



ANNUAL REPORT 2005/06

INTRODUCTION

2005/06 was a year of considerable achievements for Chelsea and Westminster Healthcare NHS Trust.

We regained the maximum three stars in the government's performance ratings, reduced waiting times for outpatient appointments, inpatient surgery and treatment in our busy A&E department, and also reduced our MRSA rate by almost 40%.

Increasingly, patients can now either come into hospital on the day of their surgery, instead of spending the previous night in hospital, or have day surgery, so they can return home on the same day as their operation. Our new Treatment Centre has created a state-of-the-art environment for day surgery.

Other new developments such as an Early Pregnancy Assessment Unit, a Pre-operative Assessment Unit and our redeveloped St Stephen's Centre—home to many of our sexual health and HIV services—have all improved the way we provide care for patients.

These achievements, and many more, are detailed in this annual report but we believe we can make Chelsea and Westminster even better by listening to and learning from our patients, staff and local community.

This philosophy is integral to our application to become an NHS Foundation Trust. A decision on our application for

Foundation Trust status from 1 August 2006 was deferred by the independent regulator, Monitor, pending the resolution of issues, which they were confident could be resolved within three months.

Our 14,000 Foundation Trust members and the prospective Members' Council elected by them will have a key role in shaping that future. We look forward to working with them.

We believe that our commitment to listening and learning—and, most importantly, acting on what you tell us to maintain and improve our services—is demonstrated by the stories in this year's annual report. We hope you enjoy reading it.

Panoramic view from the roof of the hospital facing northwest



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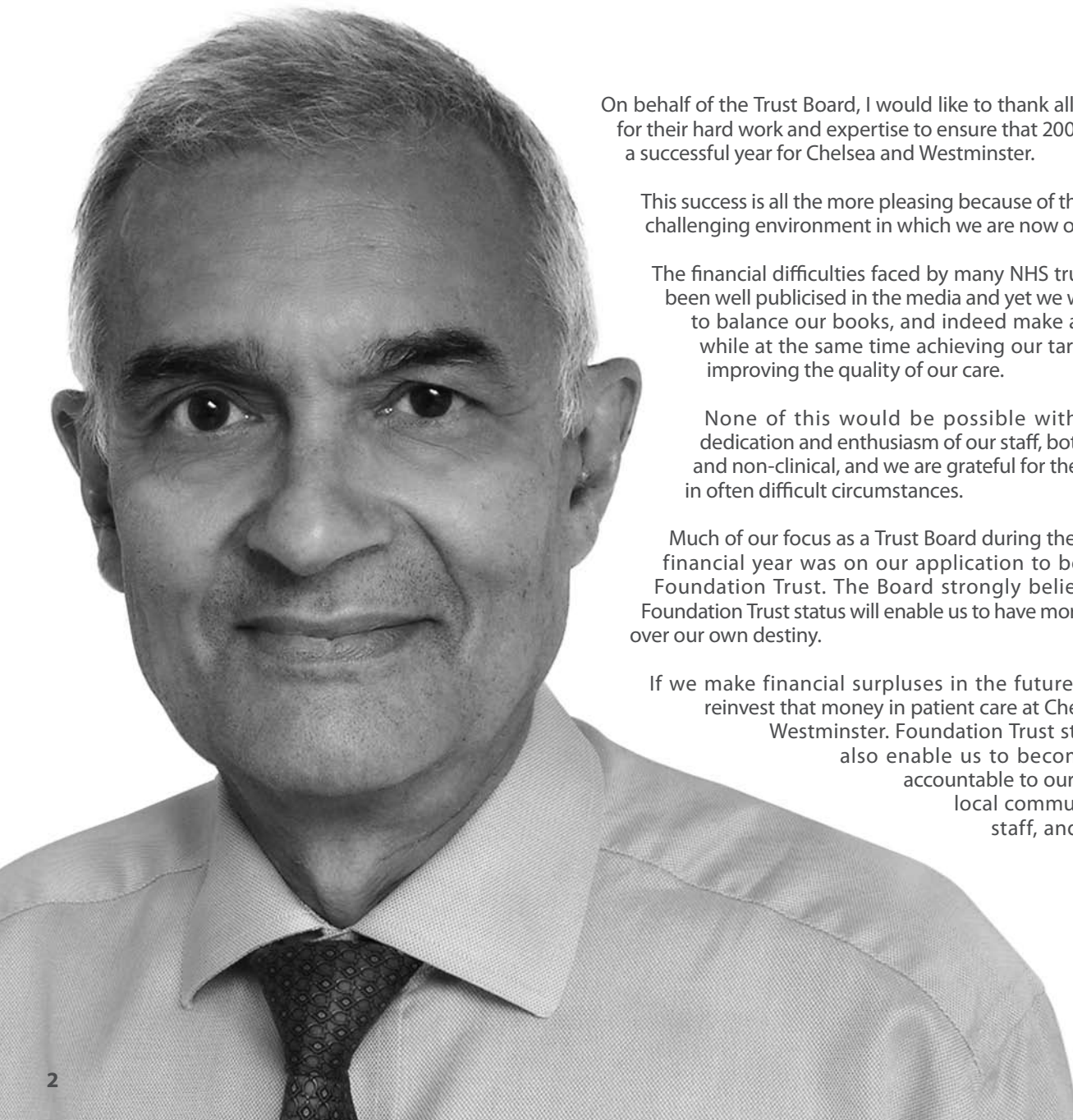
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CHAIRMAN'S FOREWORD



On behalf of the Trust Board, I would like to thank all our staff for their hard work and expertise to ensure that 2005/06 was a successful year for Chelsea and Westminster.

This success is all the more pleasing because of the hugely challenging environment in which we are now operating.

The financial difficulties faced by many NHS trusts have been well publicised in the media and yet we were able to balance our books, and indeed make a surplus, while at the same time achieving our targets and improving the quality of our care.

None of this would be possible without the dedication and enthusiasm of our staff, both clinical and non-clinical, and we are grateful for their efforts in often difficult circumstances.

Much of our focus as a Trust Board during the 2005/06 financial year was on our application to become a Foundation Trust. The Board strongly believes that Foundation Trust status will enable us to have more control over our own destiny.

If we make financial surpluses in the future, we can reinvest that money in patient care at Chelsea and Westminster. Foundation Trust status will also enable us to become more accountable to our patients, local community and staff, and give us

more flexibility to develop services that are in the best interests of our patients.

Monitor, the independent regulator, deferred a decision on our application to become a Foundation Trust from 1 August 2006. However, they said that they expected issues affecting our authorisation as a Foundation Trust could be resolved within three months. We remain committed to becoming a Foundation Trust.

If, as we hope, we become a Foundation Trust in the near future, we look forward to working in partnership with our members and the Members' Councillors who were voted in during our first ever Foundation Trust elections in March 2006.

Looking ahead, we recognise that the financial environment of the NHS will remain challenging and that, while celebrating our successes, we must continue to improve our services to ensure we are a hospital of choice for patients and staff.

This report outlines our commitment to work in partnership with patients, staff and other key stakeholders to make that a reality.

I would like to thank Professor Sir Ara Darzi, who left the Trust Board in November 2005, and welcome Karin Norman and Professor Richard Kitney who were appointed as Non-Executive Directors in July 2005 and May 2006 respectively.

A handwritten signature in blue ink, reading 'Juggy Pandit'. The signature is stylized, with the first letters of the first and last names being prominent.

Juggy Pandit
Chairman

CHIEF EXECUTIVE'S MESSAGE

This year's Chelsea and Westminster annual report focuses on our commitment to creating a culture of listening to and learning from the patients who we care for, the staff whose hard work we rely on to provide that care, and our local community.

As the stories in this report show, our staff use a range of mechanisms including patient surveys, focus groups, comment cards, patient forums and one-off events not only to ask patients for their views but also to act on what they tell us.

Our 1,000 Good Ideas campaign, which won a prestigious national award this year, established our philosophy of integrating listening and learning into everything we do.

Foundation Trust status, which we hope to achieve in the very near future, will strengthen our accountability to our prospective Members' Council of patients, staff and people living locally, and to our 14,000 Foundation Trust members.

The rigorous Foundation Trust application process has helped to crystallize our thinking as a Trust Board about the strategic direction of Chelsea and Westminster and how we can ensure we are fit for purpose as a hospital of choice.

Payment by Results and Patient Choice are changing the NHS environment but our Foundation Trust application has enabled us to move forward with confidence.

Financially, we achieved a surplus of £2.2 million in 2005/06—at a time when many other NHS trusts recorded large deficits—but there is no doubt that our £11 million Cost Improvement Programme for 2006/07 is a considerable challenge and will require us to continue to improve our efficiency.

I believe that the short term pain of making these efficiency savings is justified not just by the long term gain of establishing a balanced budget as the basis for our future plans, but also in equipping us to provide patient care at the leading edge.

Finally, I would like to thank our staff for not only ensuring we met all our targets in 2005/06 but also for 'going the extra mile' to improve patient care.

There will always be new challenges for us to face but I hope you will agree, as you read about the achievements of our staff in this report, that Chelsea and Westminster has much to celebrate.

Heather Lawrence

Heather Lawrence
Chief Executive



OUR YEAR AHEAD

The Trust's strategy for 2006/07 is set within the overall context of the NHS including the extension of Patient Choice, the government's vision for more health services to be provided in the community and a challenging financial position nationally.

4 KEY THEMES EMBEDDED IN THE TRUST'S CORPORATE OBJECTIVES 2006/07

Patient Choice

To ensure that the Trust develops its role as a provider of choice through customer care, using the results of patient surveys to improve services, providing excellent services and good communication with patients and GPs.

Excellence in teaching

To build on Chelsea and Westminster's reputation as a teaching organisation to ensure that the experience of undergraduates and postgraduates within the Trust remains positive.

Workforce development

To develop all our staff to meet the challenges we face and to be a fair and equitable employer, valuing the benefits that diversity provides.

Understanding our revenue and cost base

To understand clearly the relationship between income and expenditure in each clinical area, under the Payment by Results system.

7 CORPORATE OBJECTIVES 2006/07 AGREED BY THE TRUST BOARD

1. To improve the patient journey by delivering national NHS performance standards.
2. To improve patient outcomes and assure patient safety.
3. To develop effective partnerships with all stakeholders and partners.
4. To ensure clinical care is supported and enabled by appropriate administrative systems and support services.
5. To ensure we have a highly skilled, motivated and productive workforce, fit for purpose in the modern NHS.
6. To develop world class services.
7. To implement the Trust's framework for integrated governance, underpinned by robust resource management.

LISTENING AND LEARNING

Listening to patients, the public and our staff ensures we know what they want and can implement changes based on what they tell us to maintain and improve our services.

This culture is at the heart of Chelsea and Westminster's application to become a Foundation Trust to give us more control over our own destiny and more freedom to shape the care we provide in line with the wishes of our patients and local community.

We are grateful for the involvement and support of so many people—Foundation Trust members, hospital volunteers, members of the Friends, those who have made a donation to the Chelsea and Westminster Health Charity, and those who have completed a comment card with their views about their care.

MEMBERS' COUNCIL

PATIENT MEMBER



Who are you?
Martin Rowell

What do you do?
I work in sales and marketing for interiors and construction materials.

Why did you become a Members' Councillor?

Because this is an opportunity to drive forward better services and better communication between the hospital and the people who use its services. It's also a chance to give something back to the hospital.

PATIENT MEMBER



Who are you?
Jean Hunt

What do you do?
I am one of the St Stephen's Volunteers.

Why did you become a Members' Councillor?

I have been a volunteer for more than 20 years, since the advent of HIV/AIDS, and I was asked to stand for election to the Members' Council by a couple of doctors in the St Stephen's Centre.

PUBLIC MEMBER



Who are you?
Christine Blewett

What do you do?
I work for Westminster Primary Care Trust as Co-Director of Westside Contraceptive Services.

Why did you become a Members' Councillor?

I would like to influence the development of the hospital to ensure that it continues to cater for the needs of local people.

FOUNDATION TRUST



Andrew MacCallum, the Trust's Director of Nursing (3rd left), with Foundation Trust recruiters Robert Atkinson, Catherine Atkinson, Simon Turner, Jenny Walker and Sandee Allen

DEVELOPING OUR FOUNDATION TRUST MEMBERSHIP

The Trust decided to apply for NHS Foundation Trust status at its Board meeting in December 2005.

Patricia Hewitt, Secretary of State for Health, gave us the go ahead to submit an application to the Foundation Trust regulator, Monitor, in January 2006.

Monitor, the independent regulator, deferred a decision on our application to become a Foundation Trust from 1 August 2006 because of issues that Monitor expected could be resolved within three months. We remain committed to achieving Foundation Trust status.

During the application process, the Trust aimed to recruit as many Foundation Trust members as possible—patients, staff, and members of the public.

Patients who have been treated at the hospital in the last three years, staff and members of the public living in the local boroughs of Kensington and Chelsea, Hammersmith and Fulham, City of Westminster and Wandsworth can all become members.

Members receive a membership card as part of their joining pack, which entitles them to a range of discounts at local businesses, leisure centres, bars and restaurants upon production of the card.

We have already held a number of events for Foundation Trust members, including a seminar on MRSA during this year's Hand Hygiene Awareness Week.

All existing Foundation Trust members were also invited to last year's Trust Annual General Meeting.

Our successful recruitment drive has created a large and vibrant membership:

Number of members	1 Apr 2005	31 Mar 2006
Patients	3,362	7,271
Public	263	1,929
Staff	308	755
Total	3,933	9,955

By June 2006, we achieved our aim of establishing a Foundation Trust membership of 14,000 including more than 11,000 patients.

As part of our Membership Development and Communication Strategy, we regularly analyse our membership database by age, gender and ethnicity to ensure that our membership is broadly representative of the community we serve.

We aim to broaden the diversity of membership by, for example, encouraging different ethnic groups, people with disabilities and young people to join us.

MEET THE MEMBERS' COUNCIL

Chelsea and Westminster held its first Foundation Trust Members' Council elections in March 2006—all members were eligible to stand for election.

Almost 7,000 people who had already signed up as Foundation Trust members by this date were able to cast their vote to choose who they wanted to sit on the Council to represent them.

The election turnout of 28.1% was broadly in line with other Foundation Trust elections.

Election constituencies were consistent with the membership constituencies to ensure the Council will be a well balanced and representative body that will help make the Trust more accountable to patients, the public and staff.

If, as we hope, we become a Foundation Trust this year, the Council will work with the Board of Directors as a 'critical friend', helping us shape the way the Trust develops in coming years.

It includes:

- 10 patient members.
- 8 public members—2 each from our 4 local boroughs.
- 6 staff members—1 each from 6 different staff groups.
- 10 nominated representatives from our partnership organisations.

The blue panels on these pages contain profiles of just a few of the members of the prospective Members' Council, which will shape the future direction of Chelsea and Westminster.

PATIENT AND PUBLIC INVOLVEMENT FORUM

The Patient and Public Involvement Forum (PPIF) for Chelsea and Westminster is an independent organisation whose role is to find out what patients, carers and local people think about the Trust and its services.

Members of the Forum, which is chaired by Lydia Jackson, meet with the Trust on a regular basis and undertake specific pieces of work.

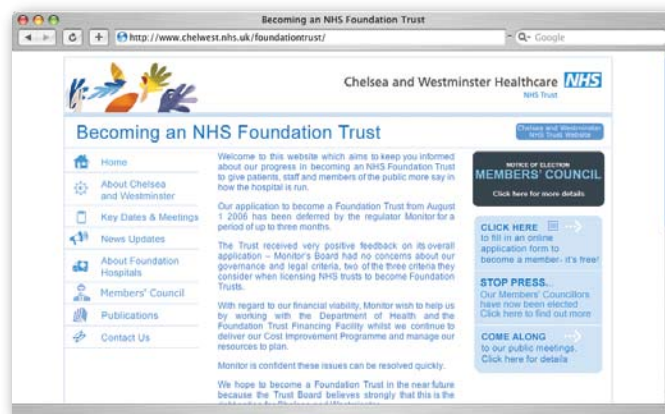
COME AND JOIN US

If you haven't already signed up as a member of our Foundation Trust, it couldn't be easier:

- Call us on 020 8846 6727 to ask for an application form.
- Email us at foundation.trust@chelwest.nhs.uk if you would like to receive a form by email.
- Log on at www.chelwest.nhs.uk/foundationtrust to join online.

FOUNDATION TRUST WEBSITE

We have created a special Foundation Trust website, which you can view at www.chelwest.nhs.uk/foundationtrust. It has all the latest information about our Foundation Trust application, membership and the prospective Members' Council, including news and events.



A key area of work during 2005/06 was an audit of the Trust's outpatient appointments booking system.

For further information about the PPIF, contact:

Aneesa Chaudhry, PPI Forum Co-ordinator,
Kensington & Chelsea Social Council,
Lighthouse West London, London W11 1QT

Tel: 020 7243 9808

Email: aneesa@kcsc.demon.co.uk

MEMBERS' COUNCIL

Who are you?

Valerie Arends



What do you do?

I recently retired but I have worked extensively in the tourist industry.

Why did you become a Members' Councillor?

I have a family tradition of community involvement. For example, I used to be a volunteer at the old Brompton Hospital, and I have always been interested in healthcare and science. My late husband was a biochemist.

Who are you?

Nigel Grant



What do you do?

I am Assistant Director of Human Resources.

Why did you become a Members' Councillor?

I have been involved in NHS management for more than 10 years and I am interested in the life of the hospital. I feel I can make a contribution and provide a voice for management on the Members' Council.

Who are you?

Kieran Hand



What do you do?

Hospital pharmacist.

Why did you become a Members' Councillor?

Because I would like to represent my fellow healthcare professionals and I have an interest in the workings of the Trust.



Patient Florence Russell having lunch during a protected mealtime

1,000 GOOD IDEAS SUGGESTIONS

1. Give our patients the opportunity to comment on their care when they leave hospital.

Action: Comment cards are now provided by our PALS team to gather patient feedback. Find out more—see page 10.

2. Ask patients if they want to be referred to by their first name.

Action: The Trust has launched a Privacy and Dignity Charter to tackle this and other important issues. Find out more—see page 20.

3. Contact patients by text message instead of letter.

Action: The majority of sexual health test results are now sent by text message. Find out more—see page 24.

4. Give patients more help at mealtimes.

Action: Protected mealtimes have been introduced in the hospital. Find out more—see page 32.

LEARNING FROM PATIENTS

GOOD IDEA WINS AWARD

The Trust's 1,000 Good Ideas campaign, which got patients, visitors, staff and the public involved in generating ideas to improve our services, won a prestigious Health Service Journal Award in November 2005.

Our campaign, which was driven by Non-Executive Director Jenny Hill, used staff and patient focus groups, an ideas board near the hospital entrance, a telephone hotline and a dedicated email address to generate the ideas.

Patricia Hewitt, Secretary of State for Health said: "Chelsea and Westminster has proved itself to be right at the forefront of the transformation taking place in the health service."

Trust Chief Executive Heather Lawrence said: "The campaign has helped us bring about real improvements to services for our patients and a better working environment for our staff."

Improvements in our services resulting from the 1,000 Good Ideas campaign are included in the blue panel on this page.

HOW WE WORK IN PARTNERSHIP WITH PATIENT GROUPS

Patient surveys and focus groups give us a snapshot of patients' views on a particular service or treatment but we are also committed as a Trust to working in partnership with a wide variety of patient groups.



Chief Executive Heather Lawrence (2nd left) and Director of Nursing Andrew MacCallum (3rd left) pick up their Health Service Journal Award from impressionist Rory Bremner (far left) and Ron Finlay (far right) of award sponsors Fishburn Hedges

For example, the Positive Patient Forum for patients from the Trust's three HIV clinics—Kobler, Victoria and Nkosi Johnson—was launched in early 2006 and has quickly established itself as an influential group.

Forum meetings are open to all patients who use the Trust's HIV services and represent a real opportunity for patients to get involved in shaping the future of these services.

In total, 18 patients from the Trust's three HIV clinics attended the first meeting and the Forum now meets on a monthly basis.

The Forum has launched a newsletter, arranged for suggestion boxes and information boards to be placed in waiting areas, launched a website and e-discussion group, and got involved in a Trust working group to review emergency access to HIV services at Chelsea and Westminster.

HOW WE LEARN

As a Trust, we encourage our staff to report incidents where something has either gone wrong or could have gone wrong so that we can learn from our mistakes.

Vivia Richards, Head of Clinical Governance, said: "Things will sometimes go wrong in an organisation as large and complex as Chelsea and Westminster but, when they do, we need to take action to prevent the mistake being repeated.

"We are committed to providing a safe environment of care for patients, staff and visitors by ensuring that we have systems in place to identify and manage any risks that could or do cause harm."

Here are just two examples of how we learn:

Example 1

An extensive review was undertaken to analyse all incidents relating to intravenous administration of medication over one year—14 incidents were due to incorrect setup of infusion pumps, including patient-controlled analgesics (PCAs). Work was completed to standardise pumps across the hospital, where possible, and the pain team is now informed of all incidents involving PCAs. In areas where a number of PCA-related incidents occurred, the pain team provided additional staff training.

Example 2

All security-related incidents in the Trust are reported and reviewed. In addition, the NHS Security Management Service is sending a strong message to people who abuse NHS staff—stop or you could be prosecuted. During October 2005 the Trust launched a number of security-related campaigns, 'In Safe Hands', in response to themes identified in both incident reports and the 2005 Staff Survey:

- Increasing access to training to help staff manage patients who behave aggressively.
- Introducing a red and yellow card system for individuals who are violent or abusive.
- Improving workplace security to reduce thefts of Trust equipment and personal property.

HOW WE LISTEN TO PATIENTS

Patient satisfaction surveys are an important way for us to listen to patients—and make improvements based on what they tell us.

For example, patients who had outpatient appointments with therapists were quizzed about all aspects of their treatment.

A total of 147 patients completed the survey and, although the vast majority were happy with their care, nevertheless an action plan was agreed to tackle areas for improvement.

Esther Palmer, Senior Physiotherapist, explained: "There were lots of positives in the comments we received from our patients but we took note of the negatives and fed those back through our teams to learn from them."

Alison Holdstock, Senior Occupational Therapist, said: "One of our actions was to post the survey results on a noticeboard in the therapies department so that those patients who took the time and trouble to complete the survey were not only aware of the results but also knew what we were doing in response."

Survey results included the fact that 72% of outpatients were seen early, on time or within five minutes of their appointment, 98% of patients had confidence and trust in their therapist, only 5% of patients had their appointment date and time changed, and 80% of patients said they were fully involved in decisions about their care and treatment.



HOW OUR PALS HELP US TO IMPROVE PATIENT CARE

Our Patient Advice and Liaison Service (PALS) provides patients, their families and members of the public with help, information and advice.

In 2005/06 the PALS team received 2,342 enquiries, 63% of which were seeking information, advice or praising aspects of our service—this is a small increase in the number of enquiries in comparison with 2004/05.

Most enquiries were made face to face at the PALS office, which is based near the main hospital entrance, but email contacts have increased following the introduction of the PALS@chelwest.nhs.uk email address and a web-based feedback form can now be accessed through the Trust website www.chelwest.nhs.uk.

PALS received 224 comment cards, which was fewer than in 2004/05—the team will focus on raising the profile of the comment cards scheme this year.

The comment card has recently been revised to provide patients with a clear guide to making suggestions and comments about our services. A number of changes and improvements have been made in response to feedback received through the PALS team in 2005/06:

- Disposable curtains are being piloted to reduce the risk of healthcare associated infections through dirty curtains.
- A search facility and a translation tool have been added to the Trust website to make it easier to use and more accessible.
- Food vouchers to be used in the hospital restaurant by nursing mothers whose children are being cared for on inpatient wards have been introduced, and a larger fridge freezer has been provided for parents whose children are long term patients.

PALS can be contacted via email PALS@chelwest.nhs.uk, on 020 8846 6727 or drop into the PALS office near the main hospital entrance.

HOW WE LEARN FROM COMPLAINTS

The Trust aims to ensure that all complaints are investigated to a consistently high standard and that complainants are provided with an open, honest, full and timely response.

Wherever possible, we hope to resolve people's concerns immediately and indeed before they become complaints. The Trust believes that complaints are a valuable source of information about the services we provide.

In 2005/06 we received a total of 461 complaints, which was just 0.098% of the total number of patient contacts with the Trust during the year—this includes inpatient admissions, outpatient appointments and A&E attendances.

This represented a small rise of three complaints compared with 2004/05—90% of complaints were responded to within 20 working days, as required by NHS guidelines.

The three biggest areas for complaints at Chelsea and Westminster were the same as the three biggest areas for complaints across the NHS in England—aspects of clinical care or treatment, the attitude or behaviour of staff, and aspects of the appointment system.

Changes and improvements have been made in response to feedback received through the complaints process—here are three examples:

Subject: Aspects of clinical care or treatment.


Improvement: A formal transfer protocol is being developed for children who are transferred to the hospital from other units, including a checklist of essential information to be obtained over the phone and to be included in written handover letters.

Subject: Attitude or behaviour of staff.

Improvement: A customer care training programme for all staff will be rolled out during 2006/07.

Subject: Aspects of the appointment system.

Improvement: A single phone number for all patients wanting an appointment at any of the Trust's three HIV and sexual health clinics has been introduced to replace the previous system of multiple phone numbers.



PALS Officers Jason Lane and Corinne Howard with the comment cards that patients use to provide feedback about their care

WITH A LITTLE HELP FROM OUR FRIENDS

Friends Chairman Lady Smith-Gordon, Lamy Bouhali (Burns Therapy Technical Instructor) and Councillor Frances Taylor, who is also a member of the Friends, with another generous donation to the hospital



FRIENDS MAKE A DIFFERENCE

The Friends of the Chelsea and Westminster Hospital is a voluntary organisation and registered charity which supports the work of the hospital for the benefit of patients, their families and the staff who care for them.

They run a shop on the ground floor of the hospital and provide a trolley service on the wards for patients who cannot get to the shop. They also lease premises on the hospital site for a hairdressing salon for patients and staff. Income generated is used to purchase medical and other equipment when funding is not possible from other sources.

These purchases make a tangible difference. For example, this year the Friends helped to buy a digital camera and photographic printer for staff who look after patients recovering from burns injuries so they can keep a visual record of how scars improve.

Occupational Therapist Brierley McCarten explained: "When a patient sees a picture showing the improvement, they are amazed. Previously, we had nothing in the department to monitor treatments visually, so it is great to have this equipment."

"The Friends really have made a huge difference to patient care and we are extremely grateful."

- If you would like to join the Friends, please call 020 8746 8825, email friends.office@chelwest.nhs.uk or write to The Administrator, The Friends of the Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH.

CHARITY SUPPORTS HOSPITAL

During 2005/06 a new charity, the Chelsea and Westminster Health Charity, was established with a new Chief Executive, Diane Yeo.

The Charity, which has independent Trustees, looks after financial assets of £23 million that were previously administered by the Charitable Funds Committee.

It also gives grants and raises funds for the improvement of healthcare and the benefit of patients and staff at Chelsea and Westminster Hospital.

The Charity, which supports the strategic aims of the hospital, the local community and research projects, aims to provide added value rather than replacing NHS provision.

In addition to its financial assets, the Charity also owns the collection of art for which Chelsea and Westminster Hospital is well known and funds its Hospital Arts scheme.

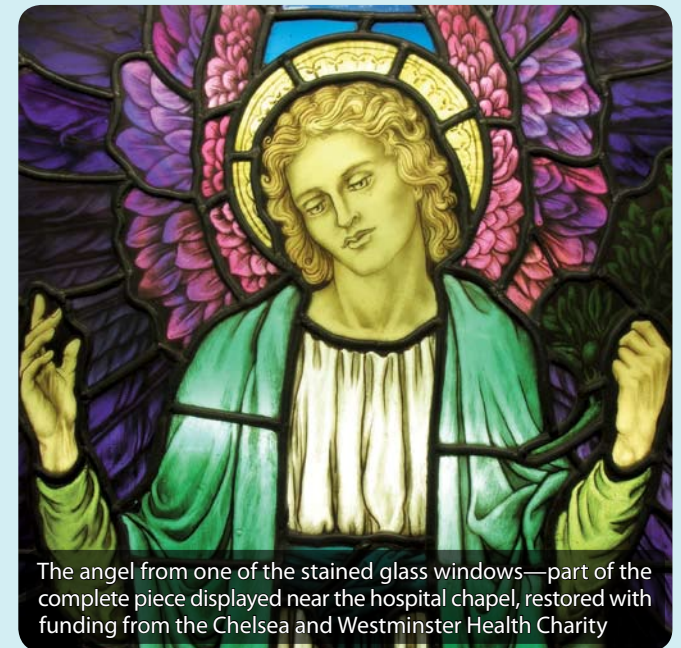
Since the hospital opened in 1993, its visual and performing arts programme has become internationally recognised for activities which benefit patients, their families, staff and visitors as an integral part of a holistic philosophy of healthcare.

Research published in 2005/06, conducted over three years at Chelsea and Westminster Hospital by a team led by Dr Rosalia Staricoff, proved that introducing artwork and music into different clinical areas can benefit patient care.

For example, a varied programme of music was played in the Medical Day Unit to measure its effect on patients' levels of anxiety and depression—patients being treated in the presence of music were 32% less anxious and 31% less depressed.

Dr Rosalia Staricoff said: "This work offers a good indication of the beneficial effects of integrating the arts into the hospital's work in caring for patients. We hope the project raises awareness of the real value of using arts in health."

- To find out more about the Chelsea and Westminster Health Charity, to make a donation or to get involved in fundraising, please contact Diane Yeo via email diane.yeo@chelwest.nhs.uk or call 020 8846 6600.



The angel from one of the stained glass windows—part of the complete piece displayed near the hospital chapel, restored with funding from the Chelsea and Westminster Health Charity



Volunteer Virginia Llewellyn

VOLUNTEERS MAKE AN IMPRESSION

Unpaid volunteers who give up their time to help out in wards and departments all over the hospital play a vital role in improving our patients' experience of Chelsea and Westminster.

For example, volunteers can be found on the main reception desk near the hospital entrance to help welcome visitors to Chelsea and Westminster.

Our volunteers ensure that our visitors' first impressions of Chelsea and Westminster are positive.

They direct visitors to wards and departments, answer questions and are also trained on the hospital computer system so they can deal with telephone queries.

Virgina Llewellyn, who is one of the volunteers who regularly works at main reception, said: "I like the fact that I can help people when they come to the hospital at what is often a very stressful and worrying time for them, whether they are a patient or the friend or relative of a patient.

"It is nice to know that sometimes we can make a real difference to someone's experience of the hospital by taking the time to help."

- If you would like to become a volunteer at Chelsea and Westminster, please contact Cinzia Giammarchi, Volunteer Liaison Manager, on 020 8746 8480 or email cinzia.giammarchi@chelwest.nhs.uk.

NEW PARENT ROOMS OPENED ON NEONATAL UNIT

The Children's Hospital Trust Fund is just one of a large number of special interest charities that benefit patients and their families at Chelsea and Westminster.

Thanks to a generous donation to the Fund of £71,000 from the Ronald McDonald Children's Charity, two new parent rooms and a day room on the hospital's Neonatal Intensive Care Unit (NICU) have been given a major makeover.

The parent rooms provide a place for parents to stay while their babies are being cared for on NICU.



Carolyn Bond and twins Jemima and Bertie Bond in one of the new parent rooms on the Neonatal Unit with Sister Alex Mancini, Staff Nurse Joy Bilono, Staff Nurse Diyenemy Pagayon and Sister Christina Morales

Carolyn Bond, who officially opened the revamped rooms in October 2005, knows all about spending time on NICU because her twins Bertie and Jemima were born prematurely and spent almost six months being cared for on the unit.

She said: "The nursing staff on NICU were second to none—they saved my children's lives and kept me going. I know how important it is to have somewhere peaceful and quiet to rest when you are spending a lot of time on the unit."

Dr Martin Brueton, Chairman of The Children's Hospital Trust Fund, added: "We are delighted to acknowledge the generosity of the Ronald McDonald Children's Charity."

- To find out more about the Fund, contact Charles Henderson, Administrator, The Children's Hospital Trust Fund, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH, or call 020 8746 8956.

DELIVERING EXCELLENCE IN CARE

This year we maintained our reputation as a centre of excellence for clinical care by, for example, achieving three stars in the government's performance ratings and hitting our targets.

We have also provided services in new and better ways to improve patients' experience of their care by utilising new technology, developing new schemes to reach out to patients and delivering cutting edge and innovative treatment.

Chelsea and Westminster has continued to build on its reputation as a centre for high quality teaching, research and development.

ON TARGET

THREE STARS AND A CLEAN BILL OF HEALTH

Chelsea and Westminster earned the maximum three stars in the NHS performance ratings that were published in July 2005.

The Trust achieved key targets including waiting times for A&E treatment, outpatient appointments and hospital cleanliness.

This was the final year of the star ratings system, which has been replaced by the new annual health check.

All NHS trusts in England must submit a declaration about their compliance against 24 core standards in areas including safety, clinical effectiveness and patient focus.

This self-assessment evaluation will then help inform the Healthcare Commission's overall performance rating for each trust—each trust will be given a rating for quality of care and use of resources on a four-point scale ranging from excellent to weak.

Chelsea and Westminster, like all other NHS trusts, will discover its performance rating for 2005/06 when the Healthcare Commission publishes the annual health check in October 2006.

The Trust Board declared that Chelsea and Westminster was compliant against all 24 core standards in 2005/06 after receiving assurances that the evaluation of standards and evidence was robust.

EMERGENCY PREPAREDNESS

The Trust Board has confirmed that the Trust's Major Incident Plan is fully compliant with the requirements of Department of Health guidance for emergency preparedness—one of the 24 core standards under the new annual health check.

Chelsea and Westminster instigated its Major Incident Plan on 7 July 2005 as part of the emergency services' response to the bombing attacks in London.

All non-emergency operations were put on hold and A&E staff were on standby to receive casualties.

In the end the hospital did not receive a large number of casualties but five patients were transferred to our specialist burns unit.

The Trust also participated in Exercise Tamino, a London major incident training exercise, in May 2006 to test our ability to treat mass casualties from a major incident—official observers

analysing our response gave us the most positive feedback of any acute NHS trust taking part in the exercise.

During 2005/06 Rona McKay, Clinical Nurse Lead in the hospital's A&E department, led work to develop the Trust's contingency plan in the event of a flu pandemic which is based on the model of the Major Incident Plan.

PATIENTS GIVE POSITIVE VERDICT

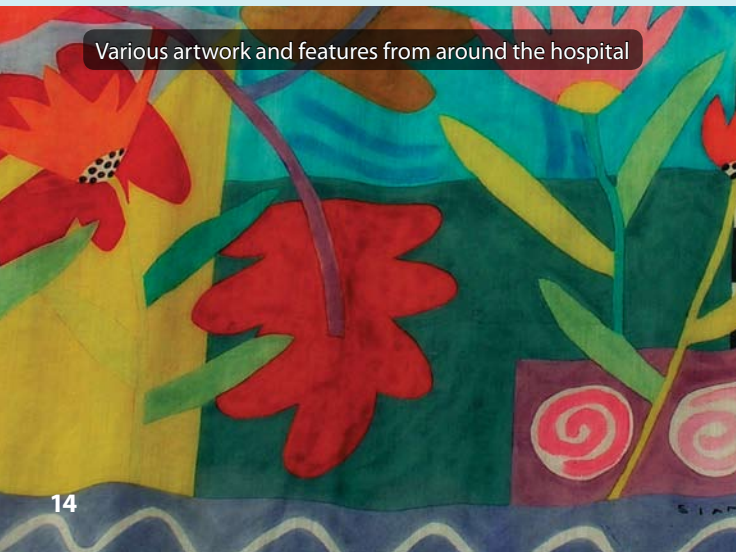
The quality of care we provide has improved over the last year, according to the results of our 2005 Patient Survey.

More than 400 patients at Chelsea and Westminster took part in the survey, which NHS watchdog, the Healthcare Commission, requires all acute hospitals to complete.

It included 57 questions about all aspects of patients' treatment in hospital—Chelsea and Westminster was ranked in the top 20% nationally on 10 questions and in the bottom 20% nationally on just one question.

When compared to the Trust's performance in the previous year, Chelsea and Westminster scored significantly better on nine questions and significantly worse on none.

Various artwork and features from around the hospital



Important areas where we were significantly better than the national average included our arrangements for discharging patients from hospital and the way that doctors ensure patients can discuss their condition or treatment with them.

The Trust has taken action to tackle the one area of the survey in which its performance was worse than the national average—hospital food. See page 32 of this report for full details.

Patient Survey results were broken down for every ward in the hospital so that staff could develop their own local action plans to address issues of particular relevance.

TEAM EFFORT REDUCES A&E WAITING TIMES

A real team effort by staff throughout the Trust helped achieve the national target set by the government that 98% of patients are seen, treated and then either admitted to hospital or discharged within four hours of arriving in our A&E department.

Edward Donald, Director of Operations, said: "This was only possible because of the commitment and teamwork of staff working throughout the hospital, as well as in A&E, which has resulted in patients spending significantly less time in the department."

For example, during 2002/03 46% of patients spent more than four hours in A&E but in 2005/06 just 2% of patients spent that long in the department.

Average waiting times have been reduced at the same time as the number of people treated in A&E continues to increase, in line with national trends.

We also have a dedicated 24-hour children's A&E department, the only such NHS facility in our area of London, which continues to see more and more young patients as its popularity spreads through word of mouth.

KEY TARGETS ACHIEVED

All Trust staff worked hard to ensure we achieved our targets in 2005/06—an impressive achievement because we were busier than ever this year:

- 96,000 patients were treated in our A&E department.
- 56,000 patients were admitted to the hospital for inpatient treatment.
- 316,000 patients had new or follow-up outpatient appointments.

Key targets achieved in 2005/06 included:

- No patient waited more than six months for a planned inpatient operation—a significant improvement on 2004/05 when we did not fully meet this target.
- No patient waited more than 13 weeks for a first outpatient appointment.
- 98% of A&E patients were seen, treated and then either discharged or admitted to hospital for treatment within four hours.

- 100% of cancer patients were treated within the three national standards—two weeks for an urgent referral to a specialist for suspected cancer, 31 days from decision to treat to first treatment, and 62 days from GP referral to first treatment.
- There was a 38% reduction in the rate of MRSA infections at Chelsea and Westminster.

EXTERNAL ASSESSORS PRAISE TRUST

The Trust successfully passed a key test of the quality of both our patient care and our ability to manage risks associated with providing this care.

The Clinical Negligence Scheme for Trusts (CNST) helps NHS trusts to fund the cost of legal action. Trusts contribute financially to the scheme and are allowed to reduce their contributions by meeting certain standards.

Chelsea and Westminster achieved Level 2 status for both the acute trust standard and maternity services standard when a team of external assessors visited the Trust in January 2006.

They were looking for evidence that the Trust has effective risk management systems to ensure the safety of patients and staff.

The CNST assessors praised two specific areas at Chelsea and Westminster—our policy for discharging patients from hospital and the documentation audit tools developed in the Trust—as examples of best practice nationally.



BETTER AND SAFER CARE

HIGH IMPACT

Chelsea and Westminster operates within the wider framework of the NHS and so our work must complement the government's drive to encourage alternative pathways of care for all patients who use our services.

We work in partnership with GPs, Primary Care Trusts, social services, voluntary organisations and our patients to provide care in new and better ways and to deliver better value for taxpayers' money.

Frontline staff are helping to improve our patients' journeys and reform pathways of care through a project called IMPACT—Improving Services for Patients At Chelsea and Westminster Trust.

This led to significant efficiency improvements and better value for money in 2005/06:

	Apr 2005	Apr 2006
Average length of hospital stay for patients	4.5 days	4.05 days
Patients admitted to hospital on the day of their surgery	45%	63%

IMPACT IN ACTION

Frontline staff are driving forward IMPACT initiatives to benefit patient care—here are just three examples of how our staff are improving our patients' journeys through the Trust:

Therapists extend their services

Therapists are an integral part of the Trust's clinical team and this year they extended their services to improve care for A&E patients and patients recovering from orthopaedic surgery such as hip or knee replacements.

The Rapid Response Team in A&E, which includes occupational therapists, physiotherapists and social workers, now provides a Saturday service to prevent unnecessary admissions to hospital and promote home safety.

Occupational Therapist Carol Brimacombe, who leads the team, said: "We started piloting our Saturday service in September 2005 and it proved so successful that it's now permanent.

"The majority of patients we see are elderly and frail, many of whom have suffered falls. A large number of these people have fractures, mobility problems, are confused or all of the above.

"Our job is to ensure that patients can be discharged safely from A&E by assessing their needs in the department and by liaising with social services, GPs and district nurses.

"The team frequently visits patients at home to identify fully what puts them at risk of hospital admissions, and then address their needs."

The Trust's orthopaedic physiotherapy service has also been extended, to Sundays, so there is now physio input on the orthopaedic wards seven days a week.

Mary Jones, Clinical Specialist Physiotherapist in Orthopaedics, said: "We ran a pilot project from September to November 2005 which showed that we treated an extra 108 patients who would otherwise have had to wait for physio until after the weekend."

The Sunday service, which helps to improve patients' range of movement and mobility after their surgery, is now permanent.



The Rapid Response Team—Jo Sanday (Occupational Therapist), Anna Green (Physiotherapist), Carol Brimacombe (Occupational Therapist/Rapid Response Team leader), Sarah Dawson (Occupational Therapist) and Ireti Olanipekon (Therapy Assistant)

A new approach to discharge planning

A new 'predicted date of discharge' scheme was piloted in December 2005, and has now been rolled out to all appropriate inpatient areas, to help ensure that patients don't have to stay longer in hospital than necessary.

This helps us to reduce the time that patients spend in hospital and plan ahead so patients are discharged when they are clinically ready to go home.

It has contributed to reducing the average length of time that patients spend in hospital from 4.5 days to 4.05 days in the last year.

Modern Matron Sharon Dooley said: "Establishing a predicted date of discharge means that patients know what is likely to happen to them during their time in hospital as soon as they arrive here.

"It helps patients' recovery to know how their care should proceed and enables them to plan their lives for when they leave hospital."

Improving intensive care

A new approach to common therapeutic interventions in the Trust's hi-tech Intensive Care Unit (ICU) is improving care.

'Care bundles' have been established so that every patient who requires either a tracheostomy or ventilation receives a prescribed standard of care which is rooted in evidence of what is best for patients.

Elaine Manderson, Clinical Nurse Specialist in ICU, said: "The main advantages of this approach are safety, consistency and equity in care for patients."

Jane-Marie Hamill, Clinical Nurse Lead in ICU, agreed: "The 'care bundles' approach really makes us scrutinise every aspect of an intervention, like tracheostomy care for example, by auditing all its individual elements.

"We audit our performance against each of those elements on a monthly basis and submit our data to the North West London Critical Care Network, which compares figures from 13 NHS and independent sector hospitals in our area of London."

PRE-OPERATIVE ASSESSMENT REDUCES RISKS OF SURGERY

All adult patients who are due to have surgery at Chelsea and Westminster have a pre-operative assessment to ensure they are as fit as possible at the time of their operation and to reduce any potential risks.

This service prepares patients physically and psychologically for surgery and reduces the number of patients who either fail to turn up for their operation or cancel at the last minute.

The number of patients who have a pre-operative assessment at Chelsea and Westminster has doubled in the last six years.

In 2000, 400 patients a month who were having day surgery with a general anaesthetic had an assessment. By 2006 the figure had increased to 800 patients a month.

This year the pre-operative assessment team has expanded in size to include six nurses, a support worker and an administrative co-ordinator to ensure that the increased workload of providing more pre-operative assessments can be accommodated.

PATIENTS GIVE TREATMENT CENTRE THE THUMBS UP

Our new Treatment Centre opened in May 2005 to increase the number of short stay surgical patients, the majority of whom are day cases.

The Treatment Centre enables the Trust to treat more patients as day surgery patients, which is not only most patients' personal preference but also reduces average waiting times for patients having routine, planned operations.

A total of 6,383 patients were operated on in the Treatment Centre in the 2005/06 financial year.

It has state-of-the-art medical facilities, including its own operating theatres, and a modern environment incorporating artwork to help make patients' experience of Chelsea and Westminster as pleasant as possible.

The blue panel contains the views of four patients who took part in recent focus groups about the Treatment Centre.

TREATMENT CENTRE FOCUS GROUP



Elizabeth Fisher

"I've now had two cataract operations in the Treatment Centre and I have to say it was an enjoyable experience, which might seem like a strange thing to say about coming into hospital. It was much less intimidating than going onto a ward and it was great to be able to just walk home afterwards."



Alan Forbes

"The Treatment Centre was fantastic and I congratulate the hospital on the service. I have never had anything wrong with me and so I was terrified when I came in for my surgery but the staff spotted my fears and they took the time and care to come and reassure me. If they hadn't been there, or if I had been on a ward, I would almost certainly have gone home because I was so worried."



John Hebditch

"I really liked the fact that I didn't have to stay overnight after my cataract operation and I appreciated the way that the nurses kept checking that I was okay when I was waiting before the operation. The whole experience was good, everything from having your own locker for your personal belongings to the communal waiting room which meant you didn't have to sit on your own before the operation."



Ira Winter

"I had a really good experience when I came into the Treatment Centre for a hernia repair—it was very quick and efficient, and the staff were also helpful and reassuring and helped me get over my nerves before the operation. The staff really made the difference because they realised that you need a lot of explanation and reassurance as a patient, and they worked as a team."

Charlene Ellis with her children Akira (7), Asia (2), and Marley (3 months) in the Early Pregnancy Assessment Unit



CHARLENE SINGS TINA'S PRAISES

Suffering a miscarriage is every pregnant woman's worst nightmare and so, when Charlene Ellis lost her baby, she was grateful to be able to turn to Tina Hutchings for help and support.

Tina is the Specialist Sister in the hospital's Early Pregnancy Assessment Unit (EPAU) which provides expert care and treatment for women who are experiencing problems with their pregnancy.

The Unit was officially opened by world famous ballet dancer Darcey Bussell OBE in April 2005 and now provides an assessment, counselling and scanning service for 400 women a month.

Charlene, 23, said: "I can't thank Tina enough for what she did for me when I had my miscarriage in April last year and then when I was pregnant with my son Marley, who was born in March this year. I look upon Tina as my compassionate friend who has always been there for me.

"She was very caring, she explained everything she was doing and she always had time to talk to me. She offered me and

my partner a copy of the scan picture of the baby daughter who we lost, who we named Precious, after I miscarried and delivered my baby.

"Tina bathed our daughter and wrapped her in blankets, she took a photo of her and printed her footprints and gave us copies for a keepsake.

"At first I didn't want to see Precious but Tina explained that it would help me to come to terms with what had happened—and she was right."

When Charlene and her partner Marlon discovered she was pregnant again, Tina supported them throughout the pregnancy and baby Marley was born on 26 March 2006.

Tina Hutchings said: "This is a very rewarding job although it can be very sad. I really get to know these families and I do everything possible to support them.

"I wouldn't be able to do this job without the help of the Unit's receptionist Georgina Merriner, who is worth her weight in gold, our ultrasonographers, and all the nursing staff on Annie Zunz Ward, where the women who I see are cared for if they need to be admitted to hospital."

Darcey Bussell, who gave birth to both her daughters at Chelsea and Westminster, said: "I am so grateful to all the wonderful staff at the hospital. They looked after us so well."

Charlene and many other women like her, who have been treated in the EPAU, would certainly agree.

PHARMACY ROBOT REDUCES PATIENT WAITING TIMES

The pharmacy robot, which was installed in 2003, continues to improve the quality and efficiency of pharmacy services for patients.

It now holds 75% of all pharmacy stock and processes 66% of requests for medicines.

Thanks to the £500,000 robot, which was funded by the Chelsea and Westminster Health Charity, the average waiting time for outpatient prescriptions is just 36 minutes and the dispensing error rate has been reduced by 60% in just two years.

This innovative use of technology and related improvements means pharmacists can spend more time on the wards talking to patients.

As a result, our 2005 Patient Survey showed an increase in the number of patients at Chelsea and Westminster who felt better informed about their medicines when they were discharged from hospital.

CHILDREN'S DAY CASES INCREASED

The number of children who are able to have surgery and return home on the same day, instead of spending a night in hospital, has risen rapidly in the last 12 months.

There were 117 day case operations performed in April 2005 but that figure had increased to 184 by April 2006, thanks to the expansion of the Day Case Unit on Saturn Ward which now has 10 beds.

Children being cared for in the Day Case Unit often have relatively minor surgical procedures, and therefore relatively short anaesthesia times, but previously all children had to stay for a minimum of four hours after their anaesthetic.

However, many children are ready to be discharged well before the four hours are up and so now the minimum discharge time post-anaesthetic has been reduced to two hours—as long as children meet set clinical criteria and their parents or carers are happy to take them home.

This change not only means that children and their families can go home sooner but will also improve efficiency further so that more children can have day case surgery.

PHARMACISTS IMPROVE PATIENT CARE

Hospital pharmacists play an important role in improving patient care.

Chelsea and Westminster now uses electronic prescribing of medication for all outpatient clinics and 'take home' medication for patients being discharged from hospital.

Electronic prescribing reduces errors, improves consistency and speeds up the dispensing of drugs. It is due to be piloted and then rolled out to all inpatient wards during 2006/07.



Sara Milton, Specialist Pharmacist for Medicine

Ensuring that patients take their medication after they leave hospital is a major issue for the pharmacy department—the World Health Organisation says that adherence to long term therapy for chronic illnesses in developed countries averages only 50%.

Chelsea and Westminster provides medicines compliance aids for patients to help them adhere to their treatment after they return home from hospital.

The use of these aids is being improved through a package of measures:

- A formal assessment to assess patients' suitability for medicines compliance aids is being introduced—an assessment tool has been developed in partnership with St Mary's NHS Trust, Kensington and Chelsea PCT and Westminster PCT.
- Patients will be given a two week supply of their medication in a medicines compliance aid, instead of the current one week supply—this will allow a longer time period to get GP repeat prescriptions and to get medicines compliance aids refilled.
- A disposable medicines compliance aid, which patients helped to choose, will be used instead of the current

refillable device—this will be a more efficient use of resources.

- A copy of the patient's discharge medication list will be faxed to community pharmacists—this will help reduce errors following discharge from hospital.

IMPROVING CARE FOR CRITICALLY ILL PATIENTS

A new system to spot patients who are at risk of becoming critically ill has been introduced at Chelsea and Westminster.

The Chelsea Early Warning Scoring System, which has been developed by Andrea Blay, Critical Care Nurse Consultant, and the Critical Care Outreach Team, was piloted on two medical wards—David Erskine and Edgar Horne—before being rolled out across the Trust.

The system helps identify patients on hospital wards who may require a higher level of care or who are at risk of deteriorating. Nurse Consultant Andrea Blay said: "By identifying patients at risk of deterioration and intervening early, the aim is to

improve outcomes for these patients, reduce admissions to the Intensive Care Unit, and speed up transfers to appropriate critical care areas to meet patients' needs."

IT'S YOUR CHOICE

A national system that puts patients at the centre of their care, by giving them choice over where and when they are treated, is up and running at Chelsea and Westminster.

The Trust currently operates the Choose and Book Indirect Booking Service for outpatient clinic appointments which means that a GP can help a patient choose Chelsea and Westminster as the hospital where they want to be treated.

The patient is given a booking number, which enables them to phone the Trust immediately after seeing their GP to book an appointment.

The Choose and Book Direct Booking Service, which enables GPs to book outpatient clinic appointments for patients, is due to be piloted this year before Trustwide implementation.

The Critical Care Outreach Team—Lisa Wright, Sophie Brew, Dan Ford, Theresa Weldring, Julie Darroch and Richard Harvey



MAKING PRIVACY AND DIGNITY A PRIORITY

PRIVACY AND DIGNITY—EVERY PATIENT'S RIGHT

Improving privacy and dignity for all patients is a huge challenge for the NHS—and Chelsea and Westminster is no different from other hospitals.

Our Clinical Nurse Leads throughout the Trust have been charged with the task of auditing our performance on privacy and dignity to highlight areas of good practice and areas for improvement.

Helen Brown, Lead Nurse for Support Worker Development, and Reverend Steven Smith, Head of the Multi-Faith Chaplaincy Service, have championed work to develop a privacy and dignity charter which sets out the key principles of privacy and dignity that staff should promote in their daily working lives.

The charter spells out the FRESH values that can help safeguard the privacy and dignity of patients and staff:

FAIRNESS
RESPECT
EMPOWERMENT
SHARING
HONESTY

The charter was nominated for this year's Patients Association Awards which recognise good practice and reward excellent patient care.

It is part of a much broader programme of initiatives to promote privacy and dignity at Chelsea and Westminster including:

- Privacy and dignity training sessions for staff.
- Introduction of an assessment tool so that staff can benchmark practice in their area of the hospital.
- Updated Privacy and Dignity Policy to provide staff with guidance and procedures.

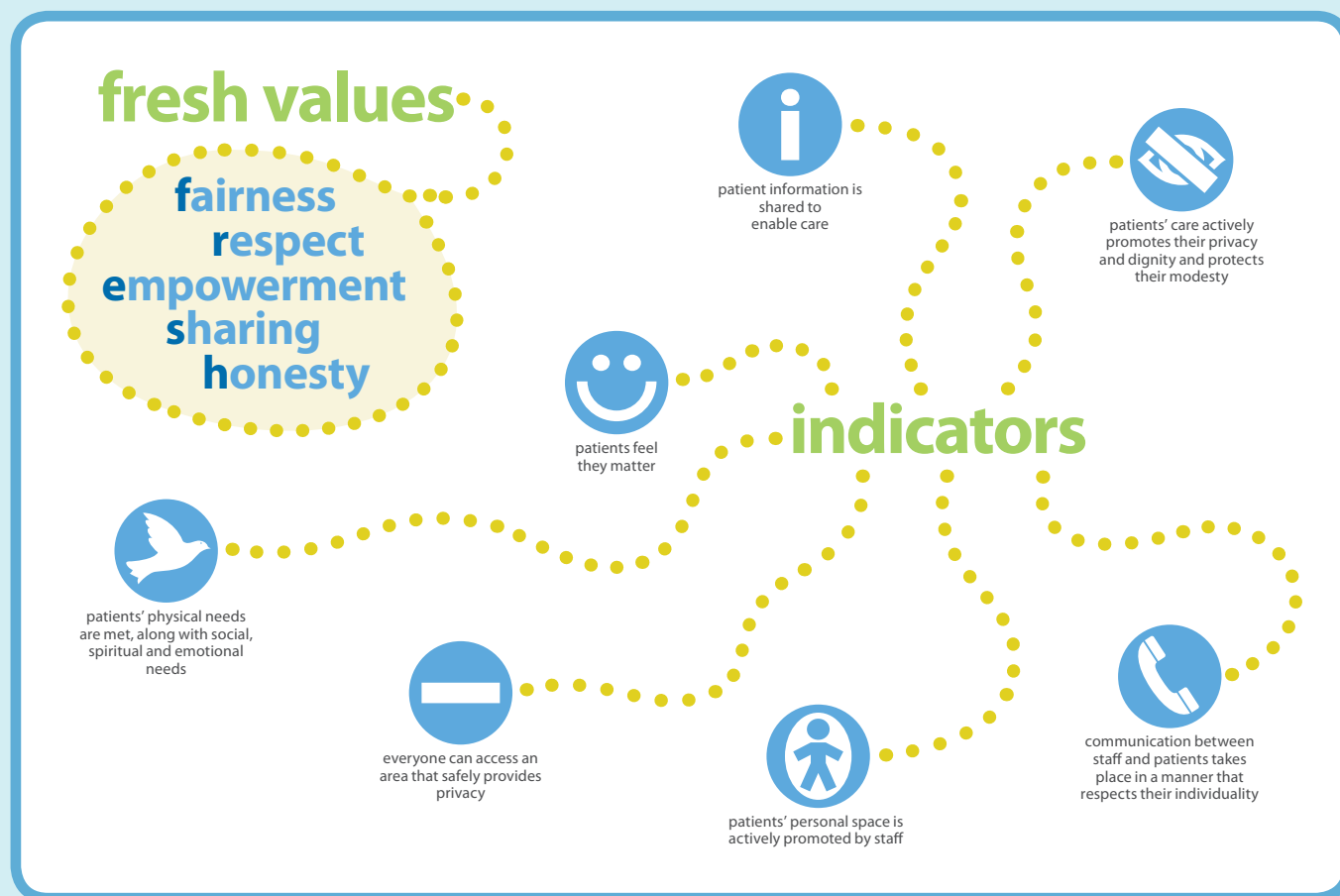
The policy includes practical examples of the kind of good practice that makes the difference when it comes to treating patients as individuals, respecting their confidentiality at all times and protecting their dignity and modesty.

Examples include the fact that staff should be introducing themselves when they first talk to a patient, clearly stating their name and role, always knocking before entering a room, and checking whether a patient wants to be referred to by their first name or surname.

NURSE CHAMPION FOR OLDER PEOPLE

Nick Hale joined Chelsea and Westminster this year as our new Nurse Consultant for older people's services at a time when respecting privacy and dignity has become a particularly big issue for our older patients.

His role is to work with ward and clinical teams to ensure the implementation of the key Department of Health document,



A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People.

Nick, who joined the Trust from Buckinghamshire Chilterns University where he was Principal Lecturer in the Health faculty, has a particular focus in his new role on personal care for older people including issues relating to privacy and dignity.

He said: "The main challenges of my new role here at the Trust are encapsulated by the three key areas outlined in *A New Ambition for Old Age*.

"They are dignity, the importance of providing 'joined-up' services across staff disciplines in the Trust and across organisations—including social services, primary care trusts and the voluntary sector—and healthy ageing which includes identifying the main impediments to the health of older people by promoting continence, nutrition, foot care and other factors.

"The group of patients that I am working with in particular are those frail, older patients whose care is complex because they might suffer from more than one long-term degenerative condition, for example, and experience difficulties meeting their everyday living needs."

OVER 50s GIVE US THE THUMBS UP

The care provided by the Chelsea and Westminster makes it one of the best hospitals in England for the treatment of the over 50s—according to an independent study published by Saga Health Care in March 2006.

We were rated as one of the top 26 hospitals in the country—out of a total of 223 hospitals—which were all analysed according to four key factors that were deemed most important to people aged over 50.

Factors included quality of care, including the number of doctors and nurses and mortality ratios, patient experience, including cleanliness and infection control, and access to services, including waiting times for inpatient and outpatient treatment.

Andrew Goodsell, Chief Executive of Saga, said: "This survey provides a snapshot of how the NHS is meeting the needs of today's over 50s. It is encouraging to see the majority of

hospitals performing well, and this is a tribute to the dedication of NHS staff."

Saga's free guide to the performance of hospitals in England can be ordered online at www.saga.co.uk/goodhospitalguide—it includes full details of the care provided by Chelsea and Westminster for the over 50s.

AGE CONCERN LINKS UP WITH TRUST

The Trust aims to consolidate its outreach work with local voluntary organisations as part of its engagement and partnership strategy.

This is particularly relevant in the area of older people's services where it is important that we have strong partnerships with social services, GPs and other NHS primary care staff, and the voluntary sector.

For example, we welcomed the Hammersmith and Fulham branch of the charity Age Concern to the hospital for the first of what it is hoped will be a regular series of information sessions.

The charity already has an information stand once a month at Charing Cross and Hammersmith hospitals.

Catherine Thomas, of Age Concern Hammersmith and Fulham, said she was delighted that the Trust has demonstrated its commitment to providing high quality care for older people by appointing Nick Hale as Nurse Consultant dedicated to this area.

She said: "This is music to my ears."

This year the Trust created the new role of Engagement and Partnership Co-ordinator to drive forward its programme of work with the voluntary sector and other local partners.

Julie Cooper, who joined the Trust in this newly created role in early 2006, has undertaken an audit of our existing patient and public involvement activities.

She works with wards and departments on patient satisfaction surveys, focus groups and other activities, which enable us to involve service users and others in the life of the hospital.



Nurse Consultant Nick Hale

IMPROVING CANCER CARE

CANCER ACCESS TARGETS

The Trust's cancer services team worked hard during the 2005/06 financial year to achieve all three key cancer access targets:

- 2 weeks for an urgent referral to a specialist for patients with suspected cancer.
- 31 days from a decision being made to treat a patient after they are diagnosed with cancer to first treatment.
- 62 days from a cancer patient being urgently referred by their GP for treatment at Chelsea and Westminster to first treatment.

These targets are a significant challenge for the Trust and require all staff to play their part, not just the cancer services team.

The 31 and 62 day targets are particularly challenging due to the relatively small number of patients involved, because a breach in relation to one patient's care will mean the Trust does not score maximum points in this area.

EXTERNAL ASSESSORS PRAISE OUR CANCER SERVICES

A team of assessors from the National Cancer Peer Review Programme visited the Trust in February this year to review our cancer services.

They examined the hospital's performance against national quality measures for each of the cancers that are treated at Chelsea and Westminster as well as chemotherapy, palliative care, cancer imaging and our pathology services.

These national quality measures aim to ensure that all patients with suspected or diagnosed cancer are well managed by a team of multi-disciplinary staff.

They also aim to ensure that patients and their carers are kept fully informed and supported during their treatment and that

we are working within agreed treatment and management guidelines.

Initial feedback from the assessors was largely positive although their final report, which will provide public information about the quality of our cancer services, had not yet been published as this annual report went to press.

The National Cancer Peer Review Programme assessors gave particular praise to the Trust as the first in London to successfully pass the measures related to the administration of chemotherapy through the spine—'intrathecal' chemotherapy.

In preparation for February's peer review, cancer services staff provided documentary evidence to demonstrate that they are meeting national standards, including patient surveys about their experience of cancer care at Chelsea and Westminster.

Here are just two examples of positive feedback from these surveys:

Lung cancer patients

(survey carried out September 2005)

- 80% said they had enough time during their consultation.
- 70% understood the roles of different members of the clinical team in their care.
- 85% said they were given good written information about their treatment.

Gynaecological cancer patients—follow-up care

(survey carried out November 2005)

- 89% felt they were seen at a frequency they were happy with.
- 83% were satisfied that their follow-up care was adequate.
- 78% received copies of clinic letters.



The Macmillan Centre has a wealth of information for patients and their families

MACMILLAN CENTRE SUPPORTS PATIENTS AND THEIR FAMILIES

The Macmillan Centre at Chelsea and Westminster is an excellent example of how the Trust works in partnership with the voluntary sector to provide a holistic package of care for patients.

It provides information, support and counselling for patients who have either suspected or diagnosed cancer—and their families and carers who often also need support at this difficult time.

The Centre is an oasis of calm in the middle of a bustling hospital, with a whole wealth of patient leaflets and other information resources.

The Centre has one full-time member of staff but also a whole army of volunteers who provide a complementary therapy service which is free for patients, whether they are visiting the hospital for an outpatient appointment or are inpatients.

Therapies offered include massage, reflexology and aromatherapy—and they can be provided on the wards for patients who are too ill or weak to visit the Centre.

A recent survey of outpatients using the complementary therapies service demonstrates their popularity:

- 92% of patients said complementary therapies made living with cancer easier.
- 88% said these therapies improved their experience of cancer care at Chelsea and Westminster.
- More than 80% said complementary therapies helped them to relax and relieved stress.
- Almost 70% said they felt less anxious after having a complementary therapy.

The individual comments of cancer patients who took part in the survey, anonymised to protect their identities, were just as positive.

One patient said: “It is very easy to assume that your world has been wholly reduced to living with cancer. These therapies help enormously in opening my mind again—wonderful!”

Another patient said: “I can’t find any fault with the wonderful service and kindness that has been given to me over the past few months. Thank you very much.”

WORKING IN PARTNERSHIP TO DELIVER BETTER CANCER CARE

The Trust works in cancer networks to provide integrated services for cancer patients.

Chelsea and Westminster is part of not only the West London Cancer Network, whose designated Cancer Centre is Hammersmith Hospital, but also the South West London Cancer Network, whose designated Cancer Centre is the Royal Marsden.

We provide both surgery and chemotherapy for cancer patients, although not for all types or grades of cancer, and we also provide a range of diagnostic services including CT and MRI scans, endoscopy and biopsies.

Working in cancer networks ensures that patients receive the best possible treatment in designated centres of excellence at different stages of their treatment.

An example of how the Trust works closely with its partners to provide the best possible care for cancer patients is the recent appointment of Patricia Dopheide to the new role of Macmillan Clinical Specialist Occupational Therapist in our palliative care team.

This post, which is shared jointly between Chelsea and Westminster Hospital and Kensington and Chelsea Primary Care Trust, will enable Patricia to help manage the care of palliative care patients both in hospital and in the local community.

Patricia will also work closely with the local community team from Trinity Hospice in Clapham.

IMPROVING END OF LIFE CARE

A new care pathway has been introduced at Chelsea and Westminster for patients who are approaching the end of life.

The Liverpool Care Pathway is a care plan to guide staff through not only identifying and addressing the physical and emotional needs of patients but also supporting partners, families and friends both before and after the death of a loved one.

Nurse Edel Costello, who was seconded to the post of Liverpool Care Pathway Facilitator in October 2005 following generous funding of this post by the Friends of Chelsea and Westminster, has led the implementation of the care pathway on all 14 adult wards in the hospital.

She said: “My role has been to provide a comprehensive package of training for all staff, both clinical and non-clinical, so they are equipped with the knowledge they need to provide high quality end of life care for patients and their families.

“Although care for the dying is often associated primarily with cancer patients, in fact 60% of people die in hospital and so it is important for us to provide the best possible end of life care for all patients in the Trust.”

The Trust is taking part in a national audit of the Liverpool Care Pathway which will assess how successfully this new model of care has been implemented at Chelsea and Westminster.



Nurse Edel Costello, Liverpool Care Pathway Facilitator

INNOVATION IN SEXUAL HEALTH SERVICES

A REPUTATION FOR EXCELLENCE

HIV and sexual health services at Chelsea and Westminster have earned an international reputation for being at the cutting edge of treatment and research.

Our staff work closely with partners in primary care and voluntary organisations to deliver services at three main centres—the John Hunter Clinic at Chelsea and Westminster, the West London Centre for Sexual Health at Charing Cross Hospital and the Victoria Clinic in SW1—as well as community outreach venues.

We develop innovative new ways of delivering services, whether that is through providing tests in gay bars and other non-traditional care settings or utilising the latest call centre, mobile phone and internet technology to improve efficiency.

This innovation helps us not only to provide the best possible care for patients but also to keep pace with rapidly increasing rates of sexually transmitted infections and tackle a new government target that by 2008 all patients must be able to access NHS sexual health services within 48 hours.

Leading edge research into HIV, including the development of both new treatments and potentially life-saving vaccines, is led by internationally renowned clinicians.

The Trust works on research in partnership with organisations including the St Stephen's AIDS Trust and the International AIDS Vaccine Initiative which both have research laboratories in the St Stephen's Centre at Chelsea and Westminster.

NEW TECHNOLOGY BOOSTS JOHN HUNTER CLINIC REVAMP

The redevelopment of the St Stephen's Centre at Chelsea and Westminster, allied to the use of state-of-the-art technology, is improving treatment for sexual health and HIV patients.



The Centre—which is located next to the main hospital building and is home to many of the Trust's sexual health services including the John Hunter Clinic—has been redeveloped at a cost of £900,000 to provide a better environment for patients.

Improvements in the design of the John Hunter Clinic mean that an extra 30% more patients can be treated there since it re-opened in March this year—patients now have a new waiting area, triage room and double the number of examination rooms.

The clinic is supported by the innovative use of new technology so that access to sexual health services for patients is easier and their treatment is quicker—here are three examples:

Call centre

A new call centre has been established in the St Stephen's Centre so that there is now one phone number for patients who want to book appointments at any of the Trust's sexual health and HIV clinics—there were previously different phone numbers for different clinics.

Text messaging

According to research published by doctors at Chelsea and Westminster this year, sending test results for sexually transmitted infections by text message instead of providing results in clinic or by phone is quicker, more efficient and cheaper.

Texting accounted for 75% of all test results by August 2005 and the number of patients receiving test results every month increased from 600 in August 2003 to 1,000 in August 2005. The cost of providing test results fell by 40% over the same time period despite the increasing number of results.

Most importantly, the research showed that the average number of days before patients received their test results was just under eight for the text messaging service compared with more than 11 for results provided in person or on the phone.

Internet appointments

Internet technology is being developed via the Trust website so that patients who think they may need treatment in a sexual health clinic can 'triage' themselves online 24 hours a day—when the service is up and running later this year, patients will be able to find out where they should seek treatment and even book appointments via email.

DOUBLE AWARDS SUCCESS FOR VICTORIA CLINIC

Two services run by staff from the Victoria Clinic in Vincent Square, SW1 won prestigious national awards in 2005/06.

Staff received the Best Patient/Public Campaign award in the annual Communique Awards for the SORTED campaign which encourages more gay men to get vaccinated against Hepatitis A and B.

Even though Hepatitis B is 100 times more infectious than HIV, only 50% of gay men in London have been vaccinated—the vaccination is free and it can help protect people from a potentially life-threatening disease.

The SORTED campaign has increasingly been run less in the traditional setting of sexual health clinics and more through outreach work in the gay community.

Two senior staff nurses from the Victoria Clinic, Beth Gannon and Martin Lincoln, were transformed into sexual health superheroes—‘The Vaccinators’—as part of SORTED’s eye-catching new campaign for 2006.

Hepatitis vaccinations were offered as part of a night out at the G-A-Y Bar in Soho to encourage more gay men to get vaccinated—a total of 81 gay men were vaccinated in just four nights at G-A-Y.

Dr Alan McOwan, Lead Clinician at the Victoria Clinic, said: “Our new campaign raises the profile of the importance of gay men being proactive about their health.”

The second award for Victoria Clinic staff was a Nursing Times Award won by Tony Kerley, Senior Staff Nurse for HIV, for the innovative OptionE service. This service enables HIV patients, who are stable on treatment, to have drugs delivered to their home and test results emailed to them.

He received the prestigious national award from Patricia Hewitt, Secretary of State for Health, in November 2005.

Tony said: “The OptionE service reduces the number of visits HIV patients need to make to hospital, helping them to get on with their life. If they are stable on treatment we can email them test results at home and deliver drugs to their home.

“This means they only need to see a doctor once a year and a nurse three times a year which helps to free up time to see other patients.”

WEST LONDON CENTRE PIONEERS NEW PARTNERSHIPS

The West London Centre for Sexual Health, which is run by Chelsea and Westminster but based at Charing Cross Hospital, provides targeted clinics to encourage minority and ‘hard to reach’ groups to access sexual health services.

These services are often set up in partnership with voluntary sector and other NHS organisations as well as community groups.

For example, the WEST 6 clinic was launched in June 2005 for men who have sex with men, who are at a higher risk of contracting HIV and other sexually transmitted infections.

Ealing, Hammersmith and Hounslow Gay Men’s Project carried out a small survey of gay men which showed that 60% of those asked were more likely to attend the West London Centre if there was a designated service.

WEST 6 offers one-hour HIV testing, information, advice, testing and treatment for sexually transmitted infections, Hepatitis A and B vaccinations and free condoms.

Staff at the West London Centre have recently embarked on a new partnership with the West London HIV Prevention Group, which includes Ealing, Hounslow and Hammersmith & Fulham PCTs.

They are targeting African communities, which are statistically at a higher risk of contracting HIV, and also the least likely to access services.

The new collaboration, which is called the West London African HIV Prevention Partnership Project, builds on the Love Safely project which trains community volunteers to perform HIV outreach work.

Staff at the West London Centre felt this project was an opportunity to share specialist HIV and sexual health knowledge with their local African communities.

This ‘word of mouth’ approach is crucial in getting more people to test for HIV, which is not only beneficial for their own health, but also the health of the community at large because it reduces the risk of infection.



Beth Gannon (Senior Staff Nurse, Victoria Clinic), Andrew La'Bray (Practice Supervisor, CLASH) and Martin Lincoln (Senior Staff Nurse, Victoria Clinic) launch the new SORTED Hepatitis A and B vaccination campaign

HIGH QUALITY RESEARCH AND TEACHING

Chelsea and Westminster is a campus of the Imperial College School of Science, Technology & Medicine and a teaching centre for Thames Valley University.

We use these teaching networks to drive a first class programme of academic research and development.

There are 15 key programmes of research and development, covering areas ranging from HIV to cancer and from bone tissue engineering to perinatal and reproductive medicine.

The Trust's research and development office recorded a total of 270 research papers published in the 2005 calendar year—129 research projects are currently underway.

RESEARCH TACKLES THE RISK OF HEART DISEASE IN PREGNANCY

A mother with a history of heart surgery gave birth to a healthy baby boy in August 2005 after doctors at Chelsea and Westminster provided special treatment for her throughout her pregnancy.

Sharon Jebb was herself born with a blocked heart valve which required surgery but she had no idea that she would need special care until she was referred to a doctor at our neighbours just down the Fulham Road, the Royal Brompton Hospital.

She then ensured her GP informed Chelsea and Westminster where she was looked after during her antenatal care by a special congenital heart disease team.

Every time she saw the midwife, she also saw the specialist heart team who advised about a clear birthing plan to reduce stress on her heart caused by labour contractions.

Sharon discussed her experience when a new research report was published by a team of leading heart and pregnancy doctors at Chelsea and Westminster and the Royal Brompton in February 2006.



Sharon Jebb and baby George

The research warned that more than 125,000 women in the UK with congenital heart disease are at significant risk of dying during pregnancy, and that the majority of adult patients with the condition are not aware of the need for continuous specialist care.

Professor Philip Steer, Professor of Obstetrics and Gynaecology at Chelsea and Westminster, said: "When these at risk women are pregnant it's essential they have specialist care, especially antenatally and in labour, and they need good aftercare too.

"If they don't get the care they deserve, sadly some women will continue to die needlessly."

CHIEF MEDICAL OFFICER VISITS HI-TECH TRAINING CENTRE

Sir Liam Donaldson, the Chief Medical Officer for the UK, visited the Trust's Simulation Centre after junior doctors undergoing postgraduate training in the hi-tech centre gave positive feedback on the programme for Foundation Year 1 doctors.

The programme, which began in 2005, develops key competencies around procedures, investigation and clinical skills needed to recognise patients becoming critically ill as

well as a more detailed set of wider competencies—all using a simulator to replicate the challenges doctors face in real life.

More than 150 junior doctors completed the Simulation Centre course between August 2005 and January 2006—95% rated the course as either 'very good' or 'excellent' and 100% said their experience in the simulator would have a positive impact on their future work as doctors.

During his visit in June 2006, Sir Liam saw a scenario involving complications during an operation on a 'patient' which is actually a computerised mannequin that realistically exhibits the responses of a real patient and whose condition responds to correct treatment.

He met junior doctors who had been on the course and took part in a discussion about the role of medical simulation in both the training of doctors and the improvement of patient safety in the NHS.

PROMOTING INNOVATION IN STAFF TRAINING

Chelsea and Westminster is the lead organisation for the new Training Hub for Operative Technologies in Healthcare (THOTH), created in 2005/06 with £2 million funding from the Department for Trade and Industry, NHS Institute and Imperial College.

THOTH develops high quality, innovative training methods for advanced medical technologies which will help improve patient safety and the efficiency of NHS care.

It works with NHS organisations, as well as the medical device and information technology industries, to identify training needs and facilitate knowledge sharing.

Dr Aniko Zagon, Managing Director of THOTH, said: "We are delighted to be associated with Chelsea and Westminster Hospital which, in partnership with Imperial College, is a recognised centre of excellence in technology training research and provides a stimulating environment and expert partnership for THOTH."

CREATING A FIRST CLASS PATIENT ENVIRONMENT

Our patients' experience of Chelsea and Westminster is not just about the medical treatment they receive or the doctors, nurses and other members of the clinical team who care for them.

High quality clinical care is supported by the best possible environment for our patients to ensure that Chelsea and Westminster is a welcoming place—clean, safe and as stress-free as possible.

No one chooses to spend time in hospital but we can make the experience as pleasant as possible—working in partnership with our facilities contractors, ISS Mediclean and Haden Building Management.

KEEPING IT CLEAN



Senior Staff Nurse Vicky Cruz and Staff Nurse Christina Hoeft audit hand hygiene standards

INFECTION CONTROL TEAM NOMINATED FOR NATIONAL AWARD

Roz Wallis, Senior Infection Control Nurse, and the Trust's infection control team were nominated for this year's Patients Association Awards after introducing a special catheter into everyday use at Chelsea and Westminster.

The silver alloy catheter helps reduce urinary tract infections which not only cause patients a lot of discomfort but also cost the NHS thousands of pounds a year.

It limits the ability of bacteria to bond to the surface of the catheter and so reduces the risk of bacteria moving into the bladder and causing an infection.

When the new catheters were introduced this year, the infection control team used this opportunity to launch a comprehensive package of training and awareness raising among staff to improve catheter care overall.

HAND HYGIENE AWARENESS WEEK

This year's Hand Hygiene Awareness Week at Chelsea and Westminster, which raised the profile of hand hygiene and infection control among staff, patients and visitors to the hospital, was bigger and better than ever.

Key aims of this popular annual event were not only to help reduce MRSA rates and remind people to clean their hands when they enter or leave wards but also to reach people who might not be engaged by more traditional communication methods.

The week was fun as well as educational, with events ranging from seminars for frontline staff to participatory art projects and even circus performers handing out hand hygiene leaflets to hospital visitors.

There was also a seminar on MRSA and other infection control issues for patient and public members of our Foundation Trust and members of our Patient and Public Involvement Forum.

Achievements of this year's Hand Hygiene Awareness Week included:

- More than 1,000 staff attended educational seminars, presentations and other face to face events during the week.
- Four hand hygiene roadshows were held in patient areas to take the hand hygiene message directly to staff, patients and visitors.
- 3,000 hand hygiene information leaflets were distributed.
- A series of fun events were held, including everything from a pub quiz to a comedy night.



Striking a pose during Hand Hygiene Awareness Week are Betty Chan (Occupational Therapist), Kate Petts (Inpatient Therapy Lead) and Nathalie O'Connor (Occupational Therapist)

RCN LAUNCHES ANTI-MRSA CAMPAIGN AT CHELSEA AND WESTMINSTER

Beverly Malone, General Secretary of the Royal College of Nursing, launched the piloting of the RCN's MRSA Wipe it Out campaign at Chelsea and Westminster in July 2005.

The campaign includes information leaflets, posters and booklets as part of a programme to inform staff, patients and visitors about MRSA and other healthcare associated infections and how they can help tackle them.

Beverly Malone said: "We are delighted that the Trust has signed up to our Wipe it Out campaign which promotes common sense steps to tackle MRSA."

"The campaign emphasises the part that everyone from nurses to patients and visitors can play in fighting infection, so that in partnership we can tackle this together."

Chelsea and Westminster also joined the National Patient Safety Agency's Clean Your Hands campaign in July 2005.

This campaign includes eye-catching posters to help raise awareness of hand hygiene and alcohol hand gel dispensers placed at ward entrances and next to patients' beds to make it easier for staff, patients and visitors to clean their hands.

Individual bottles of alcohol hand gel have also been provided so staff can clean their hands on the move. This makes it easier for staff to maintain a strict hand hygiene regime to reduce the risk of infection.

Heather Lawrence, Chief Executive, said: "One very important aspect of the Clean Your Hands campaign is involving patients in improving hand hygiene. We encourage patients to ask their nurse or doctor whether they have cleaned their hands."

MRSA RATES REDUCED

We reduced the rate of MRSA infections at Chelsea and Westminster by 38% in 2005/06—there were just 29 MRSA bacteraemia during the year, compared with 47 cases in 2004/05.

This is good news for patients who may be concerned about picking up an infection when they come to hospital, and we believe a lot of the credit must go to our new network of Infection Control Link Professionals.

They are a team of 80 specially trained staff who have responsibility for promoting good infection control and helping fight the spread of infections in their area of the hospital.

They are nurses, therapists, radiographers and other healthcare professionals who act as role models for other staff and carry out monthly audits of hand hygiene.

The link professionals are an essential link between local clinical areas and the central infection control team, and they also encourage staff to take responsibility for making things happen in their area.

The first Infection Control Link Professionals took up their posts in July 2005. They all have a four-day training course to equip them with the knowledge and understanding they need to implement changes.

Roz Wallis, Senior Infection Control Nurse, said: "Our link professionals have made a real difference and I have no doubt that their hard work has contributed to the significant reduction in our MRSA rate this year."



Some of the Trust's Infection Control Link Professionals, a team of staff from all over the hospital who are helping to fight the spread of infections



Three-year-old Shannon Stokes with Staff Nurse Michelle Venganayi-Gudza and Senior Staff Nurse Malar Sutharshan

SHANNON SAYS: CLEAN YOUR HANDS

If a three-year-old can remember to clean her hands to reduce the risk of infections being spread around the hospital, what's your excuse?

Little Shannon Stokes, a patient on Mercury Ward, is the hospital's youngest hand hygiene champion.

Malar Sutharshan, Senior Staff Nurse and the ward's Infection Control Link Professional, says that Shannon plays a vital role in stressing to hospital staff and visitors how important it is to keep your hands clean.

She explained: "Every time Shannon picks something up or touches the floor, she cleans her hands with alcohol hand gel. She sets a great example.

"Shannon helps me to demonstrate to staff how to clean their hands properly with the alcohol gel. She really helps get the message across."

Shannon is particularly vulnerable to infection because she has had a liver transplant and so Malar and other staff on Mercury Ward encourage her to maintain her strict hand hygiene routine.



ENVIRONMENTAL ACTION

CLEANING REACHES NEW HEIGHTS

Keeping a hospital as big as seven football pitches clean is no easy task—and Chelsea and Westminster's unique design, with its 30-metre high atrium walls and large panes of glass, makes the job even tougher.

Only our special abseiling cleaners are able to reach some of the most inaccessible parts of the hospital and ensure that every corner is kept as clean as possible.

The Trust publicised the role of the abseilers, as well as the small army of housekeeping staff employed by our cleaning contractors ISS Mediclean to help maintain high standards of cleanliness, during Think Clean Day in March 2006.

This special day included a series of events, including a display of the abseiling cleaners' skills, to raise the profile of cleaning with patients, visitors and staff, and stress how seriously the Trust takes the issue of hospital cleanliness.

DEEP CLEAN

A comprehensive deep cleaning programme was launched at Chelsea and Westminster this year to improve the hospital environment for patients, visitors and staff.

The deep clean covered inpatient wards, outpatient departments and communal areas of the hospital.

Staff were presented with certificates of cleanliness to acknowledge the significant commitment and enthusiasm demonstrated during the deep cleaning programme, which required a lot of hard work and organisation.

Wards and departments were asked to 'dump the junk' cluttering up their areas.

They were also encouraged to display a photo of their housekeeper to help reinforce the importance of teamwork in driving up improved standards of cleanliness.

PATIENTS HELP IMPROVE HOSPITAL ENVIRONMENT

Since the Trust was rated with a green light by external assessors from the government's national Patient Environment Action Team (PEAT), we now carry out our own annual PEAT assessment of the hospital's environmental standards.

Key areas inspected by the Trust team include the quality of hospital food, cleanliness of wards, furniture, decoration and tidiness.

The Trust has actively involved patients in its PEAT activities because we know that we can only provide the best possible environment for our patients by hearing more from them about the issues that cause them concern.

PEAT patient representatives help carry out the annual inspection and are also involved with the PEAT Plus scheme which the Trust has introduced of its own accord with new local targets and formal inspections every two months.

Liz Thomas, who is one of the PEAT patient representatives, said: "I visit the hospital regularly as a patient and I have always wanted to be involved in the hospital's affairs. I believe it is important for Chelsea and Westminster to maintain its high standard of care."

Following her experience of being involved in the PEAT project, Liz was elected as a member of our prospective Foundation Trust Members' Council.

Patients were further involved in PEAT this year when we held two focus groups with patients and staff to celebrate our success in driving up standards. The focus groups also helped to identify, from a patient's perspective, areas where further improvement is needed.

Projects launched as a direct result of feedback received from the patient focus groups included reviewing of the range of drinks provided for patients, exploring the availability of different food

Abseilers keep the hospital clean



Liz Thomas, patient representative on the Patient Environment Action Team, with Facilities Manager Philip Holmes

portion sizes on our wards and pushing for faster response times when there are building maintenance issues in the hospital.

Andrew MacCallum, Director of Nursing and Chairman of the PEAT Management Group, said: "Projects initiated following these focus groups will be monitored on a monthly basis. It is important that these projects are achievable and measurable to ensure that the feedback from patients and frontline staff is addressed."

PATIENTS FIRST

All three of the main lift banks in the hospital building have been refurbished this year to provide a better service for patients and their visitors who need to use the lifts during their time in hospital.

One of the lifts in Lift Bank C now includes a priority call system for patients being moved around the hospital on trolleys or in chairs to ensure they are not delayed by staff or visitors using the lifts.

The new priority system aims to minimise delays in transporting patients to and from key departments such as the main

operating theatres, the Treatment Centre and the X-ray department.

Priority call keys are only held by those staff who are responsible for moving patients to and from these departments.

Notices clearly displayed in and around the lifts, as well as a specially recorded voice message in the lifts, make clear that visitors and staff must leave the lift when requested, unless they are accompanying the patient.

CHELSEA AND WESTMINSTER GOES SMOKE FREE

The Trust implemented a complete ban on smoking anywhere in the hospital with effect from December 2005—in line with government policy that all NHS buildings should become smoke free.

As an employer of approximately 2,700 staff, the Trust has an obligation to promote a healthy working environment and, as a provider of healthcare services, it is clearly right that smoking has been stubbed out in the hospital.

We recognise that there is still an issue about people smoking near the main hospital entrance. Further work is required to address this issue which is complicated by the fact that the Trust does not own the pavement in front of the main entrance.

NHS WATCHDOG GIVES US A CLEAN BILL OF HEALTH

The Trust scored 97% when the independent watchdog, the Healthcare Commission, carried out an unannounced inspection of cleanliness in December 2005.

Their detailed inspection was carried out in our A&E department and on David Erskine and William Gilbert wards.

Our excellent performance put Chelsea and Westminster in the top band of all hospitals inspected and in the top three of all acute hospitals inspected.

The Healthcare Commission said that hospitals scoring in this top band demonstrated high standards of cleanliness across the board.

Edward Donald, Director of Operations, said: "This performance is a tribute to Trust staff, and those staff employed by our cleaning contractors ISS Mediclean. Together we have made great strides to improve cleanliness at Chelsea and Westminster."

Just one example of an area of the hospital that presents a huge challenge to keep clean is our busy A&E department because more than 90,000 patients pass through its doors every year.

And so it is a credit to the housekeeping staff who work in A&E that they achieved a cleanliness score of 98% in April.

Claire Washbourne, Emergency Nurse Consultant, said: "A big thank you to all the housekeeping staff who have done so much to improve the appearance of the department.

"But this has to be a team effort from all staff because the cleaning staff can't do everything on their own."

This principle—that maintaining a clean and tidy environment for patients is everyone's responsibility—is true wherever staff work at Chelsea and Westminster.



A&E housekeeping staff Juliet Williamson, Hakeem Kosoko and Chris Zander with Ray Henwood, Unit Administrator, and Claire Washbourne, Emergency Nurse Consultant

FOOD, GLORIOUS FOOD

IMPROVING HOSPITAL FOOD

The Trust's performance in the 2005 Patient Survey, which NHS watchdog the Healthcare Commission requires all acute hospitals to complete, was worse than the national average in only one area—hospital food.

We have taken significant action this year to improve all aspects of the quality of food provided at Chelsea and Westminster for patients, visitors and staff.

TAKING TIME OUT FOR FOOD

Protected mealtimes have been introduced on wards this year so that nursing staff and ward housekeepers can ensure that patients get the right food at the right time.

Protected mealtimes is a national NHS initiative launched in 2004 and it was also highlighted in our 1,000 Good Ideas campaign when it was suggested that ideas should be explored to support patients who need more help eating and drinking.

During lunch and supper times only emergency or essential care is provided and visitors, except for those involved in helping their relative at mealtimes, are restricted to ensure patients on our wards can eat their meals in peace.

The protected mealtimes initiative is beneficial in ensuring patients' nutritional needs are met in hospital, by encouraging ward staff to develop an 'all hands on deck' philosophy, so that food and feeding are a priority at mealtimes.

Protected mealtimes were first introduced on our medical wards and during 2005/06 the scheme was extended to surgical wards.

Staff have more time to support those patients in particular who need nutritional support. Research shows that patients who are not interrupted and who receive appropriate support during mealtimes are happier, more relaxed and eat more.

The bottom line is that the better nutrition a patient receives, the better his or her chances of recovering.

Another initiative to improve patients' nutrition is the 'Blue Tray' scheme.

Vulnerable patients who are unable to feed themselves or require assistance with feeding are served their food on a blue tray.

This helps nurses and healthcare assistants identify them and focus their attention on helping these patients in particular.

ASSESSING PATIENTS' NUTRITION NEEDS

A new screening tool to assess patients' nutrition is being introduced at Chelsea and Westminster.

It enables nurses to assess the nutritional status of patients when they are admitted.

This assessment analyses the patient's appetite, weight loss and eating habits, and identifies any areas of concern, which can be flagged up with the hospital's team of dietitians.

The Malnutrition Universal Screening Tool will help the Trust comply with National Institute of Clinical Excellence guidelines on nutritional support and the Essence of Care nutrition benchmark.

Monitoring the nutritional status of patients is part of a holistic approach to all aspects of care, and the hospital's dietetic services department plays an important role in supporting nurses.

The new nutritional screening tool is being piloted on two wards, one medical and one surgical, in summer 2006 before being rolled out across the Trust in the autumn.

Nurses will be trained to use the screening tool as part of the rollout.



Maureen Andrew, Charmaine Robinson and Patricia Atkinson in the restaurant on the lower ground floor

MUMS AND CHILDREN TASTE THE DIFFERENCE

Hospital food for children on our paediatric wards, and for nursing mothers whose children are being cared for at Chelsea and Westminster, has been improved.

The need to improve these areas was highlighted during a PEAT Plus inspection—the scheme that the Trust has introduced with new local targets and formal inspections every two months in addition to the annual PEAT assessment of all aspects of the hospital environment.

As a direct result, nursing mothers whose babies are inpatients at Chelsea and Westminster now have the option to receive

food vouchers for three meals a day that can be redeemed in the hospital restaurant.

Mums who previously only had the option of eating the same food that children receive on our wards now have a better choice of food.

In addition, leaving the ward and going to the restaurant means they are able to take time out with other parents at what is a very difficult and stressful time.

Food on our children's wards has also improved following feedback from the PEAT Plus inspection.

New children's menus have been introduced while brightly coloured plates and bowls, as well as child-friendly cutlery, make the whole experience of being in hospital as friendly as possible for our youngest patients.

SURVEY LEADS TO NEW HEALTHY MENU

The first ever survey of food available for visitors and staff in the hospital was completed during April and May 2005 by the Trust and our catering contractor ISS Mediclean.

It was carried out to identify what visitors and staff were happy with and where improvements were needed to encourage more people to visit the restaurant on the lower ground floor and the coffee shop on the ground floor.

Suggestions for improvements from those who filled in questionnaires included the introduction of more healthy options and more salads.

As a direct result of the survey, a new healthy option menu called Taste of Health was introduced in the hospital restaurant in January this year.

Taste of Health uses stars to highlight dishes and foods that are healthy—those dishes which carry the star are low in fat, added sugar and added salt.

Helen Stracey, Dietetic Services Manager, said: "This is a clear and easy method for helping everyone to make informed choices. It provides flexibility and helps to cut through the confusion about what is healthy."



Chefs Nero Tontchev and Paul Dsane in the kitchen on Thomas Macaulay Ward

SAFETY FIRST

CREATING A SAFETY CULTURE

A series of measures to improve the safety and security of patients, visitors and staff were introduced at Chelsea and Westminster this year:

- The Trust Board approved a new security policy which is being implemented to make the hospital a safer place.
- Substantial investment was made in access control systems and CCTV cameras.
- A new licensing system for security staff was introduced to ensure these staff are of a high standard.
- Trust staff were given security briefings—35% of wards, clinics and departments have now had a briefing to update them on safety and security issues.
- Frontline staff were trained in conflict resolution techniques to create a pool of staff who can train their colleagues in techniques to defuse difficult situations and resolve potential conflicts.
- Red and yellow cards were issued to patients and visitors who failed to respect our zero tolerance policy to any violence, aggression or abuse against our staff.

Edward Donald, the Trust's Director of Operations, stresses that our staff must be able to get on with their job of caring for patients without the fear of being attacked—and that action will be taken against patients and visitors who flout this policy.

He said: "Our first priority has to be to try to de-escalate all potentially difficult situations. However, if this does not work, then the red and yellow card policy is there to protect our staff from verbal and physical abuse."

NEW LICENCES FOR SECURITY STAFF

In line with a national requirement enforced by the government in March that all private security staff must have a licence to work, our ISS Mediclean security team have successfully received their Security Operation Licences after passing a compulsory test.



Security Officer Michael Dunkerton with Receptionist Sinead Jones

The licences are issued by the Security Industry Authority (SIA) as a requirement of the Private Industry Security Act 2001.

The SIA also conducts Criminal Records Bureau and police searches on anybody applying for a licence, including both frontline staff and anybody else involved in security work.

The BTEC Level 2 qualification received after security training covers topics such as conflict management, knowledge of the law, communication skills, First Aid awareness and drug awareness.

Similar legal requirements for our security staff to have a CCTV Public Space Surveillance Licence if they are operating CCTV equipment and a Vehicle Immobilisation Licence if they are clamping vehicles have also come into force and so training, tests and checks have been conducted in these areas.

Dominic Hutchings, Security Manager, said: "It's great that all 12 of our security team have their Security Operation Licence and recognised qualifications, which help to acknowledge security work as a profession."

STAFF TRAINED IN SECURITY TECHNIQUES

A network of frontline staff across the Trust have been trained in conflict resolution techniques.

This 'train the trainer' course means that there is now a group of staff working all over the Trust who can return to their ward

or department and train other staff in these techniques, which are of practical use.

Edward Donald, Director of Operations, said: "The 'train the trainer' course will enable us to cascade best practice in reducing harassment, bullying and abuse from patients or their relatives against our staff throughout the Trust.

"The Trust acknowledges that security in the workplace is an issue across the NHS and continues to be a priority for our own staff. We have delivered security briefings in wards and departments so that staff can discuss their concerns because we know from our staff surveys that these opportunities are welcomed.

"In response to this feedback, the security team has launched a new telephone helpline service where staff can leave messages about any security matter, whether it concerns them personally or relates to a broader issue."

The 'train the trainer' course is just one example of how the Trust is responding to staff concerns about security issues.

We now undertake to complete all reviews of security-related incidents within 20 days. This includes establishing the facts of an incident, investigating it and making a decision about any further action required, which can include involving the police in bringing charges against people whose behaviour towards our staff is unacceptable.

VALUING OUR STAFF

We rely on the enthusiasm and professionalism of all our staff to deliver high quality patient care in an excellent environment—we value their contribution and we are grateful for all their efforts in often challenging circumstances.

Developing our staff is one of the four key themes embedded in the Trust's corporate objectives. We are committed to the development of our staff to create a skilled, motivated and productive workforce which is able to meet the demands of the modern NHS.

As a Trust, we also value the benefits that our diverse workforce brings to our organisation and to patients from the ethnically and socially diverse area of London that we serve.

HR HIGHLIGHTS

AN EMPLOYER OF CHOICE

Chelsea and Westminster employs approximately 2,700 staff which makes us one of the biggest employers in the borough of Kensington and Chelsea.

Our goal is to be an employer of choice for all. We have a clear Equal Opportunities Policy to ensure that there is no direct or indirect discrimination and to build a workforce whose diversity reflects the community we serve, so we can deliver the best possible healthcare for this community.

The employment of people with disabilities forms an integral part of our Equal Opportunities Policy. The Trust has a Code of Practice on the Employment of Disabled People to ensure that no job applicant or employee is discriminated against because of a disability.

IMPROVING WORKING LIVES

The Trust achieved Improving Working Lives Practice Plus status in April 2005. This national accreditation is only awarded to NHS trusts which have achieved consistently high standards in areas including equality and diversity, flexible working, and training and development.

A team of independent validators from the national Improving Working Lives programme visited the Trust in March 2005.

They said: "Many staff reported that there was a real 'can do' attitude and actions were being taken rather than just spoken about."

The validators gave particularly positive feedback on the Trust's occupational health service, found evidence of considerable improvements in the crucial area of equality and diversity, and commended significant progress in childcare support.

Even though Practice Plus status has now been achieved, the Trust's Improving Working Lives Steering Group continues to meet on a monthly basis to drive forward improvements.

AGENDA FOR CHANGE

More than 2,000 Trust staff received Agenda for Change offer letters, including full details of their proposed salary under the new NHS pay and conditions system, by the end of the 2005/06 financial year.

This represented good progress towards transferring all Trust staff except doctors and the most senior managers to the new system. Staff also have the option to remain on their current contract instead of accepting their Agenda for Change offer.

Progress has only been possible because of the hard work of all those staff involved in the project. Its success has been due to the fact that the project has been a genuine partnership between management and staff representatives.

LISTENING TO OUR STAFF

We are committed to keeping our staff fully informed about everything that has an impact on patient care and their working lives at Chelsea and Westminster by consulting them on key decisions and listening to what they tell us.

The Chief Executive and Executive Directors meet with staff representatives every month at the Joint Management and Trade Union Committee and a dialogue is maintained with these representatives at all times to ensure a partnership approach.

This year we involved staff again in developing an action plan to tackle the areas for improvement that were identified in our Staff Survey, part of the national survey of NHS staff co-ordinated by the independent watchdog, the Healthcare Commission.

Maxine Foster, Director of Human Resources, explained: "We celebrated the positive feedback included in the survey, including high levels of teamworking, job satisfaction and staff involvement, but we also needed to look at our main problem areas.



Nurse Edna Tungol, who won our staff communication survey prize draw, with a copy of our monthly staff magazine Trust News and her prize of store vouchers

"We decided that we could only do that by ensuring staff throughout the Trust had a real say. We held six open forums to discuss the survey results with staff and invited their comments and suggestions to help us develop the action plan.

"The final action plan has now been agreed by the Trust Board and the Improving Working Lives Steering Group, which includes staff from all over the hospital. It focuses on key issues including workload and flexible working, communication and valuing staff."

We also worked hard this year to improve communication with our staff:

- An internal communication survey was included in our monthly staff magazine Trust News—82% of staff rated the magazine as either 'excellent' or 'good'.
- The monthly Team Briefing corporate briefing document is emailed to all Trust staff, and all staff are encouraged to attend the face to face briefing with the Chief Executive. According to the internal communication survey, most staff have an opportunity to read Team Briefing or to discuss it with their line manager.
- In response to evidence from the survey that most staff prefer to receive information via a face to face meeting or briefing, a monthly question and answer session with the Chief Executive and Executive Directors has been launched.

EUROPEAN WORKING TIME DIRECTIVE

Complying with the requirements of the European Working Time Directive, an issue in relation to the hours worked by junior doctors, represents a huge challenge for Chelsea and Westminster and all other NHS hospitals.

All staff must work no more than 48 hours a week by August 2009 and so we are taking action now to ensure we are fully compliant by that date.

We are aiming for House Officers to be compliant with the requirements by the end of this financial year, Senior House Officers by August 2007 and Specialist Registrars by August 2008.

The Trust is also assessing the additional costs likely to be incurred because of the need to comply with this European legislation. Additional or different posts may need to be funded because currently many junior doctors work more than 48 hours a week.

EMBRACING EQUALITY AND DIVERSITY

The Trust continues to make every effort to promote a culture that celebrates all aspects of equality and diversity.

For example, a number of groups run by staff for staff have been established including a Black and Minority Ethnic (BME)

Group which is attended by staff from all areas of the Trust and all healthcare professions.

Cathy James, who chairs the BME Group and is also a UNISON rep at Chelsea and Westminster, said: "The group was set up in July 2005 and is open to all Trust staff. There was a demand from staff for this kind of forum to discuss a range of issues.

"Members of the group have visited other NHS trusts where BME groups are already in existence, to learn from their experience, and we are now finalising our plan of action.

"The setting up of the group in the Trust is a positive development because it is an acknowledgement that equality and diversity is a key area, and it gives us the opportunity to promote awareness of these issues and a place to discuss them."

Equality and diversity was also the topic of the Trust's Seasonal Working Conference, targeted specifically at nurses and midwives, in July 2005.

The emphasis was on examining attitudes and behaviours, and exploring the practical steps that can be taken to tackle prejudice and discrimination.

Guest speakers at the conference included gay rights campaigner Peter Tatchell, actor and disability rights advocate Mat Fraser, and Edie Friedman, Director of the Jewish Council on Race Equality.

Peter Tatchell said: "This conference is testimony to the Trust's commitment to fighting bigotry. I am sure it will have long term benefits."



Members of the Trust's Black and Minority Ethnic (BME) Group for staff—Abdul Sahraoui, Cathy James, Ibrahim Ahmed, Tony Clements and Galal Suliman

CREATING A DIVERSE MATERNITY WORKFORCE

RECRUITMENT AND RETENTION STRATEGY BUILDS MIDWIFERY TEAM

It is widely recognised that there is a national shortage of midwives which is particularly acute in London because of a number of factors, including the higher cost of living in the capital.

Chelsea and Westminster was no different—just two years ago our midwifery team had a vacancy rate of 32%.

The impact on our service for women and their families was significant. Increased usage of bank and agency midwives cost considerable amounts of money and led to a lack of continuity of care for women.

We have implemented a recruitment and retention strategy including a range of initiatives not only to recruit midwives locally, nationally and internationally but also to develop our support workers in maternity to help us deliver better care.

As a result, the Trust's midwife vacancy rate has been reduced from 32% to 5% in the last two years and the use of bank and agency midwives has been reduced significantly.

SUPPORT WORKERS HELP BOOST MATERNITY CARE

It's all change in maternity services at Chelsea and Westminster where the maternity support workers who are vital members of

our midwifery team now have greater clarity about the scope of their roles on a day-to-day basis.

A further three new roles have been developed for maternity support workers—a Discharge Co-ordinator, Nursery Nurses and support workers based in Recovery.

We were one of 50 NHS trusts that participated in a national programme launched by NHS Employers to appoint and train maternity support workers.

A report published by NHS Employers said that trained midwives were able to spend more quality time with new mothers and their babies because support workers took on duties which would traditionally have been undertaken by midwives.

The report showed that some midwives could save up to 60% of their time by handing over simple duties to maternity support workers and then using the time saved to provide more effective care.

Jayne Rogers, Hospital Midwifery Manager, said: "Five new members of staff have now joined the Trust with specific roles under the umbrella of 'maternity support workers'. I am confident that, together with our existing maternity support staff, they will make a huge difference to the care we can provide."

Marie Leek is the Discharge Co-ordinator, a single point of contact for new mums and their families to co-ordinate everything that needs to happen before they can go home with their babies.

Ellie Buckingham and Joanna Black are Nursery Nurses while Sandra Dos Fantos and Jodie Reynolds are maternity support workers based in Recovery.

Jayne Rogers added: "We have been keen to develop valued staff who are already in post as well as recruiting to the new roles. A Maternity Essence of Care course has been developed from the already established Essence of Care qualification for

Maternity support workers Lynda Maxwell, Michael Adair, Kay Boyle, Lita Reyes, Ellie Buckingham, Joanna Black, Marie Leek and Maria Adap

support workers, in partnership with Kensington and Chelsea College.

“Kay Boyle, Linsey Flores and Lita Reyes were the first three maternity support workers to undertake the new course.”

MATERNITY SERVICE RESPONDS TO PATIENT SURVEY

The maternity service at Chelsea and Westminster took part in a major survey of patients and staff in September 2005.

All women who were more than 36 weeks pregnant, and all women who gave birth at Chelsea and Westminster in September, were invited to fill in a questionnaire with their views on the quality of care provided here.

The survey results and recommendations were fed back to the Trust's Maternity Service Liaison Committee in January 2006. A sub-group of the committee was formed to agree an action plan in response to its key findings.

Our maternity service underwent a comprehensive restructure in January 2006, which was the culmination of a series of reviews of the service during the last two years. Therefore, the main action point from the survey's key findings was to evaluate this new structure.

Following the restructure of the maternity service, a series of team building days were held to develop a maternity team philosophy.

In addition, a 'Normalising Birth' working party has been established to address concerns raised by the Maternity Service Liaison Committee about high rates of Caesarean sections and other interventions during childbirth.

The working party will aim to reduce these rates, increase use of the hospital birthing unit, increase home birth rates and improve awareness among women of natural birth options.

THE WORLD COMES TO CHELSEA AND WESTMINSTER

Chelsea and Westminster launched an international recruitment initiative as part of a recruitment and retention strategy to reduce our midwife vacancy rate.

The diversity of the Trust's midwifery team has been strengthened by the recruitment of staff from many different countries, who bring valuable new perspectives to the care we provide for women.

We commissioned an international agency to help us recruit midwives from overseas—predominantly Finland, Sweden, Denmark and Greece—in accordance with Department of Health guidelines on ethical recruitment.

The Trust is no longer actively recruiting midwives from abroad following our success in reducing our vacancy rate, although midwives from many different countries approach us of their own accord because they want to work here.

Recruiting midwives from abroad was about more than just reducing our vacancy rate—it was important for us to integrate these new recruits into our midwifery team. All newly recruited overseas midwives received a comprehensive six-week induction programme to introduce them to the Trust and ensure a smooth transition into the midwifery team.

Team building away days explored effective communication and cultural differences while every effort has been made to celebrate diversity. For example, a special celebration lunch was held on International Midwives Day this year to give midwives a chance to meet socially and discuss their experiences.

Yan Choo, the Trust's Recruitment and Retention Midwife, said: “The training of our overseas recruits is often very different from training here in the UK. There are sometimes cultural issues and, of course, language issues for all maternity staff to adjust to.

“But the enthusiasm, energy and drive of these midwives is contagious and what may seem to be a difficulty to some has proved to be a revelation in best practice for our unit.

“Now we are no longer actively recruiting overseas, we want to concentrate on encouraging midwives recruited both abroad and in this country to stay here at Chelsea and Westminster and help us provide an excellent service to our patients.”



Yan Choo, the Trust's Recruitment and Retention Midwife, with Finnish midwife Virpi Korhanen

DEVELOPING OUR STAFF



Pharmacy Assistant Hernani Barros-Marta and Learning Centre Adviser Rona Davis

FROM PORTER TO PHARMACY ASSISTANT

We aim to support our staff and enable them to develop in their roles and pursue bigger and better opportunities within the Trust. Retention of staff is just as important as recruitment.

For example, Hernani Barros-Marta achieved his ambition of working as a Pharmacy Assistant at Chelsea and Westminster with the help of Rona Davis from the Trust's Learning Resource Centre.

He previously worked as a member of the hospital's team of porters who are employed by ISS Mediclean, the Trust's contractors.

Hernani, who had experience of working as a Pharmacy Assistant in Portugal, was suitably qualified to take up a similar post here but there were issues around his written and verbal communication skills.

Pharmacy assistants are vital members of the team in the pharmacy department because they help to collect drugs and deliver them to wards for use by patients.

Rona said: "The Human Resources department in the Trust suggested Hernani should come and talk to me because they thought he was a good candidate for the position of Pharmacy Assistant but they had concerns about the quality of his communication skills.

"I worked with Hernani on a variety of exercises on a weekly basis to improve his confidence and that really paid off.

"It's really positive that the HR team recognised Hernani was a good candidate, even if English was not his first language, because otherwise we would have lost a talented and enthusiastic member of staff."

EVA MAKES THE GRADE

Eva Celaya has made the step up from Healthcare Assistant to Staff Nurse—thanks to the opportunity to complete her National Vocational Qualification (NVQ) level three qualification at Chelsea and Westminster.

She started her NVQ in 2001 when she was working as a Healthcare Assistant in the Kobler outpatients clinic and, after completing this training course, she embarked on a three-year nursing diploma.

Eva successfully completed her diploma qualification in 2005 and is now a Staff Nurse on Thomas Macaulay Ward.

Eva explained: "I was interested in becoming a qualified nurse and it was suggested to me that I do the NVQ first. It's the best

stepping stone I could have taken because it was very thorough and prepared me for the diploma course at university, which I enrolled on just one month after completing my NVQ.

"It can be very daunting starting something like this but the support I received was excellent. My advice to other staff who find themselves in a similar position is not to be afraid because there is plenty of support as long as you are willing to work hard."

Eva is just one of many staff throughout the hospital who have benefited from studying for an NVQ—32 staff received their NVQs at a special ceremony in September 2005.

COURSE ENCOURAGES LOCAL RECRUITMENT

A course run by the Trust in partnership with Kensington and Chelsea College has provided a springboard for local people who are interested in pursuing a career in the NHS.

The Essence of Care qualification was developed by Verna Lyus of Kensington and Chelsea College, Judy Craven from the London Open College Network and Helen Brown, Lead Nurse for Support Worker Development at the hospital.

It aims to provide a firm foundation for the training and education pathway of healthcare support workers, not only those already employed by the Trust as Healthcare Assistants and in other support roles, but also people living locally who haven't worked for the NHS before.

The course includes 90 hours of learning, incorporating 30 hours of study at Kensington and Chelsea College, 30 hours of self-study and 30 hours of work experience at Chelsea and Westminster Hospital.

Helen Brown said: "The Essence of Care course provides local people who are considering working in healthcare with the knowledge, understanding and practical experience they need."

There is now a waiting list of local people wanting to enrol, while a number of those who have completed the course have secured jobs at Chelsea and Westminster.

An evaluation of the course, carried out by Mike Fenton of the London Learning Skills Council, included interviews with six local people who completed their Essence of Care qualification and now work at the Trust as Healthcare Assistants.

According to his report, they thought the course was “a good introduction for someone new to the health sector and a way of gaining work experience as an entry point into healthcare work”.

- Local people interested in the Essence of Care course should contact Helen Brown on 020 8237 5150.

STAFF BENEFIT FROM COMPUTER SKILLS TRAINING

Training and development staff at Chelsea and Westminster have received a Grade A accreditation for their provision of training for an international IT qualification.

They earned their accreditation for being an excellent European Computer Driving Licence (ECDL) test centre—this is an internationally recognised IT qualification.

It was awarded to Chelsea and Westminster for the second year running by the British Computer Society, which carries out annual checks on all ECDL test centres.

Their assessors carried out rigorous checks on all aspects of the Trust’s provision of ECDL training. They also interviewed a sample of staff studying for their ECDL qualification before awarding the Grade A accreditation.

Currently more than 70 staff from all areas of the Trust are studying for an ECDL qualification.

Maxine Foster, the Trust’s Director of Human Resources, said: “It can be a challenge to maintain the best possible accreditation.

“I would like to congratulate our staff for maintaining such a high standard and achieving a Grade A for the second year in a row.”

JOIN THE TEAM

Are you interested in working for us at Chelsea and Westminster Healthcare NHS Trust?

We are always interested in attracting new staff who want to participate in and build on our success—we have a range of jobs for everyone from doctors and nurses to medical secretaries and receptionists.

Staff benefits include:

- NHS Pension Scheme.
- Interest free season ticket loans for public transport.
- A subsidised play scheme during school holidays for the children of Trust staff.

- Childcare vouchers for your choice of childcare scheme.
- NHS Discounts—a national scheme offering a wide range of competitive discounts.
- Staff discounts—a local scheme for Trust staff offering a wide range of discounts in local shops, leisure centres, bars and restaurants.

For all our latest vacancies, please log onto the Trust website www.chelwest.nhs.uk—the ‘Working here’ section has a wealth of information about working at Chelsea and Westminster and the job opportunities available.

Jaz Mallan, the Trust’s Recruitment and Retention Manager, said: “E-recruitment allows us to reach a wider audience in our search for the best candidate to fill a post. It also reduces the time it takes to recruit and is more cost effective.”



Trust staff studying for their European Computer Driving Licence (ECDL) qualification with training and development staff

CORPORATE AND CLINICAL GOVERNANCE

OUR ORGANISATIONAL STRUCTURE

The Trust Board consists of the Chairman, Non-Executive Directors (part-time) and Executive Directors (full-time).

The Board's composition embraces diversity and its membership includes people with a range of qualifications, skills and backgrounds.

Our prospective Members' Council was elected in March 2006 and will go live if, as we hope, we become an NHS Foundation Trust in the near future—the Chairman of the Trust Board will also chair the Council.

It comprises 10 patient members, eight public members and six staff members, all elected from the Foundation Trust membership, together with 10 representatives nominated from local organisations.

An induction for people elected to the prospective Members' Council was held in July 2006 as an important part of our preparation for Foundation Trust status.

INTEGRATED GOVERNANCE—A SAFE AND RISK AWARE CULTURE OF CARE

The Trust Board has put in place systems and processes to govern and manage the Trust—known collectively as our integrated governance structure—which represent an effective Board assurance framework.

This assurance framework aims to ensure that risks to the Trust are being properly managed and monitored.

The Trust has developed a committee structure, with patients at its centre, to support engagement throughout the organisation from frontline staff to senior management.

Committees providing assurance include the Audit Committee, Remuneration Committee, Clinical Governance Assurance Committee and Facilities Assurance Board.

NON-EXECUTIVE DIRECTORS

JUGGY PANDIT, Chairman: Juggy Pandit has been Chairman of the Trust since November 1999 and a Non-Executive Director since February 1996. He had a 30-year career in industry, working for ICI, Unilever and Thorn EMI before his retirement.

MARILYN FRAMPTON, Vice Chair: Marilyn Frampton has been a Non-Executive Director since November 1999. She has a legal background and has worked in education and training in the public sector as a senior manager for many years. She has also served on a number of national committees.

PROFESSOR SIR ARA DARZI: Professor Darzi was a member of the Trust Board until November 2005.

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

PROFESSOR RICHARD KITNEY OBE: Professor Richard Kitney OBE was appointed as a Non-Executive Director in May 2006. He is Dean of the Faculty of Engineering and Professor of Biomedical Systems Engineering at Imperial College. He is a leading authority on the use of IT in healthcare.

KARIN NORMAN: Karin Norman was appointed as a Non-Executive Director in July 2005. She is a member of the Audit Committee for the Parkinson's Disease Society, and a Trustee of both the Nursing and Midwifery Council and My Generation, a community charity.

CHARLES WILSON: 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 newspapers including The Times.

EXECUTIVE DIRECTORS

HEATHER LAWRENCE
Chief Executive

DR MICHAEL ANDERSON
Medical Director

LORRAINE BEWES
Director of Finance & Information

EDWARD DONALD
Director of Operations

MAXINE FOSTER
Director of Human Resources

ALEX GEDDES
Director of Information,
Computing & Technology

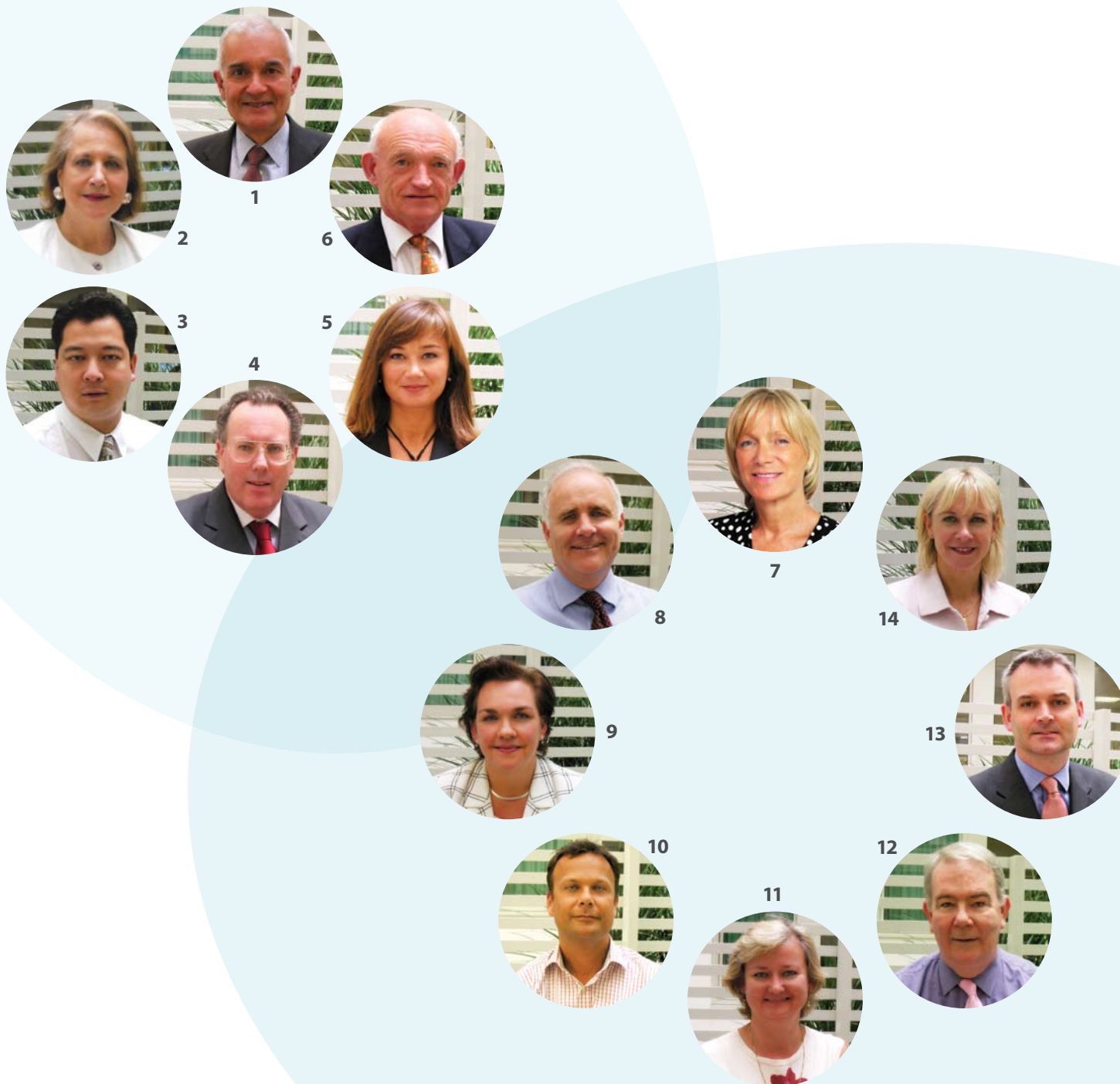
ANDREW MACCALLUM
Director of Nursing

CATHERINE MOONEY*
Director of Governance & Corporate Affairs

AMANDA PRITCHARD**
Deputy Chief Executive

*Took up post in March 2006. Pippa Roberts was Acting Director of Governance & Corporate Affairs until July 2005. Susan Burnett was Interim Director of Governance & Corporate Affairs from July to September 2005.

**Due to take up post in September 2006. Ms Pritchard was previously Acting Director of Strategy & Service Development before leaving the Trust at the end of December 2005.



NON-EXECUTIVE DIRECTORS

1. **JUGGY PANDIT**
Chairman
2. **MARILYN FRAMPTON**
Vice Chair
3. **ANDREW HAVERY**
Non-Executive Director
4. **PROFESSOR RICHARD KITNEY OBE**
Non-Executive Director
5. **KARIN NORMAN**
Non-Executive Director
6. **CHARLES WILSON**
Non-Executive Director

EXECUTIVE DIRECTORS

7. **HEATHER LAWRENCE**
Chief Executive
8. **DR MICHAEL ANDERSON**
Medical Director
9. **LORRAINE BEWES**
Director of Finance & Information
10. **EDWARD DONALD**
Director of Operations
11. **MAXINE FOSTER**
Director of Human Resources
12. **ALEX GEDDES**
Director of Information,
Computing & Technology
13. **ANDREW MACCALLUM**
Director of Nursing
14. **CATHERINE MOONEY**
Director of Governance
& Corporate Affairs

SUMMARY FINANCIAL STATEMENTS

FOREWORD TO THE SUMMARY FINANCIAL STATEMENTS

These Summary Financial Statements are merely a summary of the information in the full accounts.

These 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 £2,204,000 for the year and a surplus of £429,000 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 an underspend against its CRL of £12,867,000.

The underspend will be carried forward into the capital plan for 2006/07.

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 £27,000 was recorded at the end of the year which is within the allowed tolerance.

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

The trust under-achieved this duty, with a 3.3% return on capital after paying dividends totalling £8,821,000.

The 3.3% is within the required tolerance level of 3%-4%.

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 75% of its bills within the time scale, representing 65% in terms of value. The NHS standard is to pay 95% 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 2006/07

2006/07 is a year of potentially significant change as the Trust is applying for Foundation Trust status. Operating as a Foundation Trust will enable the Trust to operate with greater financial freedoms and to position itself well as Practice Based Commissioning and Patient Choice develop in West London. As a Foundation Trust we will be able to retain future surpluses to reinvest in the hospital service and access to capital will be more immediate.

As part of its application process, the Trust has developed a five-year financial plan based on its Service Development Strategy and has developed detailed forward working capital projections for the next two years. The Trust is planning for a £2,400,000 surplus in 2006/07 after delivering a savings plan of £11,100,000. This is a challenging but achievable target and builds on the excellent improvements in clinical efficiency driven by the Trust's IMPACT programme in 2005/06.

As well as achieving Foundation Trust status, the Trust's financial strategy priority is to develop an excellent activity based costing system, which will enable us to continue to operate efficiently under the Payment by Results tariff. The Trust already

operates below the national average cost with a Reference Cost Index of 97 (100 = National Average).

The overall financial outlook for the Northwest London Sector continues to be challenging and our host PCT, Kensington and Chelsea PCT has published its Turnaround Plan to recover a £22,000,000 cumulative deficit. The Trust is working in partnership with the host PCT on a range of issues to develop and deliver joint plans for a variety of mutual priorities, including a return to financial balance for the sector.

To this end, the Trust has planned for the impact of demand management initiatives next year to avoid unnecessary follow-up outpatient visits and introduction of community support for patients with long term conditions with the aim of improving care and avoiding hospital admission.



Heather Lawrence
Chief Executive
As approved by the Board on 6 July 2006



Lorraine Bewes
Director of Finance and Information
As approved by the Board on 6 July 2006

STATEMENT ON INTERNAL CONTROL FOR THE YEAR ENDED 31 MARCH 2006

The statement on internal control can be found in the full accounts.

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF THE BOARD OF CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST

We have examined the summary financial statements which comprise the income and expenditure account, balance sheet, statement of total recognised gains and losses, cash flow statement, and associated notes relating to management costs, the better payment practice code and audit fees.

This report is made solely to the Board of Chelsea & Westminster Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not, in giving our opinion, accept or assume responsibility to anyone other than the Trust and the Board, as a body, 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 within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

BASIS OF OPINION

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

OPINION

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.



Deloitte & Touche LLP, St Albans
14 August 2006

REMUNERATION REPORT

This report contains details of the salary and pension entitlements of senior managers recorded in the table on page 47.

REMUNERATION COMMITTEE

This Trust Board sub committee acts on behalf of the Trust Board to determine policy and process for remuneration of the Trust's senior managers.

Its membership includes the Trust Chairman and five Non-Executive Directors – the Director of Human Resources acts as Secretary to the Remuneration Committee and the Chief Executive attends its meetings, except when her remuneration is under discussion.

The Remuneration Committee's role is to:

- Monitor and review performance of Executive Directors.
- Ensure that contractual terms on termination, and any payments made, are fair to the individual and the Trust, that failure is not rewarded and that the duty to mitigate loss is fully recognised.
- Ensure that new appointees are offered and accept terms within a previously agreed level.
- Develop remuneration packages which are appropriate, defensible and linked to the discharge of responsibilities, taking advice on labour market pay trends in the NHS and beyond.

- Ensure the Trust complies with NHS directives and advice on pay and remuneration.
- Agree the policy for authorising expense claims from the Chair and Chief Executive.
- Supply details of remuneration for the Trust's annual report.

SENIOR MANAGER REMUNERATION POLICY

Senior manager pay is benchmarked against comparable roles in trusts of comparable size and complexity to ensure that rates of pay are competitive, represent value for money and provide stability in Senior Manager roles.

METHODS TO ASSESS PERFORMANCE CONDITIONS

All senior managers are appraised regularly and their performance is assessed against personal and corporate objectives, long and short term. Until July 2005, performance related pay was applied to senior manager remuneration.

Until July 2005 the annual performance bonus for senior managers was a non-cumulative maximum of 10% of base salary. This was based on a combination of organisational and individual achievement.

POLICY ON DURATION OF CONTRACTS, NOTICE PERIODS AND TERMINATION PAYMENTS

Contracts of employment do not have predetermined end dates. The notice period for senior managers is six months. Termination payments are not made unless for exceptional factors at the discretion of the Remuneration Committee.

SERVICE CONTRACTS

All have six months notice periods and no provision for early termination is made – the only Executive Director with an end date on his service contract is Alex Geddes, Director of ICT, whose contract is due to end on 31 November 2006.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2006*

	2005/06 £000	2004/05 £000
Income from activities	195,999	177,626
Other operating income	33,561	30,282
Operating expenses	(218,651)	(199,600)
OPERATING SURPLUS BEFORE INTEREST	10,909	8,308
Interest receivable	248	227
Interest payable	(132)	(132)
SURPLUS FOR THE FINANCIAL YEAR	11,025	8,403
Public Divident Capital dividends payable	(8,821)	(8,298)
RETAINED SURPLUS FOR THE YEAR	2,204	105

BALANCE SHEET AS AT 31 MARCH 2006

	31 Mar 2006 £000	31 Mar 2005 £000
FIXED ASSETS		
Intangible assets	0	0
Tangible assets	279,918	269,642
	279,918	269,642
CURRENT ASSETS		
Stocks and work in progress	5,237	4,147
Debtors	16,950	24,481
Cash at bank and in hand	678	620
	22,865	23,619
CREDITORS: Amounts falling due within one year	(24,499)	(23,619)
NET CURRENT (LIABILITIES)/ASSETS	(1,634)	5,629
TOTAL ASSETS LESS CURRENT LIABILITIES	278,284	275,271
CREDITORS: Amounts falling due after more than one year	(969)	(996)
PROVISIONS FOR LIABILITIES AND CHARGES	(4,554)	(2,518)
TOTAL ASSETS EMPLOYED	272,761	271,757
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	168,981	177,764
Revaluation reserve	97,085	90,811
Donated asset reserve	7,194	5,885
Income and expenditure reserve	(499)	(2,703)
TOTAL TAXPAYERS' EQUITY	272,761	271,757

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2006

	2005/06 £000	2004/05 £000
Surplus for the financial year before dividend payments	11,025	8,403
Unrealised surplus on fixed asset revaluations/indexation	6,330	31,883
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	1,408	489
TOTAL GAINS AND LOSSES RECOGNISED IN THE FINANCIAL YEAR	18,763	40,775

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2006

	31 Mar 2006 £000	31 Mar 2005 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	27,581	9,985
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		
Interest received	248	227
Interest element of finance leases	(132)	(132)
Net cash inflow from returns on investments and servicing of finance	116	95
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(9,993)	(9,778)
Net cash outflow from capital expenditure	(9,993)	(9,778)
DIVIDENDS PAID	(8,821)	(8,298)
Net cash inflow/(outflow) before management of liquid resources and financing	8,883	(7,996)
FINANCING		
Public dividend capital received	0	8,500
Public dividend capital repaid (not previously accrued)	(8,783)	0
Capital element of finance lease rental payments	(42)	(42)
Net cash (outflow)/inflow from financing	(8,825)	8,458
INCREASE IN CASH	58	462

Heather Lawrence

Heather Lawrence
Chief Executive
As approved by the Board on 6 July 2006

MANAGEMENT COSTS

	2005/06 £000	2004/05 £000
Management costs	10,560	9,437
Income	229,560	207,908
% Management costs: income	4.6%	4.5%

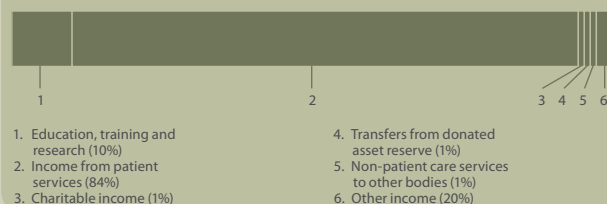
BETTER PAYMENT PRACTICE CODE— MEASURE OF COMPLIANCE

	2005/06 £000	2004/05 £000
Total non-NHS bills paid in the year	86,897	80,089
Total non-NHS bills paid within target	56,339	56,662
Percentage of non-NHS bills paid within target	75%	72%

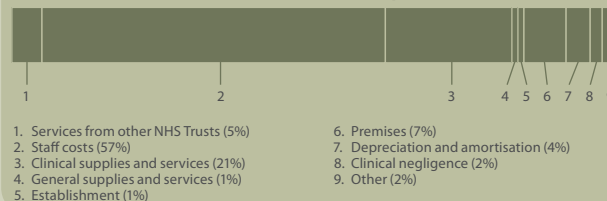
AUDIT FEES

	2005/06 £000	2004/05 £000
Audit Services	171	169

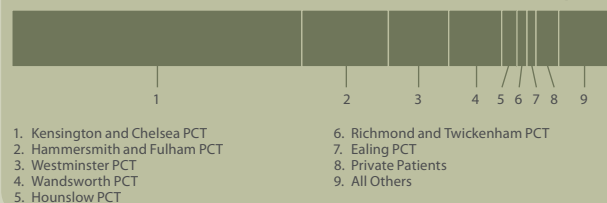
*SOURCES OF INCOME 2005/06



*OPERATING EXPENDITURE 2005/06



*INCOME BY PURCHASER OF HEALTHCARE 2005/06



SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

	Salary (bands of £5,000)	Cash Equivalent Transfer Value at 31 Mar 2006	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 2006 (bands of £5,000)	2005/06 £000 Real increase in pension at age 60 (bands of £2,500)	2004/05 £000 Salary (bands of £5,000)	Cash Equivalent Transfer Value at 31 Mar 2005
Juggy Pandit, Chairman	20-25	-	-	-	-	20-25	-
Heather Lawrence, Chief Executive	145-150	858	24-26.5	142.5-145	8-10.5	125-130	688
Mike Anderson, Medical Director	120-125	647	122-124.5	122-124.5	40-42.5	120-125	722
Lorraine Bewes, Director of Finance & Information	95-100	247	6-8.5	52-54.5	0-2.5	90-95	208
Edward Donald, Director of Operations	85-90	222	2-4.5	57-59.5	0-2.5	80-85	199
Maxine Foster, Director of HR (a)	65-70	279	65-67.5	65-67.5	20-22.5	35-40	232
Claire McGurk, Director of HR (b)	0	0	0	0	0	40-45	88
Alex Geddes, Director of ICT	80-85	0	2-4.5	7-9.5	0-2.5	80-85	0
Elliott Howard-Jones, Interim Director of Strategy and Service Development (c)	0-15	-	-	-	-	0	-
Amanda Pritchard, Acting Director of Strategy and Service Development (d)	55-60	61	6-8.5	20-22.5	0-2.5	15-20	43
Andrew MacCallum, Director of Nursing & Patient Services	80-85	285	6-8.5	67.5-80	0-2.5	75-80	248
Catherine Mooney, Director of Governance & Corp Affairs (e)	0-5	259	5-7.5	55-57.5	0-2.5	0	229
Susan Burnett, Interim Director of Governance & Corp Affairs (f)	20-25	-	-	-	-	0	-
Pippa Roberts, Acting Director of Governance & Corp Affairs (g)	30-35	110	10-12.5	32-34.5	2.5-5	30-35	72
Prof Sir Ara Darzi, Non-Executive Director (h)	0-5	-	-	-	-	5-10	-
Marilyn Frampton, Non-Executive Director	5-10	-	-	-	-	5-10	-
Andrew Havery, Non-Executive Director	5-10	-	-	-	-	5-10	-
Jenny Hill, Non-Executive Director (i)	0-5	-	-	-	-	5-10	-
Karin Norman, Non Executive Director (j)	0-5	-	-	-	-	0	-
Charles Wilson, Non-Executive Director	5-10	-	-	-	-	5-10	-

Notes

- a) Maxine Foster started 1 Nov 2004
b) Claire McGurk started 1 May 2004 and left 22 Oct 2004
c) Elliott Howard-Jones started 17 Jan 2006
d) Amanda Pritchard started 4 Jan 2005 and left 31 Dec 2005
e) Catherine Mooney started 15 Mar 2006

- f) Susan Burnett started 1 Jul 2005 and left 30 Sep 2005 (Secondment from NPSA)
g) Pippa Roberts started 1 Oct 2004 and left 31 Jul 2005
h) Prof Sir Ara Darzi left 7 Nov 2005
i) Jenny Hill left 31 Mar 2005
j) Karin Norman started 1 Jul 2005

OUR SERVICES

ANAESTHETICS & IMAGING

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

HIV/GUM

- Clinical Research
- Genito-Urinary Medicine
- Hepatitis
- HIV Medicine
- HIV Oncology
- HIV Ophthalmology
- John Hunter Clinic
- Kobler Clinic
- Kobler Day Care
- Sexual Dysfunction
- TB
- Thomas Macaulay Ward
- Victoria Clinic
- West London Centre for Sexual Health (WLC SH)

MEDICINE & EMERGENCY CARE

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

SURGERY

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

Panoramic view from the roof of the hospital facing southeast



WOMEN & CHILDREN'S

- Antenatal Clinic
- Assisted Conception Unit (ACU)
- Cheyne Child Development Service
- Cheyne Day Centre
- Early Pregnancy Assessment Unit (EPAU)
- Gynaecology
- Maternity Day Assessment Unit (MDAU)
- Neonatal Services
- Obstetrics
- Paediatrics
- Private Maternity

OTHER SERVICES

- Cancer Services
- Nutrition & Dietetics
- Pharmacy
- Therapies

Visit our website at www.chelwest.nhs.uk for full details of our services. See www.nhs.uk for information about waiting times for all clinical specialties at Chelsea and Westminster Hospital.

CREDITS

This annual report has been produced in-house by Chelsea and Westminster Healthcare NHS Trust. For more copies, please ring the Communications Department on 020 8846 6828 or ask at the PALS office on the ground floor of the hospital.

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Cover photos: Nighttime views of the hospital from Fulham Road

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