
- Equality awareness training began last year, and over 160 staff have attended, including members of the Trust Board. Further sessions are planned for the year ahead.
- We held a Valuing Staff Week in 2004. Advice was available on financial planning, general lifestyle issues, key worker housing, flexible working, complementary therapies, healthy eating, and back care. Staff also had the opportunity to get information on childcare, counselling services, NHS Discounts, learning opportunities, sharps, and equality & diversity.
- A confidential Harassment Advisory Service and a 24-hour confidential free phone counselling service is now available to staff and their families.

## STAFF INVOLVEMENT & COMMUNICATION

More than ever, our staff have played an integral part in the planning and delivery of our services and we are pleased with the level of involvement our employees have chosen to take. Encouraging staff representation at committee level has been a major focus, and many employees have been actively involved in committees and groups, including:

- Consultative Committee (Negotiating Group)
- Joint Management Trade Union Committee (JMTUC)
- Local Negotiating Committee
- Medical Staff Committee
- Equality & Diversity Group
- Diagnostic and Treatment Centre Project Board
- Other key projects including Hospital at Night

We have also worked at improving communication with our employees, including during the 1,000 Good Ideas Campaign which collected ideas from staff, patients and the public on improving service delivery. Action on many of the ideas received has already been completed, and progress on those and several others is reported in Trust News, the monthly staff newsletter.

## FLEXIBLE WORKING & EUROPEAN WORKING TIME DIRECTIVE

We have worked hard to raise awareness of our Flexible Working Policy, which is aimed at helping staff achieve a positive work/life balance and encourage diversity in the workforce. This year, dozens of staff have participated in the scheme which incorporates maternity, paternity, adoption and parental leave, flexible retirement, job sharing and career breaks.

All rotas worked by doctors in training are designed to comply with the hours requirements of both the New Deal agreement and the European Working Time Directive. Junior doctors' hours were fully compliant with the requirements of the European Working Time Directive at the release of the March 2005 ministerial return.

## TRAINING & DEVELOPMENT

We consider the development of staff a priority and as such, work hard to create opportunities for all employees to access training. Our training courses are provided through a number of different avenues including:

- The Learning Resource Centre, which provides a broad range of training programmes, including equality and diversity, time management, personal skills development, computer skills, and corporate induction. In 2004/05 almost 750 staff took part in courses run by this unit.
- The Resuscitation Service, which provides both in-house and national courses in dealing with all aspects of resuscitation, emergency care, crisis avoidance, cardiac arrest, trauma, and major incidents.
- The Simulation Centre, which uses state-of-the-art computers and mannequins to recreate clinical environments where students can practice without the need for real patients. Last year, more than 500 students were put through about 80 simulated environment courses.
- The Learning Curve, which offers staff e-learning opportunities in management, leadership and communication, as well as personal, language and clinical skills. This year, the Learning Curve expanded its service with the recruitment of up to eight new Learning Assistants and the addition of evening classes.

We also use our links with Imperial College and the Faculty of Heath and Human Science at Thames Valley University to provide specialised training and support for our medical and nursing staff.

## CHILDCARE & SUPPORT FOR CARERS

Our Childcare Coordinator has continued to provide advice on issues such as flexible working, maternity leave, returning to work, tax credits and locating good quality childcare. A Maternity Returner's Club and a Parents' Forum were established and a Childcare Voucher Scheme and Assisted Nursery Place Scheme will be in place in the coming year.



Lead Pharmacist for Academic Studies and Professional Development Barry Jubraj

## FLEXIBILITY IS THE KEY TO WORK/STUDY BALANCE

**“**Just try and ask” is the advice Barry Jubraj gives whenever people ask him how they should approach the boss about incorporating flexible working practices into their jobs.

“A few years ago I decided I wanted to study again, but the only solution I could see which would allow me to have enough time to do it properly was to resign from my role as a Lead Pharmacist,” Barry said.

“I figured the study would only allow me to work part-time, but I wasn’t sure how it would work or even if I would be able to cut back my hours.

“My manager was really great about it though and asked me to stay, and we developed a flexible working arrangement which allowed me to work three days a week.”

Although it wasn’t very easy to work part-time as a Clinical Practitioner, the Pharmacy Department was instead able to draw on Barry’s educational background and appoint him to his current role as Lead Pharmacist for Academic Studies and Professional Development.

“I wasn’t expecting to be asked to stay on and I think it was very gracious and insightful of the hospital to suggest the flexible working arrangement. My manager was just so fantastic about it.

“It has been challenging re-evaluating the job description and managing the workload, but we have made it work really well.

“I have always managed to be productive whatever role I’ve worked in, but in many ways working three days a week helps to keep me focused.”

## ECDL TEACHES TRAINER NEW TRICKS

**I**n his role as an EPR Clinical Trainer, Joseph Donovan teaches the Electronic Patient Record computer system to doctors and nurses in the hospital, but that still didn’t stop him wanting to enrol in the European Computer Driving Licence (ECDL) course offered by the Trust as part of the staff development and training programme.

EDCL is an internationally recognised qualification which enables participants to develop their knowledge of general IT systems and managing files using Windows-based programs including Word, Excel, Access, PowerPoint and using the Internet.

Chelsea and Westminster is an accredited testing centre for the ECDL, which is recognised as the standard benchmark for basic IT skills and knowledge for all NHS staff.

“I had a good knowledge of the majority of Windows-based programs to begin with but I still found the course challenging and beneficial,” Joseph said.

The ECDL course materials include practice lessons and quizzes. Mock tests can be accessed online on the ECDL website to allow participants to work at their own pace. The site also allows learners to download the ECDL manuals for each module of the course.

“I was able to take the ECDL tests in the Learning Curve at the hospital which meant that I didn’t have to travel elsewhere to sit the tests.

It was wonderful feeling of achievement to complete the ECDL course successfully and I would recommend the course to all members of staff.”



Professor Mervyn Maze

## PROFESSOR MAZE RECOGNISED IN NATIONAL AWARDS

**O**ur Director of Research, Multiprofessional Education and Training, and Consultant Anaesthetist Professor Mervyn Maze received national recognition from the British Medical Association (BMA) for his ground breaking textbook on anaesthesia.

Professor Maze was awarded first prize in the anaesthesia category in the 2004 BMA Medical Book Competition, a prestigious national award which attracts hundreds of entries each year.

Professor Maze said the book that he co-authored with Professor Alex Evers from Washington University, 'Anaesthetic Pharmacology: Physiologic Principles and Clinical Practice', would benefit anaesthesia clinicians by giving them an enhanced understanding of drug action, with a conceptual framework to approach new agents.

"At the same time, basic scientists will benefit from a clinical context to understand the relevance of their work and to direct investigations to clinically important problems," he said.

The BMA Medical Book Competition has been held annually since 1996 and aims to encourage and reward excellence in medical publishing, patient information and medical journalism.

## NHS INNOVATION AWARDS SUCCESS

**S**pecialist Registrar Dr Anatole Menon-Johansson was awarded joint runner-up in the NHS Innovation Award for his development of new software for hand-held computers which helps doctors choose the best drug combinations for HIV patients.

"HIV patients may suffer side effects from their antiretroviral treatment (ART) or may have other conditions such as co-infections or pregnancy that may restrict what treatment can be prescribed," Dr Menon-Johansson said.

"Consequently, prescribing the best ART combination can be very complex and this is where the new software steps in. It helps doctors to decide the best combination of drugs for patients.

"It will never replace the weekly Consultant-led 'virtual clinics' where we discuss the treatment of patients, but it is aimed to assist less-expert doctors to select the best possible ART," he said.

The NHS Innovation Awards are designed to identify examples of innovation from NHS organisations in London that have the potential to lead to improvements in health care delivery.

## RESEARCH HIGHLIGHTS

- The Tissue Engineering & Regenerative Medicine Centre obtained bone cells from human embryonic stem cells that can be used for bone repair or, when grown on an appropriate scaffold, creating new tissue for implantation (e.g. hip replacement).
- Our HIV/GUM Directorate is the largest contributor to three large strategic studies formed for the Medical Research Council in conjunction with international agencies. These studies are likely to have important influences on the way in which HIV infected patients are managed over the next ten years.

QUICK  
FACTS

**252**  
RESEARCH PAPERS  
PUBLISHED IN  
2004/05



**240**  
RESEARCH  
PROJECTS  
PRESENTLY  
UNDERWAY

# DIRECTORATES

**W**e are recognised as an international leader in the care of HIV positive patients and have the largest HIV unit in Europe. Chelsea and Westminster Trust is a world leader in clinical research into HIV and as such, our HIV services have set international standards in clinical practice and care. We take an innovative multidisciplinary approach to care for HIV patients and aim to provide seamless care through a combination of outpatient, day care, in-patient and outreach services.

HIV services are provided at the Kobler Clinic in the St Stephen's Centre (next to Chelsea and Westminster Hospital), the West London Centre for Sexual Health at Charing Cross Hospital and the Victoria Clinic in the South Westminster Centre

for Health. HIV Day Care and Outpatient clinics, including an Endoscopy Unit, are also available to help us support our HIV patients to lead full and productive lives.

Our sexual health services include family planning, counselling, confidential STI screening, specialist clinics and vaccinations. Patients access these services at the West London Centre, Victoria Clinic and the John Hunter Clinic for Sexual Health in the St Stephen's Centre.

We are dedicated to reducing waiting times and making our services easy to access, which is why we invest heavily in piloting new programmes such as outreach clinics, nurse-led services and evening clinics.

## FROM PATIENT TO VOLUNTEER

**C**are for people living with HIV has come a long way since the 1980s and no one knows this better than Robbie, who has been a patient at the St Stephen's Centre since 1985 and now attends the Kobler Clinic.

"The Centre has been like a second home to me and I feel very safe going there and knowing I will get the attention I need," Robbie said.

"It's reassuring to know that I'm attending the best centre in Europe and feel lucky that I live close enough to access it so easily.

"My consultant is just fantastic and I believe my care is second to none."

Robbie was so struck by the care he received that he wanted to give something back. In 1991 he decided to become a volunteer at the St Stephen's Centre and now sits on the committee for St Stephen's volunteers.

"I think volunteers have to feel like they are getting something out of the experience and personally, the volunteering work that I do makes me feel very humble even though I have HIV. I feel very fortunate," he said.

Over the years, Robbie has also contributed to the extensive research programme run by the hospital by participating in a number of trials.

"If it's going to be of help for the future of HIV care then I'm happy to be involved," Robbie said.

- HIV Services
- HIV Day Care
- Kobler Clinic
- West London Centre for Sexual Health
- Victoria Clinic
- Thomas Macaulay Ward
- Sexual Health Services

## HIV/GUM HIGHLIGHTS

- We continued to make it easier for patients to get their test results by expanding the results texting service at sexual health clinics.
- The Victoria Clinic piloted a new HIV drugs 'home delivery service' for HIV positive people stable on treatment.
- A third outreach clinic, called Cont@ct 3, which provides confidential sexual health and testing for young people was opened at the Worlds End Health Centre in 2004/05.
- We expanded the use of new diagnostic services in outreach screening clinics, including HIV point of care testing where results are known in 15 minutes.
- The West London Centre for Sexual Health celebrated 75 years of service in December 2004.

QUICK  
FACTS

'SORTED' RESPONSIBLE  
FOR **16%**  
OF HEPATITIS B  
VACCINATIONS  
NATIONALLY

**5,000+**  
HEPATITIS B  
VACCINATIONS  
GIVEN

## LEIGH WINS PRESTIGIOUS NURSING TIMES AWARD

**L**ead Nurse at the Victoria Clinic, Leigh Chislett, was awarded the prestigious Nursing Times Innovation Award in October 2004 for SORTED—the nurse-led Hepatitis B vaccination service he developed to help tackle the low vaccine uptake amongst men who have sex with men.

SORTED has been running very successfully out of the Victoria Clinic and the Soho Centre for Health and Care since 2000, but Leigh broke new ground in 2004 when he set up shop in a bar in Soho.

"We were invited to provide the outreach service by the bar owner because he was so impressed with the advertising campaign, but we were still unsure of what the response would be," Leigh said.

"On our first night we vaccinated 48 men, the following week 55 men and the figures have kept growing since then. We couldn't have hoped for a better response."

To date, SORTED has vaccinated more than 5,000 men and accounts for 16 per cent of the entire national total. The figures are staggering considering the Victoria Clinic vaccinated just 126 men against Hepatitis B in 1999.

"It used to irritate me that Hepatitis B is the only STD that is able to be vaccinated against and yet the numbers were so low. I used to look at the figures and think 'why is this happening?'" Leigh said.

"Part of the problem was that it was completely laborious to get the vaccination and it became clear that providing an outreach service would be the key to changing things.

"You need a series of three injections over a few weeks to be fully protected and then a blood test is done to check immunity, but we streamlined the process so that each visit only takes 15 minutes and no appointment is needed.

"We also send text messages to people to remind them when they need to come and see us again so that they complete the vaccination process."

SORTED has also been set up in a hostel for the homeless in Soho, GUM clinics in Brighton, the City and in East London, and even the gay festival Purple in the Park.

Leigh said the next step will be to develop the SORTED brand further and expand the outreach service further.

"We have such an excellent team who are really enthusiastic and believe in what we are doing. It really is a phenomenal service."



**Left to right:** Lead Nurse Leigh Chislett and Senior Staff Nurse Martin Lincoln

# MEDICINE & EMERGENCY CARE

**O**ur Directorate of Medicine and Emergency Care provides a diverse range of emergency medicine, general medicine and specialist services, including comprehensive respiratory, rheumatology, cardiology (including a rapid access chest pain clinic) and neurology services.

Care for the elderly is provided through the Medicine for the Ageing Clinic which is dedicated to reducing the need for admission and helping patients maintain independence at home wherever possible. Patients suffering stroke are cared for by the Stroke Team which includes outreach services.

The Beta Cell Diabetes Centre provides extensive in patient and out patient services using a multi-disciplinary

approach that covers all aspects of diabetic care for adults and children, with a diabetic nursing team available for advice both in hospital and within the community.

The Gastroenterology team leads our Endoscopy service and cares for a variety of digestive disorders and specialist areas. The service works closely with our HIV/ GUM Directorate in the diagnosis and treatment of Hepatitis B and the care of patients with HIV related problems.

Daily dermatology clinics provide advice on the diagnosis and management of all general dermatology problems. We have a multidisciplinary skin cancer clinic and provide rapid access to minor surgery

for patients with suspected skin cancer. We have a dedicated Day care treatment centre with phototherapy for acute, severely ill patients.

The Medical Day Unit includes a multi-disciplinary assessment room as well as day care beds, which allows patients to access care quickly and without having to be admitted.

Our cancer and oncology services are part of a healthcare network serving South and West London communities. The Haematology Outpatients Clinic cares for patients with diseases such as leukaemia and lymphoma. Our cancer services extend to family members and carers through our Macmillan Nurses.



Patient Ashvin Mehta

## ROAD TO RECOVERY

**W**hen faced with the prospect of not having a venue to run the Phase III Cardiac Rehabilitation Programme as a result of construction work in the physiotherapy department, Cardiac Rehabilitation Nurse Specialist Fiona Milligan piloted the novel idea of moving the exercise scheme to a local gym.

"Exercise is an important part of the recovery process for people who have undergone heart surgery, but patients need to be supervised to make sure that they are exercising safely and this is why rehabilitation programmes are usually run in the hospital," Fiona said.

"One of the drawbacks of this though is that patients look at the programme as a treatment strategy and this manifests a reluctance to continue with unsupervised exercise or activity after they complete it.

"We moved the programme through necessity, but we also wanted to encourage participants to look at exercise as a part of their recovery and something that should be integrated into their normal activities, by removing them from the hospital environment.

"We have found that it gives patients confidence and fosters a degree of independence which they may not normally experience and have chosen to continue the programme," she said.

Patient Ashvin Mehta has been participating in the programme since suffering a minor heart attack and having to undergo a quadruple bypass.

"The programme is very good and Fiona has definitely helped my recovery," Ashvin said.

"She advises me on how to do my exercises as I have to be very careful because of my heart and she also shows me how to stretch and warm up correctly," he said.

QUICK  
FACTS

PATIENTS TREATED  
THEN DISCHARGED,  
ADMITTED, OR SENT  
FOR TESTS WITHIN  
4 HOURS

98%



91,000  
PATIENTS TREATED  
IN A&E 2004/05

## MEDICINE & EMERGENCY CARE SERVICES

- Cardiology
- Dermatology
- Diabetes
- Elderly Medicine
- Emergency Care
- Gastroenterology
- General Medicine
- Haematology
- Immunology
- Metabolic Medicine
- Neurology
- Oncology
- Palliative Care
- Renal
- Respiratory
- Rheumatology
- Stroke Team

## MEDICINE & EMERGENCY CARE HIGHLIGHTS

- We developed ward-based teams to improve multidisciplinary team working and provide a seamless, high quality service for patients.
- No patients waited longer than 17 weeks for their first appointments following GP referral, ensuring we achieved the national targets set by the government.
- A six-bedded observation unit was built within the Emergency Department to improve the environment for patients being observed for longer than 4 hours, but who are expected to be in hospital for less than 12 hours.
- More than 98% of patients were either admitted or discharged within four hours of their arrival at Accident and Emergency, ensuring that we achieved the national target set by the government.
- We developed a daycase angiography service in partnership with the Royal Brompton Hospital.



Left to right: Sister Stephanie Moore, Stacey Headlam, Rona McKay, and Locum Francesca Garnham

## NEW WAYS OF WORKING IMPROVE CARE FOR EMERGENCY PATIENTS

**T**he addition of a new six-bed observation unit in the Emergency Department in November has contributed to significant service improvements by cutting the time patients spend in the Emergency Department. It also assists in avoiding the use of acute hospital beds for patients who may only require a short period of observation before discharge.

The observation unit is designed to provide patients with a comfortable, quiet place to stay while their condition is being monitored, they wait for further tests or receive ongoing treatment. Patients are provided with a comfortable bed, meals and refreshments and receive ongoing care from the unit's multidisciplinary team.

Sister Stephanie Moore, who leads the unit, said that the feedback from patients had been extremely positive and that people had found comfort in knowing their condition was being watched closely.

"After patients have been treated in A&E they often need to be placed under observation for a period of time and in the past have either had to wait in A&E or be admitted to the hospital as a precaution," Stephanie said.

"Alternatively, patients may have been sent home, so the new ward has meant that we can take care of them here and help to make them as comfortable as possible. It also gives us time and space to involve other members of the multidisciplinary team in their care prior to discharge.

"It's beneficial for staff as well, because we are able to provide continuity in the care we give, and can be certain that patients are receiving the best treatment possible," she said.

Since the ward opened, it has been used by about 300 patients a month. The majority of people moved to the observation ward have been patients waiting for blood results and scans, those who needed to be seen by the rapid response team (physiotherapy, occupational therapy and social work), people with a head injury, patients requiring rehydration, or any patient requiring a period of observation and monitoring to ensure a safe discharge home.

The new ward was funded by money received by the hospital for meeting Government targets on waiting times in emergency care.

# SURGERY AND ANAESTHETICS & IMAGING

**T**he Anaesthetics & Imaging component of our Surgery and Anaesthetics & Imaging Directorate provides a comprehensive service to the hospital including pre-operative assessment, inpatient and daycare anaesthesia, intensive care, obstetric anaesthesia, pain management and post-operative care.

Our Intensive Care Unit (ICU) and High Dependency Unit (HDU) care for patients who are very ill and require constant observation and treatment. The ICU and HDU teams also work hard to provide support and information to patients' relatives and friends.

The Pain Management team provide multi-disciplinary care for patients suffering chronic pain through a combination of inpatient and out-patient services. Patients can access a number of services including physiotherapy and psychology.

We have six main multi-use theatres which provide a 24-hour emergency service, two paediatric theatres, a Burns unit, and a Treatment Centre, which includes a specialist Hand Management Unit aimed at managing emergency hand trauma surgery without patients needing to be admitted. In total, we carried out 15,975 operations within these units in 2004/05.

Our resuscitation service provides training for hospital staff and organises nationally recognised courses in resuscitation, trauma management, major incident management and instructor training. The team is based in our Good Clinical Practice Centre which has state-of-the-art training equipment.

Patients are referred to our Phlebotomy service when they require blood to be taken for testing. Staff are trained in the latest Phlebotomy techniques and are committed to providing a quality service for patients.

## ICU AWARDED THIRD CONSECUTIVE CHARTER MARK

**T**he outstanding quality of care provided by our Intensive Care Unit (ICU) was recognised this year with a third consecutive Charter Mark—a prestigious national award given for excellence in customer service by the Government to public sector or voluntary organisations.

Applications for the Charter Mark are voluntary and our ICU staff prepared intensively for nine months for the award. Preparation included holding focus groups with staff and the collection of detailed evidence to show the unit was able to meet the assessment criteria. The final step was a full day visit by an external assessor.

Our ICU performed well against the criteria and the assessor was impressed with our performance in a number of areas including the enthusiasm and commitment of staff, positive feedback from relatives and former patients and the team's commitment to providing a coordinated service by working closely with other departments.

The six criteria against which the ICU was assessed included:

1. Setting clear service standards and performing well against them.
2. Actively engaging patients, partners and staff through consultation and good communication.
3. Being fair and accessible to everyone and promoting choice for patients.

4. Developing and improving services continuously, including learning and improving as a result of complaints and suggestions.
5. Using resources effectively and imaginatively including financial management and ensuring value for money.
6. Contributing to improving opportunities and quality of life in local communities.

The achievement of this award is a credit to the staff leading and working on the unit and illustrates our commitment to setting and maintaining high standards of care, and empowering staff to make improvements where needed.

QUICK  
FACTS

**148,535**  
RADIOLOGY  
EXAMINATIONS  
PERFORMED IN  
2004/05



**6,528**  
MRI SCANS



**Left to right:** Staff Nurse Hwee Leng Lim, Charge Nurse Gordon Turple, and patient John Gowing

## JOHN PRAISES CARE IN ICU

**W**hen John Gowing was admitted to the Intensive Care Unit (ICU) with double pneumonia and heart failure in August 2004 he wasn't expecting to survive his illness, let alone make some of the best friends of his life.

"The doctors and nurses who looked after me while I was in hospital are the greatest people in the world," John said. "They saved my life."

John's condition was very serious when he was brought by ambulance to the Emergency Department. He spent 51 days in ICU where he was critically ill, but his condition improved enough to be transferred to the Adele Dixon Ward.

"The nurses used to sit by my bed all night. They were like family to me by the time I was moved out of ICU and I still stay in touch with some of the staff who cared for me and send them chocolates."

Clinical Nurse Specialist for Intensive Care Elaine Manderson said that John isn't alone

when he talks about the staff becoming like a part of the family.

Patient care in ICU is provided through primary nursing, which means that patients are cared for by the same nurses throughout their treatment.

"Not all hospitals do this, but it is an important part of the care we provide and gives great comfort to patients and their family to have that consistency," Elaine said.

"We have a detailed care philosophy which has been developed as a direct result of feedback from patients and their experiences here. This is updated every couple of years so we can continue to make changes and improvements where they are needed.

"Much of our philosophy stems from the beliefs of our staff as well, and the care we provide is influenced not only by how we relate to patients, but also how we related to each other as individuals.

"We are here to provide support for patients as they work towards recovery and independence or, if that is not possible, a peaceful death."

## ANAESTHETICS & IMAGING SERVICES

- Acute and Chronic Pain Management Service
- Angiography
- CT Scans
- DEXA Scanning (Bone Density)
- Intensive Care Unit
- MRI
- Operating Theatres
- Phlebotomy Service
- Plain Film Radiography
- Radionuclide Imaging Studies
- Resuscitation Service
- Sterile Supplies Unit
- Treatment Centre
- Ultrasound

## ANAESTHETICS & IMAGING HIGHLIGHTS

- The Sterile Services Department became the only NHS department in North West London to achieve the highest level of accreditation for the decontamination of surgical instruments.
- Our Intensive Care Unit utilised patient feedback to make a number of changes including widening the amount of patient information available, improving access for relatives to ICU doctors and providing more information to GPs about their patients' care.
- We enhanced the patient journey from the Emergency Department by improving the transition to theatres if surgery is required.
- Our Intensive Care Unit retained the Charter Mark award for excellence in customer service for the third consecutive time.

**11,212**  
CT SCANS



**ULTRASOUNDS**  
**42,412**

# SURGERY AND ANAESTHETICS & IMAGING

The Surgery component of our Surgery and Anaesthetics & Imaging Directorate is made up of a skilled team of consultants who have extensive general surgical experience as well as specialist knowledge in a broad range of fields.

Our General Surgery and Urology Units provide a 24-hour support service to the Emergency Department allowing greater continuity of care. Patient care is also supported by extensive outpatient facilities in a wide range of surgical and urological services.

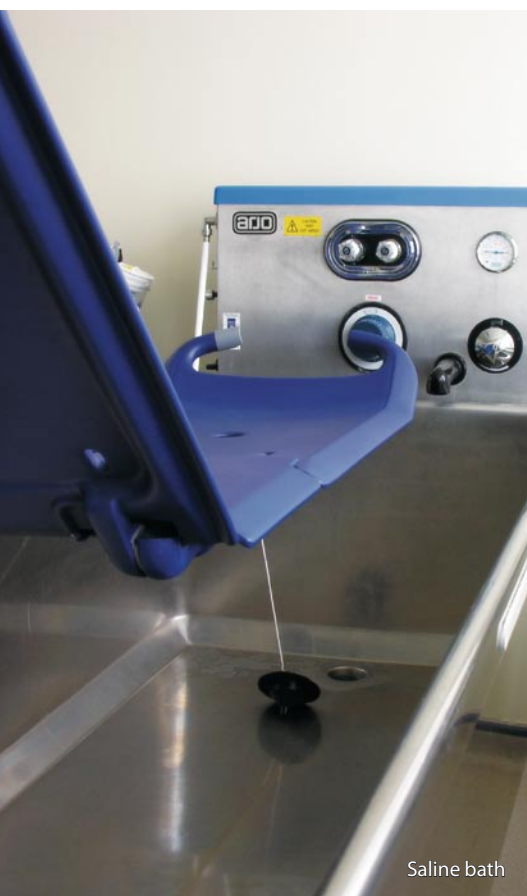
Surgery forms an important part of the complex services provided for cancer patients and our surgical team includes consultants with skills in specialist fields such as colorectal cancer, prostate cancer, and prolate bladder cancer.

The Directorate incorporates the Burns Unit, which includes high-dependency and intensive care beds as well as specialist services to care for children. Support is provided for patients through a special outpatient dressing clinic and a nurse outreach service.

Patients benefit from the Burns Unit's close links with the Plastic and Reconstructive Surgery Unit, which provides treatment for post burn scarring and disfigurement, as well as patients with congenital deformities and skin cancers. There is also a fully integrated Craniofacial Unit which treats facial deformities in both children and adults and a Hand Management Unit which cares for patients with hand injuries.

Our Trauma and Orthopaedics services include an emergency knee clinic for sports injuries, reconstructive and revision surgery. There are also Ophthalmology outpatient clinics and day surgery for adults and children.

A multidisciplinary approach is adopted in all areas of surgery and all specialties are supported by a network of physicians, nurses, dieticians and physiotherapists.



Saline bath

## BURNS UNIT RECOMMENDED AS NATIONAL BURN CARE CENTRE

Our Burns Unit has been recommended to become the only Adult Burn Care Centre in London and one of only two in South East England following a recommendation by the National Burn Care Review Committee (NBCRC). We were also recommended as a Paediatric Burns Unit.

The NBCRC conducted an extensive review of burns care in the UK and recommended that services be classified into Centres, Units or Facilities depending on the level of care they are able to provide.

Our adult burns facilities were classified as a Centre, meaning that we are staffed and equipped to provide specialist care and treat the most serious and complex burns injuries to intensive care level. Our paediatric facilities were classified as being a Unit and we were recommended as being able to treat moderate burns injuries to high dependency care level.

The recommendations reflect our ability to provide quality care for burns patients and recognise that our facilities are among the best in the UK.

It also allowed us to secure almost £500,000 in funding to purchase a second ventilated bed for the burns unit and will help us to build upon our current services.

QUICK  
FACTS



SURGERY  
OUTPATIENTS  
2004/05  
**63,389**

**320**  
AVERAGE WEEKLY  
OPERATING HOURS



Left to right: Staff Nurse Victoria Mowat, Coordinator Patricia Key, Administrative Supervisor Sacha Walker, Clinical Nurse Lead Shona Cunningham

## NEW TREATMENT CENTRE TAKES ITS FIRST PATIENTS

**T**he new £5.6 million Treatment Centre had its first intake of patients in April 2005, paving the way for 4,700 extra patients we are expecting to treat per year in the new facility.

The Day Surgery Unit has been transformed to create the Treatment Centre, which will include seven operating theatres and facilities for our Regional Hand Management Unit.

When the Centre becomes fully operational in the coming year, it will be used to treat patients coming in for day procedures or those who are required to stay for up three days.

Day Surgery Manager Shona Cunningham said the vision for the new facility was to allow patients to have their outpatient consultation, pre-operative assessment and diagnostic tests all in one visit before their treatment.

"This will be a new experience for patients and staff. The Treatment Centre will not only offer the very best in facilities, but it will also streamline the patient journey and make the experience as pleasant and smooth as possible," Shona said.

"The Unit is a very modern environment with complementary art work to enhance the feeling of calmness and wellbeing and patients have already commented that the environment is soothing.

"We are currently working on a strategy to introduce specialist nurses roles to make further improvements to the patient journey and care.

"The Centre will have a significant and positive impact on the whole of the Trust by reducing waiting lists and giving patients more choice and certainty," she said.

## SURGERY SERVICES

- Burns
- Craniofacial Unit
- General Surgery
- Hand Management Unit
- Ophthalmology
- Orthopaedics
- Plastic Surgery
- Trauma
- Urology

## SURGERY HIGHLIGHTS

- We made significant progress on the development of the new £5.6 million Treatment Centre which is expected to formally open in the year ahead. This will allow us to treat an extra 4,700 patients a year and reduce waiting times.
- Funding was received from the Department of Health for a second Intensive Care Unit bed in the Burns Unit.
- Two new Perioperative Practitioners joined the Day Surgery Unit team to help improve and streamline the patient journey from pre-admission through to discharge.
- We implemented an MRSA screening programme for all patients coming to the hospital for total hip and knee replacement procedures.
- A new support worker role was created to allow total hip and knee replacement patients to continue their physiotherapy at weekends and reduce the length of their stay.

**15,975**  
OPERATIONS  
PERFORMED IN  
2004/05



# WOMEN & CHILDREN'S

**W**e are widely regarded as a provider of choice in London for fertility, maternity and neonatal care and our multi-disciplinary team provides a unique blend of services.

The strong links within the directorate allow greater continuity in care, in some cases from conception through to birth, and also ensures that mothers and babies are looked after together wherever possible.

Our paediatric services are in high demand and our team includes a mix of highly-skilled medical, surgical and nursing specialists. Together they care for thousands of children each year and work hard to involve parents as much as possible in the treatment of their children.

Our services for children includes general medical care for children, paediatric surgery

and specialty surgery including craniofacial, dentistry, neurosurgery, ophthalmology and plastic surgery. These are supported by a network of physiotherapists, occupational and speech therapists, dieticians and play specialists. We also have the second largest paediatric emergency department in London.

We are dedicated to women's healthcare and our gynaecology services reflect that commitment. We provide a wide range of services through a combination of inpatient, outpatient and daycase treatments.

We have much to learn in midwifery, but our efforts to continuously improve the service and care we provide are evident in the work which has been undertaken throughout 2004/05. The new Early Pregnancy Assessment Unit expands our ability to care for women experiencing problems in early pregnancy.

## WOMEN & CHILDREN'S SERVICES

- Assisted Conception Unit
- Early Pregnancy Assessment Unit
- Gynaecology
- Neonatal Services
- Obstetrics
- Paediatric A&E
- Paediatrics

## WOMEN & CHILDREN'S HIGHLIGHTS

- A major midwifery recruitment and retention programme successfully halved the vacancy rate and included a comprehensive review of professional development opportunities for staff.
- A new Paediatric High Dependency Unit opened in August 2004 which was constructed and equipped solely for the care of more seriously ill children.
- Our Paediatric Accident and Emergency unit significantly increased its capacity and was vital in helping the Trust to achieve the national 4 hour Emergency wait targets in 98% of cases.
- A nurse-led pre-anaesthetic assessment service was established to ensure that children requiring anaesthetic are properly prepared and to reduce the number of cancellations or problems on admission.
- A paediatric bed manager was appointed and has been central to ensuring that children coming in through the Emergency Department are admitted to the ward if required within 4 hours.



Midwife Practitioner Pearl North with mum Maria Amoroocho and newborn baby Ivan

QUICK  
FACTS

4,823  
DELIVERIES  
2004/05



WOMEN & CHILDREN'S  
OUTPATIENTS  
2004/05

63,169

## EARLY PREGNANCY ASSESSMENT UNIT OPENS

Chelsea and Westminster can now offer expert care and treatment for women experiencing problems in early pregnancy, following the opening of the £200,000 Early Pregnancy Assessment Unit (EPAU).

Officially opened by Principal Dancer of the Royal Ballet Darcey Bussell, the Unit cares for women through miscarriage, ectopic pregnancy, molar pregnancy and bereavement, as well as providing support for women who have had previous miscarriages or ectopic pregnancies.

## BEATING THE ODDS TO HAVE A FAMILY

To an outsider, Heather and Perry Evans and their two young children would look like any other family, but the reality is very different. The couple has overcome incredible barriers to start a family.

Perry is HIV positive, but thanks to the couple's involvement in a sperm washing programme run by the hospital, he has been able to father two healthy children.

"I was diagnosed with HIV in 1986. I'm a haemophiliac and received a blood product through a transfusion which was infected with the HIV virus," Perry said.

"Back then I was told my prospects were very bleak and that I only had about five years to live. I met Heather a year and a half later and on our second date I told her I was HIV positive. We were married in 1988," he said.

Heather and Perry settled into marriage and despite being told he had been infected with Hepatitis C as well, Perry carried on working until the mid-90s when he fell ill because of the HIV.

"I gradually got my health back and went back to work and Heather and I thought this was how it was going to be with just the two of us," Perry said.

"We were both fine with the prospect of not being able to have children and didn't think we would adopt or accept donated sperm. We were happy," he said.

It was in the late 1990s when Heather and Perry first heard about an Italian doctor who was conducting a sperm washing programme to help HIV-positive men to father their own children.

The Unit also offers assessment, counselling and scanning rooms and is located next to the gynaecology ward in case women need to be admitted.

Specialist Sister of the Unit Tina Hutchings said the Unit cares for women who are between 6 and 20 weeks gestation.

"We care for about 400 women per month, who have been referred to us by their GPs, midwives, Accident and Emergency and other health care professionals," Tina said.

The HIV virus is carried in semen but not sperm, so the procedure involves removing individual sperm which are then used in insemination.

"We found out that Chelsea and Westminster had adopted the technique and we were accepted into the programme. It was on the third attempt that Heather fell pregnant," he says.

Heather carried the baby until full term and gave birth to a healthy boy in 2001.

"We thought it was a huge bonus, a wonderful gift from God. We'd gone from thinking we were never going to have children, which we were absolutely fine with, to having this gorgeous baby boy," Heather said.

The couple received a setback though when Perry was diagnosed with an aggressive Non-Hodgkin's Lymphoma in 2002 and he had to undergo treatment including chemotherapy, which can affect fertility.

"We weren't sure whether we would ever try to have another baby but thought we should store some of Perry's sperm just in case, so within a week of him being diagnosed some of his sperm had been washed and frozen," Heather said.

Perry came through the treatment and once he was in remission the couple decided to try for another baby. Using Perry's frozen sperm, the couple underwent IVF and Heather fell pregnant again in 2004.

"They may have been sent to us because of specific problems they are having with their pregnancies, or they may have miscarried or had problems with previous pregnancies and need reassurance.

"The benefit for women is that following their initial scan we can assess their condition and treat any problems on-site, allowing greater continuity in their care," she said.

The Unit has also positively influenced other departments in the Trust and has helped to ease the load in the Emergency and Imaging Departments.

"Using frozen sperm reduces the odds of becoming pregnant and having IVF reduces this even further. The process is very intensive and emotional, but we managed to stay level-headed and felt amazingly privileged when it worked," Heather said.

Despite the statistical odds against a girl being conceived through sperm washing and IVF their daughter was born in 2005.

"Given our situation to have one child was a miracle, but to have two was a double miracle. Our little smiley girl was a dream come true," Perry said.

Heather and Perry said the staff who cared for them throughout the two procedures provided invaluable support to them both.

"They were fantastic and the two of us felt really well looked after. They were just as excited about the success of the treatment as we were," Heather said.

"The staff were extremely professional and compassionate and we are very thankful to them for having the vision and the professional expertise to start up such a programme," Perry said.

Now the couple are concentrating on being a regular family and enjoying the challenges of parenthood.

"The HIV, Hepatitis and cancer are still there, but we will keep going and strive to be the best parents we can," Perry said.

"We're still in love with each other and our kids, and thank God everyday for the gift of our children," he said.

## MODERNISATION BOOSTS PATIENT CARE

**T**he culmination of a two year, £2.2 million pharmacy modernisation programme was reached this year, significantly cutting waiting times for prescriptions, improving safe dispensing and allowing pharmacists and technicians to spend more time on wards with patients.

A major feature of the modernisation programme has been the successful rollout of electronic prescribing to out-patients; an innovative system which automatically updates patients' electronic records. It allows doctors to see any medicines previously prescribed within the Trust and highlights if they might affect or interfere with any new medicines. The system also carries out allergy checks and alerts the doctor if the patient is allergic to the medicine being prescribed.

All information required for safe dispensing is automatically included on the prescription such as dose, frequency and quantity. Less pharmacist time is therefore spent calling doctors to clarify this information leading to shorter waiting times for prescriptions.

Patients are given a printed copy of the prescription instead of the faded carbon copy previously given with their dispensed medicine. This copy is much easier to read and can be used to obtain a repeat prescription from the GP.

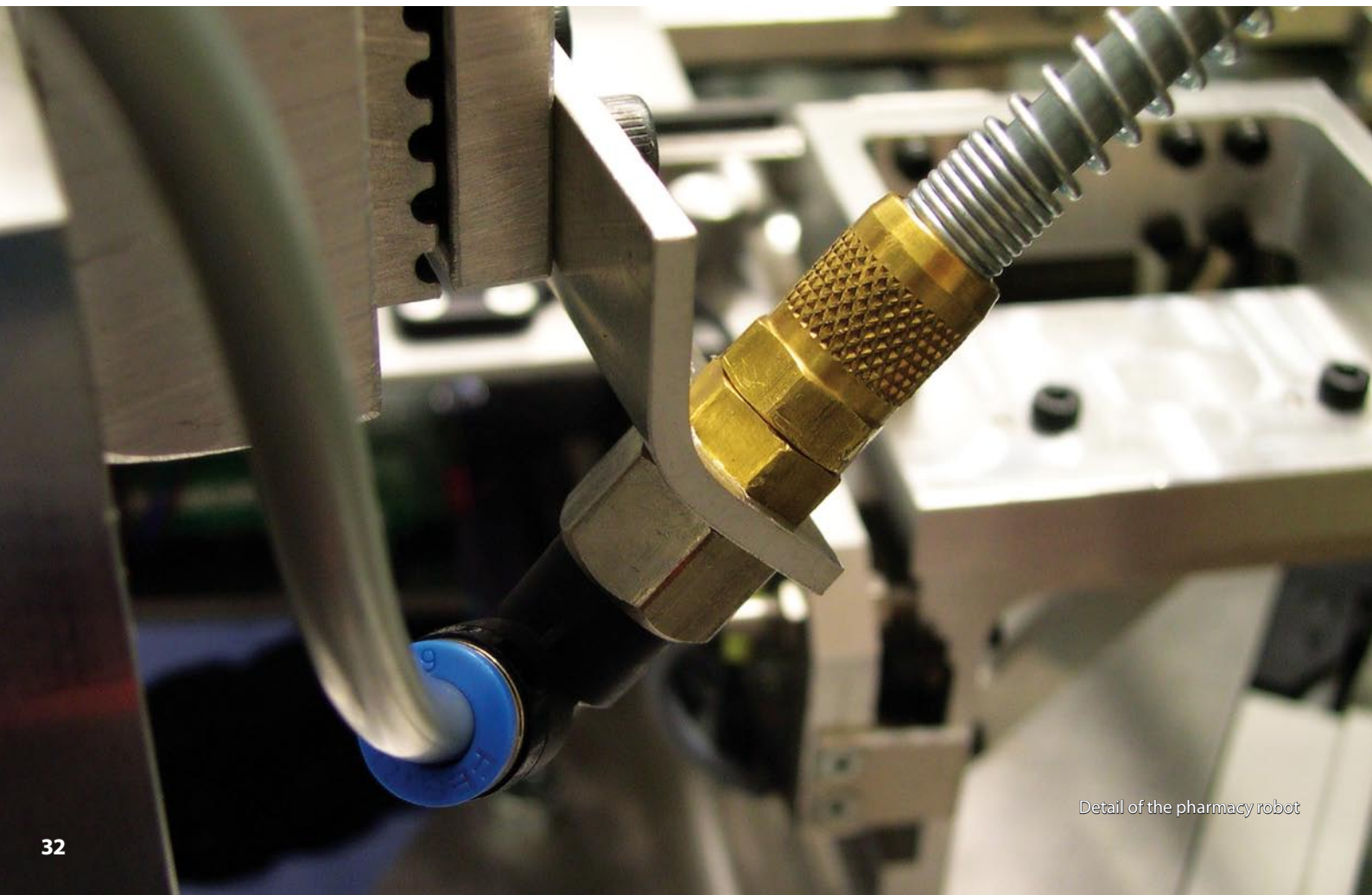
In addition to electronic prescribing, the pharmacy has also made maximum use of its state of the art pharmacy robot—the first of its kind to be installed anywhere in the world.

The £500,000 robot is used to dispense medicine and since its installation workflow has been streamlined improving the efficiency of the pharmacy department.

Waiting times for outpatient prescriptions has been halved and inpatients who are ready to go home now don't have to wait for their medicines as they will have already been delivered to the ward. This improvement has occurred because staff have been released from the dispensary to coordinate discharge prescriptions.

More patients are opting to take part in the "Use of Patients Own Drugs" scheme which has also been rolled out this year. The scheme involves using medicines patients have brought in from home, during their hospital stay and on discharge. The medicines are carefully assessed by a member of the pharmacy staff. This prevents confusing patients by supplying packs of medicine on discharge which are different to those they have at home, reduces medicines wasted, prevents unnecessary dispensing and reduces the time taken to prepare discharge medicines.

"We are really proud of the enormous amount of work which has been done in the past couple of years and the pharmacy staff are now looking forward to enjoying the benefits and being able to do what they do best—care for patients," said Acting Chief Pharmacist Karen Robertson.



Detail of the pharmacy robot

**O**ur Therapies Team works closely with each Directorate to provide a comprehensive mix of services which match the needs of patients. In 2004/05 our team of physiotherapists and occupational therapists assessed, treated and followed up 84,711 patients.

We have a specialist Paediatric Team which provides physiotherapy, music therapy and orthopaedic services for children. Our rehabilitation team cares for patients through hand therapy, extensive stroke services including an outreach service to treat patients in their own homes and a cardiac rehabilitation programme.

In the past year we have made a number of changes and improvements to the services we provide including:

- The introduction of Physiotherapy Extended Scope Practitioners working alongside consultants which has resulted in the reduction of consultants' waiting lists.
- The reduction of waiting times for outpatient appointments from 10 weeks to 4 weeks.
- Waiting list and appointment letters are now being sent out within 24 hours. Previously these letters were sent out once a week on a Friday.
- A Clinical Specialist in Hand Therapy was recruited which has led to a decrease in consultant waiting lists.

- The Hand Therapy Unit was fully computerised, enabling therapists to manage all appointments, letters and patient notes electronically instead of a paper system.
- The outpatient service introduced an extended service on Tuesdays and Thursdays to 6:00pm.

Our Nutrition & Dietetic Team significantly increased its profile in the hospital throughout 2004/05 and implemented a number of initiatives including:

- Conducting a protected meal time audit to evaluate the acceptance and effectiveness of the scheme, which involves providing only emergency or essential care and restricting visitors during lunch and supper time to ensure that in-patients can eat their meals in peace. The results showed a more positive attitude amongst staff towards meal times.
- The initiation of a dietician-led coeliac disease clinic.
- Completion of the Nutrition Screening Tool (NST) audit which showed good use of the tool on the adult general wards. Nurses use the NST to assess the nutritional status of patients when they are admitted, including appetite, weight loss and eating habits, identifying any areas of concern to be automatically referred to a dietician.



**Left to right:** Patient Alice Ales, Physiotherapist Lucy Macdonald, and patient Andrew White in the hydrotherapy pool.



Atrium at Lift Bank B from the ground floor

# PERFORMANCE MATTERS

## FOREWORD TO THE SUMMARY FINANCIAL STATEMENTS

These Summary Financial Statements are merely a summary of the information in the full accounts which can be obtained from the Director of Finance and Information, Finance Directorate, Chelsea and Westminster Healthcare NHS Trust, 369 Fulham Road, London SW10 9NH.

### 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**

The Trust has retained a surplus of £105k for the year and a surplus of £665k over the last three years taking one year with another, thereby meeting its break even duty.

#### **To keep within the annual Capital Resource Limit (CRL)**

This was met by the Trust with a small underspend against its CRL of £7,368k. The underspend will be carried forward into the capital plan for 2005/06.

#### **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 undershoot of £543k 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 3.6% return on capital after paying dividends totalling £8,298k.

### 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 unless other payment terms have been agreed with the supplier. The Trust paid 72.2 % of its bills within the time scale, representing 70.7 % in terms of value. The NHS standard is to pay 90% of the number of invoices received within 30 days. The Trust has put plans in place to improve BPPC performance towards that target.

### FINANCIAL PLANS 2005/06

The outlook for 2005/06 is dominated by the overall North West London sector deficit, which is forecast at £95m, after recording a deficit of nearly £60m for 2004/05. The Trust's planned 2005/06 position is for breakeven after delivering a savings plan of £5m but there is significant risk resulting from the reduction in income from PCTs seeking to purchase below 2004/05 outturn and the possibility that further savings will be required to support the overall sector position.



Heather Lawrence  
Chief Executive  
As approved by the Board on 8 July 2005



Lorraine Bewes  
Director of Finance and Information  
As approved by the Board on 8 July 2005

# STATEMENT ON INTERNAL CONTROL FOR THE YEAR ENDED 31 MARCH 2005

## 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. The Strategic Health Authority hosts monthly meetings for Chief Executives and Finance Directors where generic issues of control are discussed and action agreed. In 2004/05 the Strategic Health Authority reviewed our annual clinical governance report for 2003/04 and clinical governance forward plan for 2004/05 and confirmed its satisfaction with the progress made. The Trust has been in discussion with the Strategic Health Authority (SHA) during the year with respect to our migration to a model of integrated governance and the SHA has confirmed its satisfaction with this direction of development.

## 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 been in place in Chelsea and Westminster Healthcare NHS Trust for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts.

## 3. Capacity to handle risk

The Trust has a risk management strategy and operational policies approved by the Trust Board. The accountability arrangements for clinical and corporate governance, including risk management, have changed at Chelsea and Westminster Healthcare NHS Trust during 2004/05 in line with the migration towards the integrated model of governance adopted.

In October 2004, the newly appointed Director for Governance and Corporate Affairs began to take responsibility for leading and developing the Trust's systems and processes required to deliver the Trust's risk management strategy. Responsibility for this area of work was previously held by the Director of Nursing.

All Directors working in the Trust continue to take responsibility for risk mitigation within their areas of work and practice, in line with the management and accountability arrangements in the Trust. The delivery of risk management occurs through management action and accountability arrangements and risk mitigation is monitored through the Trust's Operational Risk Management Committee, the Trust Executive for Clinical Governance and other associated committees. Scrutiny of progress with risk mitigation and assurance to the Trust Board is provided by the Clinical Governance Assurance Committee.

The Risk Management Department within the Trust's Clinical Governance Support Team provides support to directorates and departments on all aspects of effective risk assessment and management. Directorates have an identified senior lead for risk management. The Clinical Governance Support Team maintains the Trust's incident/risk reporting system; risk and incident review registers, assurance framework and will, in 2005/06 lead the self assessment process against the standards for better health. The team also has a vital role in training and the dissemination of 'good practice' and 'lessons learned' from incidents or near misses.

Risk Management training is given to all staff on induction and regular training opportunities are provided within the hospital to staff at all levels. Root Cause Analysis training has been initiated in the Trust in 2004/05.

The Trust has continued to work towards CNST Level 2 in 2004/05 and will be assessed in 2005/06.

## 4. The risk and control framework

Risk is identified at Chelsea and Westminster Healthcare NHS Trust in a number of different ways. Directorates and Departments undertake an annual comprehensive risk review using a risk assessment tool developed by the Clinical Governance Support Team. Risks identified in-between the annual reviews are evaluated using the Trust Risk Assessment form. This has been developed in 2004/05 to capture risk information for clinical and non clinical risks and supports risk evaluation and action planning. Risks may also be identified from actual incidents which have occurred or from complaints or claims which have been received by the Trust. Risks which may prevent the Trust from achieving its corporate objectives are identified during the ongoing development of the Trust's assurance framework and until the Summer 2004, the controls assurance self assessment has also highlighted areas where risk exists.

Once identified, risks which score above 12 (using the Trust's risk matrix in which the maximum score is 25) are entered into the centrally held risk register which is managed by the corporate risk team. This register is reviewed at the Operational Risk Management committee and leads for risk areas will provide updates either as risks are mitigated or by default every six months.

Risks which cannot be mitigated are escalated to the Trust Executive for Clinical Governance for deliberation and further action planning. Mitigation of risk is monitored by the Clinical Governance Assurance Committee and areas where mitigation has not occurred are escalated to the Trust Board. The Audit Committee also takes a lead role in assurance provision to the Board in areas of non clinical risk management.

Risk management is embedded within the organisation and the systems and processes introduced in 2004/05 have been developed with directorates. There has been a step change in approach during the year, from a culture in which the risk management team took ownership of risk to one where it takes a lead in monitoring and facilitating risk management with ownership moving formally towards the directorates and departments where action can best be taken to mitigate risks identified.

The Trust's Assurance Framework has been further developed in 2004/05 with executives and key clinicians and managers within the Trust. Throughout the year mitigation of risks identified in the assurance framework were monitored using the Trust's risk management systems. A mapping process has been undertaken to ensure that the assurance framework remained current as the Trust objectives changed as part of business planning in 2004/05. Controls and assurances can be evidenced and where gaps can be seen action plans are in place to ensure that risk mitigation continues throughout the year. Many of these key actions can be found in the first version of the 2005/06 corporate plan. Additional actions highlighted during the completion of the current version of assurance framework will be incorporated into the second version of the plan.

It is envisaged that the Corporate Plan incorporating the actions required to meet the Standards for Better Health will form the Trust's 'Integrated Governance' plan. As a result of embedding the assurance framework during 2004/05 the comprehensive document in place at the end of 2004/05 will provide focus for the Board agenda in the year ahead.

Within the Assurance Framework Action Plan key actions have been listed to ensure that gaps in control, where identified, will be managed effectively.

The assurance framework and action plans demonstrate that controls are in place and gaps are accounted for. The framework identified gaps in control in the following areas, and the respective actions have been taken in 2004/05:

- Financial control including the provision of timely financial and performance monitoring information; the finance and information department has been restructured and will be subject to ongoing review to ensure it meets the needs of the current and future finance and performance monitoring agenda.
- The ability to deliver the level of clinical coding necessary to protect Trust income has been, and continues to be, a concern for the Trust. The clinical coding team has been restructured to support the changes needed to deliver the current agenda.
- Hard and soft facilities management: these service level agreements have been re-tendered, and new partners began work in the Trust in June 2004.
- Information technology (IT) support teams. An external review of the IT team infrastructure is to be undertaken in 2005/06.

The framework has also identified gaps in assurance provided in a number of areas of performance information. It is intended that a new performance monitoring framework is developed early in 2005/06 to encompass performance information from all areas of the corporate plan and not just information concerning the key performance and balanced score card indicators. This framework will evolve to meet any changes in performance monitoring arrangements.

The Trust seeks to involve public stakeholders in managing risks which impact on them through a number of ways. The public are invited to highlight and report incidents, to exchange information with the Trust's Patients' Forum and Patient Advice and Liaison Service, and are invited to attend public Board Meetings where risks and controls are discussed. All major service developments have lay user involvement.

## 5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.

The Head of Internal Audit's opinion confirms that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. In addition the Head of Internal Audit also confirms that for the identified principal risks covered by Internal Audit work the Board has full assurance that the system of internal control is designed to meet the organisation's objectives and controls are consistently applied in all of the areas reviewed.

Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review has also been informed by enhanced performance and financial reporting, external audit reports and Strategic Health Authority review of our Clinical Governance Annual Report and Development Plan. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The process for maintaining and reviewing the effectiveness of the system of internal control is based on each level of management, including the Board, carrying out regular reviews of the risks and controls for which it is responsible and monitoring/reporting to the next level of management. Any need to change priorities or controls is clearly recorded and either actioned or reported to those in authority to action. Lessons which can be learned are identified and disseminated.

The Board ensures the effectiveness of the system of internal control through clear accountability arrangements. Board level responsibility for control areas is clearly defined and there are clear lines of accountability throughout the organisation, leading to the Board. The Board approves all relevant policies and strategies and their work programmes at least once a year and monitors performance on a monthly basis.

The Audit Committee is a formal sub-committee of the Board and is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management. The committee meets at least 5 times per year. The Audit Committee approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by Executive management.

The Clinical Governance Assurance Committee is also a formal sub-committee of the Board and is accountable for the architecture of the organisation's clinical governance and risk arrangements. The Audit Committee monitors these arrangements including the Assurance Framework, ensuring the robustness of the underlying process and ensuring action to address gaps in assurance are progressed. The Audit Committee also provided, until Summer 2004, assurance to the Board through its review of Controls Assurance standards scoring and the action plans arising.

Executive Directors are accountable to the Board, the Audit and Clinical Governance Assurance Committees for ensuring management arrangements are in place to develop relevant strategies, policies, systems and procedures to maintain internal control, and to take action to address any gaps identified from the review of these systems. Executive Directors are responsible for setting team objectives to ensure the delivery of corporate objectives.

Internal Audit services were outsourced to Parys Snowdon Audit Services during the year, who provide an objective and independent opinion to the Chief Executive, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives. Each assignment is discussed with the appropriate line manager or Director and a report including management responses and proposed action plan is presented to the Audit Committee. Internal Audit routinely follows up action with management to establish the level of compliance and the results are reported to the Audit Committee. Internal Audit provided assurance on the Controls Assurance process through auditing the mandatory Controls Assurance standards until the summer of 2004.

A number of significant business risks have been identified during the year either as part of the in-year development of the assurance framework or via other mechanisms. These include:

- Delays in the confirmation of service level agreements (SLAs) across the sector and delayed arbitration. This resulted in the need to extend waiting lists and slip on trajectories and caused extreme capacity planning and operational difficulties. The Trust will look forward to the achievement of early SLA agreements in 2005/06 led by the Strategic Health Authority.
- The lack of certainty concerning investment throughout the year is likely to continue into the year ahead given the deficit experienced by our host PCT. This may result in the need to close or reduce services and may affect the Trust's ability to achieve key performance targets.
- The inherent uncertainty of the form and timing for payment by results may also mean that the Trust may not be able to plan resourcing adequately.
- The achievement of the Accident and Emergency target required a significant and unsustainable diversion of human resources and the re-allocation of capital in 2004/05. Additional resource will be required as A&E activity continues to rise.
- The effects of the difficulties experienced with the rollout of Connecting for Health in the London region resulting from a delay in release of Phase 1 Release 2 of Carecast®. It is probable that this will result in a delay in our adoption of the Phase 2 Release 1 version of Carecast® and may leave the Trust with support problems for the in house legacy systems following the migration of information teams to the national programme and IDX. This may result in the inability to capture data required to deliver key performance targets such as cancer waits and may lead to an inability to meet 'choose and book' targets.
- The delay in the announcements of the outcome of the Paddington Health Campus and the formation of new allegiances amongst partner organisations continues the uncertainty with respect to the future Trust strategy. This has resulted in the delay in the development of the business case for a Paediatric and Ambulatory Care Unit at Chelsea and Westminster Hospital.
- The scope of the outsourced pathology contract is limited. Formal quality information and indicators are required to enable robust performance monitoring and appropriate involvement in decision making.

*Heather Lawrence*

Heather Lawrence  
Chief Executive  
As approved by the Board on 8 July 2005

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2005\*

	2004/05 £000	2003/04 £000
Income from activities	177,626	162,798
Other operating income	30,282	28,086
Operating expenses	(199,600)	(182,587)
<b>OPERATING SURPLUS BEFORE INTEREST</b>	<b>8,308</b>	<b>8,297</b>
Interest receivable	227	352
Interest payable	(132)	(30)
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	<b>8,403</b>	<b>8,619</b>
Public Dividend Capital dividends payable	(8,298)	(10,499)
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>105</b>	<b>(1,880)</b>

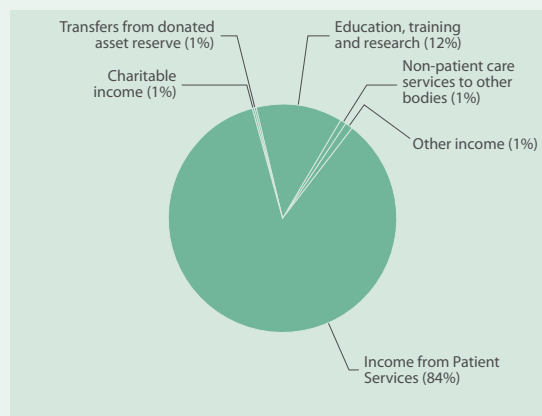
## BALANCE SHEET AS AT 31 MARCH 2005

	31 Mar 2005 £000	31 Mar 2004 £000
<b>FIXED ASSETS</b>		
Intangible assets	0	0
Tangible assets	269,642	236,745
Investments	0	0
	<b>269,642</b>	<b>236,745</b>
<b>CURRENT ASSETS</b>		
Stocks and work in progress	4,147	3,524
Debtors	24,481	17,826
Cash at bank and in hand	620	158
	<b>29,248</b>	<b>21,508</b>
<b>CREDITORS: Amounts falling due within one year</b>	<b>(23,619)</b>	<b>(26,382)</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>5,629</b>	<b>(4,874)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>275,271</b>	<b>231,871</b>
<b>CREDITORS: Amounts falling due after more than one year</b>	<b>(996)</b>	<b>(347)</b>
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(2,518)</b>	<b>(458)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>271,757</b>	<b>231,066</b>
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	177,764	169,264
Revaluation reserve	90,811	59,293
Donated asset reserve	5,885	5,317
Income and expenditure reserve	(2,703)	(2,808)
<b>TOTAL TAXPAYERS' EQUITY</b>	<b>271,757</b>	<b>231,066</b>

*Heather Lawrence*

Heather Lawrence  
Chief Executive  
As approved by the Board on 8 July 2005

### \*Sources of Income 2004/05



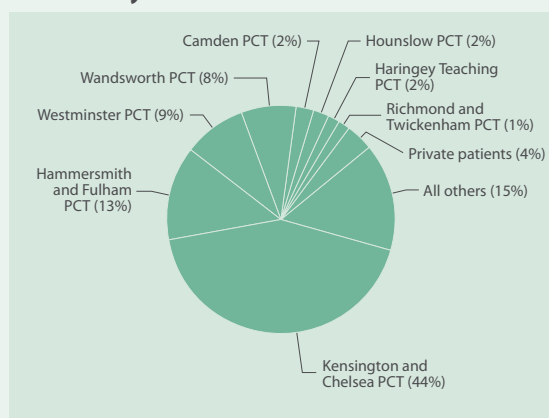
## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 £000	2003/04 £000
Surplus for the financial year before dividend payments	8,403	8,619
Unrealised surplus on fixed asset revaluations/indexation	31,883	6,681
Increases/(decreases) in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	489	(92)
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(286)	(290)
<b>TOTAL RECOGNISED GAINS AND LOSSES FOR THE FINANCIAL YEAR</b>	<b>40,489</b>	<b>14,918</b>
Prior period adjustment	0	(81,288)
<b>TOTAL GAINS AND LOSSES RECOGNISED IN THE FINANCIAL YEAR</b>	<b>40,489</b>	<b>(66,370)</b>

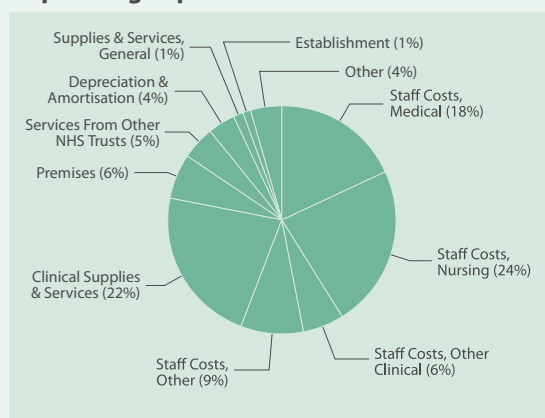
## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 £000	2003/04 £000
<b>OPERATING ACTIVITIES</b>		
Net cash inflow from operating activities	9,985	13,690
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>		
Interest received	227	352
Interest element of finance leases	(132)	(30)
Net cash inflow from returns on investments and servicing of finance	95	322
<b>CAPITAL EXPENDITURE</b>		
Payments to acquire tangible fixed assets	(9,778)	(6,085)
Net cash outflow from capital expenditure	(9,778)	(6,085)
<b>DIVIDENDS PAID</b>	<b>(8,298)</b>	<b>(10,499)</b>
Net cash outflow before management of liquid resources and financing	(7,996)	(2,572)
Net cash outflow before financing	(7,996)	(2,572)
<b>FINANCING</b>		
Public dividend capital received	8,500	2,579
Loans received	0	8,000
Loans repaid	0	(8,000)
Capital element of finance lease rental payments	(42)	(13)
Net cash inflow from financing	8,458	2,566
<b>INCREASE/(DECREASE) IN CASH</b>	<b>462</b>	<b>(6)</b>

\*Income by Purchaser of Healthcare 2004/05



\*Operating Expenditure 2004/05



# NOTES TO THE ACCOUNTS

1. MANAGEMENT COSTS	2004/05 £000	2003/04 £000
Management costs	9,437	8,019
Income	207,908	190,884
% Management costs: income	4.5%	4.2%

2. BETTER PAYMENT PRACTICE CODE— MEASURE OF COMPLIANCE	2004/05 number	2003/04 number
Total bills paid in the year	45,268	46,474
Total bills paid within target	32,684	34,993
Percentage of bills paid within target	72%	75%

3. AUDIT FEES	2004/05 £000	2003/04 £000
Audit Services	169	116

4. SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS	2004/05 £000					2003/04 £000	
	Salary (bands of £5,000)	Cash Equivalent Transfer Value at 31 Mar 2005	Real increase in pension and related lump sum at age 60 (bands of £2,500)	Total accrued pension and related lump sum at age 60 at 31 Mar 2005 (bands of £5,000)	Real Increase in Cash Equivalent Transfer Value	Salary (bands of £5,000)	Cash Equivalent Transfer Value at 31 Mar 2004
Juggy Pandit, Chairman	20-25	-	-	-	-	20-25	-
Heather Lawrence, Chief Executive	125-130	688	12.5-15.5	160-165	64	125-130	607
Lorraine Bewes, Director of Finance & Information	90-95	208	10-12.5	60-65	39	80-85	164
Pippa Roberts, Acting Director of Governance & Corp Affairs (a)	30-35	72	0-2.5	25-30	8	-	62
Claire McGurk, Director of HR (b)	40-45	88	0-2.5	30-35	0	-	98
Maxine Foster, Acting Director of Human Resources (c)	35-40	232	5.0-7.5	75-80	21	-	205
Edward Donald, Director of Operations	80-85	199	2.5-5	70-75	14	80-85	184
Alex Geddes, Director of ICT	80-85	0	2.5-5	0-5	0	15-20	4
Andrew MacCallum, Director of Nursing & Patient Services	75-80	248	10-12.5	80-85	37	45-50	205
Amanda Pritchard, Acting Director of Strategy and Service Development (d)	15-20	43	2.5-5	20-25	10	-	32
Mike Anderson, Medical Director	120-125	722	0-2.5	180-185	14	65-70	689
Prof Sir Ara Darzi, Non Executive Director	5-10	-	-	-	-	0-5	-
Marilyn Frampton, Non Executive Director	5-10	-	-	-	-	5-10	-
Andrew Havery, Non-Executive Director	5-10	-	-	-	-	0-5	-
Jenny Hill, Non-Executive Director	5-10	-	-	-	-	5-10	-
Charles Wilson, Non-Executive Director	5-10	-	-	-	-	5-10	-

## NOTES

- a) Pippa Roberts started 1 Oct 2004
- b) Claire McGurk started 1 May 2004 and left 22 Oct 2004
- c) Maxine Foster started 1 Nov 2004
- d) Amanda Pritchard started 4 Jan 2005

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

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

This report is made solely to the Board of Chelsea 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 misstatements 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 2005 on which we have issued an unqualified opinion.



Deloitte & Touche LLP  
St Albans  
19 August 2005

## HEAD OF INTERNAL AUDIT OPINION ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST FOR THE YEAR ENDED 31 MARCH 2005

**M**y opinion is provided to inform the Board of Chelsea and Westminster Healthcare NHS Trust to assist them in completing their Statement on Internal Control (SIC), which forms part of the Annual Financial Statements for the year 2004/05, and is not intended for any other purpose. The Statement provides public assurances about the effectiveness of the organisation's system of internal control.

## THE SYSTEM OF INTERNAL CONTROL

The Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives. This should be based on an ongoing risk management process that is designed to identify the principal risks to the organisation's objectives, to evaluate the nature and extent of those risks, and to manage them efficiently, effectively and economically.

## THE ASSURANCE FRAMEWORK

The Board is responsible for putting in place arrangements for gaining assurance about the effectiveness of the organisation's system of internal control. To

achieve this, the Board should identify the principal risks to the organisation meeting its principal objectives and map out the key controls in place to manage these risks. The Board should also identify how they have gained sufficient assurance about the effectiveness of these key controls.

Assurances may be derived from a number of sources and it is the responsibility of the Board to determine how much reliance can be placed on each of them.

## OPINION

The Internal Audit review of the organisation's overall arrangements for gaining assurance has concluded that:

**An Assurance Framework has been established which is designed and operating to meet the requirements of the 2004/05 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.**

My opinion is limited to the work carried out by Internal Audit during the year on the effectiveness of the management of those principal risks identified within the organisation's Assurance Framework.

It is the Board's responsibility to satisfy itself it has sufficient assurance about the operation of controls in place to manage other principal risks. On this basis it is my opinion that for the identified principal risks covered by Internal Audit work the Board has:

**Full assurance that the system of internal control is designed to meet the organisation's objectives and controls are consistently applied in all the areas reviewed.**

Further details are recorded in the Internal Audit Annual Report 2004/05.

**It is the Board's responsibility to satisfy itself it has sufficient assurance about the operation of controls in place to manage other principal risks.**



Ina McKeogh  
Head Of Internal Audit  
29 April 2005

# NON-EXECUTIVE DIRECTORS



1 **Juggy Pandit**  
Chairman of the Trust

2 **Professor Sir Ara Darzi**  
Director (Non-Executive)

3 **Marilyn Frampton**  
Director (Non-Executive)

4 **Andrew Havery**  
Director (Non-Executive)

5 **Jenny Hill**  
Director (Non-Executive)

6 **Charles Wilson**  
Director (Non-Executive)

# EXECUTIVE DIRECTORS



1 **Heather Lawrence**  
Chief Executive

2 **Dr Michael Anderson**  
Medical Director & Consultant  
Physician/Gastroenterologist

3 **Lorraine Bewes**  
Director of Finance & Information

4 **Edward Donald**  
Director of Operations

5 **Maxine Foster**  
Interim Director of  
Human Resources

6 **Alex Geddes**  
Director of Information  
Communications & Technology

7 **Andrew MacCallum**  
Director of Nursing

8 **Amanda Pritchard**  
Acting Director of Strategy  
& Service Development

9 **Pippa Roberts**  
Acting Director of Governance  
& Corporate Affairs

# TRUST BOARD MEMBERSHIP & COMPOSITION

## NON-EXECUTIVE MEMBERS

### JUGGY PANDIT

Chairman of the Trust

Chairman of the Trust since November 1999 and a non-executive member since February 1996. He was formerly Corporate Development Director of Thorn EMI plc and Finance Director of Thorn EMI electronia. He is a non-executive director of BEI Ideacod S.A.S.

### PROFESSOR SIR ARA DARZI

Director (Non-Executive)

Professor Sir Ara Darzi has been a non-executive director since 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 Hospital.

### MARILYN FRAMPTON

Director (Non-Executive)

Marilyn Frampton has been a Non-Executive Director since November 1999. She is a self-employed educational consultant who has worked extensively as a senior manager in education and training. She is a member of an Editorial Advisory Panel of a health related magazine and has served on a number of national committees.

The Trust is governed by a Board consisting of the Chairman, five Non-Executive (part time) and five Executive (full time) members. The Board's composition embraces diversity and its membership includes people with a range of qualifications, skills and backgrounds.

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

The Chief Executive and the Executive Directors are appointed on permanent contracts, which may be terminated by 6 months notice on either side, with the exception of the Director of ICT. He has been appointed on a 2 year fixed term contract.

### ANDREW HAVERY

Director (Non-Executive)

Councillor Andrew Havery was appointed as a Non-Executive Director in December 2003. He is a chartered accountant and worked at KPMG for eight years before becoming a compliance officer to investment banks. He has been a Councillor in Westminster since 2002, representing Churchill Ward.

### JENNY HILL

Director (Non-Executive)

Jenny Hill's appointment ended in March 2005. She is a Director of Echelon Learning Ltd, publishers of web enabled learning materials and systems. She was Acting Chair of the Advisory Council to the North London Workforce Development Confederation until April 2005.

### CHARLES WILSON

Director (Non-Executive)

Charles Wilson was first appointed as a Non-Executive Director in September 2000. He was formerly Managing Director of the Mirror Group plc, publishers of the Daily Mirror and The Independent, and prior to that was a successful journalist and editor of a number of publications including The Times.

## EXECUTIVE MEMBERS

**HEATHER LAWRENCE**  
Chief Executive

**DR MICHAEL ANDERSON**  
Medical Director & Consultant  
Physician/ Gastroenterologist

**LORRAINE BEWES**  
Director of Finance & Information

**ANDREW MACCALLUM**  
Director of Nursing

**EDWARD DONALD\***  
Director of Operations

**MAXINE FOSTER\***  
Interim Director of  
Human Resources

Ms Foster took up post in November 2004. Clare McGurk was Director of Human Resources from May 2004 to October 2004. Prior to that Krystyna Ruszkiewicz was Director of Human Resources.

**ALEX GEDDES\***  
Director of Information  
Communications & Technology

\*These directors hold the position of Executive Director on a joint basis.

**AMANDA PRITCHARD†**  
Acting Director of Strategy  
& Service Development

Ms Pritchard took up post in January 2005. Prior to that the post was vacant.

**PIPPA ROBERTS†**  
Acting Director of Governance  
& Corporate Affairs

Ms Roberts took up post in October 2004. This was a new post.

†These directors also attend Trust Board meetings.

## NON-EXECUTIVE COMMITTEE MEMBERSHIP

	Audit	Remuneration	Charitable Funds	Multi-Professional Education	Clinical Governance Assurance	Communication	Estates Controls Assurance Committee	
		●					●	Juggy Pandit
		●						Professor Sir Ara Darzi
	●	●	●	●	●			Marilyn Frampton
	●	●						Andrew Havery
		●	●		●			Jenny Hill
	●	●				●	●	Charles Wilson

● Chair  
● Member

## CONTACT INFORMATION

Chelsea and Westminster Healthcare NHS Trust  
369 Fulham Road  
London  
SW10 9NH

**T** 020 8746 8000

**W** [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)

### PALS OFFICE

Ground Floor, Lift Bank B  
Monday-Friday, 9am-5pm

**T** 020 8846 6727 or 020 8746 8000 and ask main  
switchboard to bleep 0118, 0119, or 0121

**E** [pals@chelwest.nhs.uk](mailto:pals@chelwest.nhs.uk)

### PR & COMMUNICATIONS

**T** 020 8846 6829

### JOB OPPORTUNITIES

**W** [www.chelwest.nhs.uk/jobs](http://www.chelwest.nhs.uk/jobs)

## CREDITS

This annual report has been produced in-house by Chelsea and Westminster Healthcare NHS Trust. For more copies, please ring the PR Department on 020 8846 6829 or ask at the PALS Office on the Ground Floor of Chelsea and Westminster Hospital.

### PROJECT LEAD

Pippa Roberts

### CONTENT & ARTICLES

Renae McBride (in cooperation with the directorates, departments, patients and staff of the Trust)

### DESIGN & LAYOUT

George Vasilopoulos

### PHOTOGRAPHY

George Vasilopoulos (pages 1, 2, 4, 5, 10, 15, 16, 19, 20, 23, 24, 26, 27, 28, 29, 30, 32, 33, 34, 44, 45)

Jeanette Albert (pages 9, 12)

Jennifer Rogers (page 25)



Chelsea and Westminster Healthcare  
NHS Trust



369 Fulham Road  
London  
SW10 9NH

**Main Switchboard**  
+44 (0) 20 8746 8000

**Website**  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)