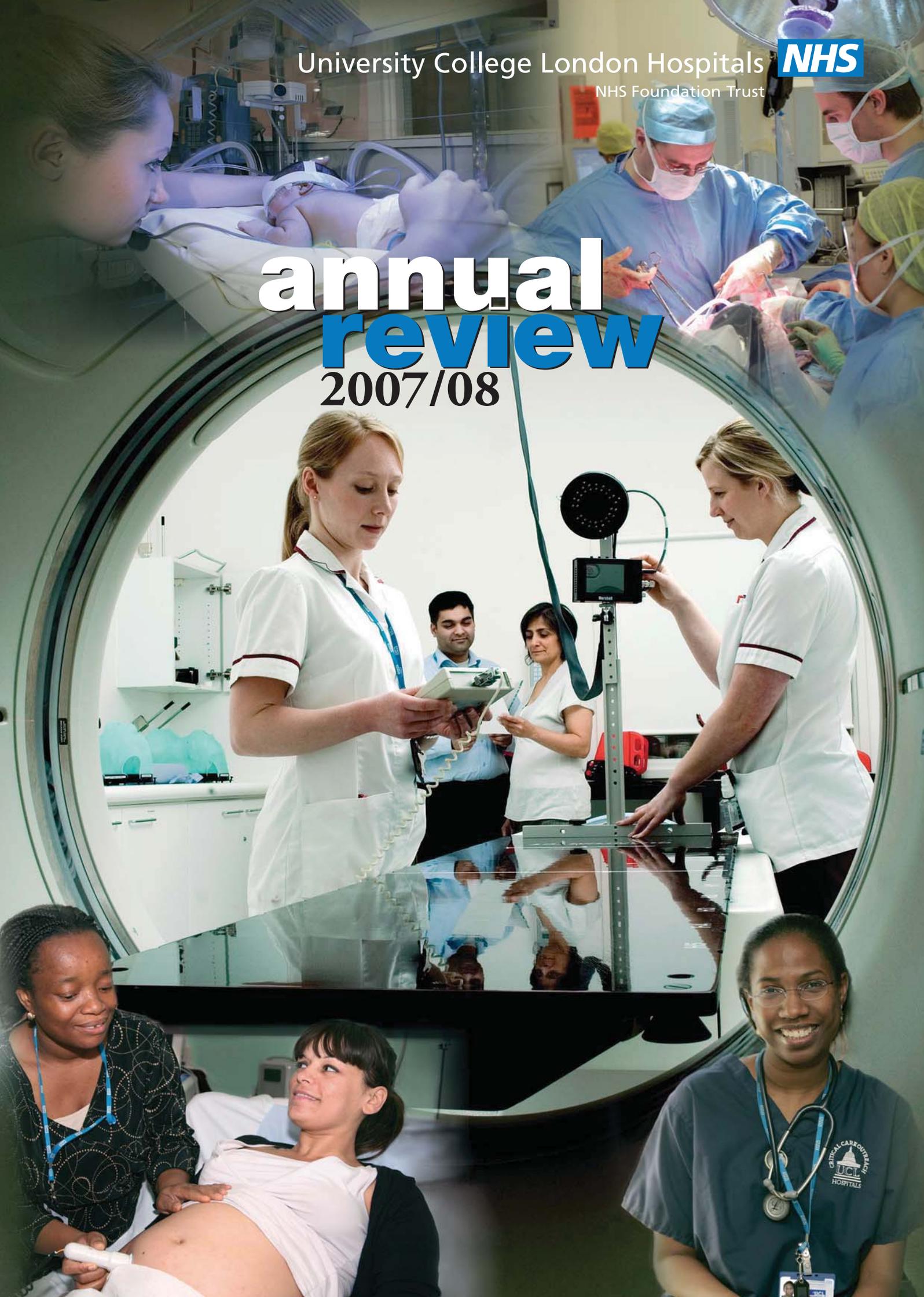


University College London Hospitals



NHS Foundation Trust

annual review 2007/08





University College London Hospitals NHS Foundation Trust runs seven hospitals at sites across central London, of which the biggest is University College Hospital (UCH) at 235 Euston Road, opened in June 2005 by Her Majesty The Queen.

UCH FACT FILE

- University College Hospital has 2,000 rooms, 14 operating theatres, 11,000 fire sprinklers and 980 clocks
- Houses largest single general critical care unit in the NHS
- State-of-the-art diagnostic equipment
- 16 floors above ground, two below
- Each year, the accident and emergency department sees approximately 92,000 patients, with 250-310 patients seen every 24 hours. On average, 50 patients are admitted each day for further treatment.
- In 2007/08, an average of 2,500 outpatients attended UCH each week

CONTENTS

Welcome	3
Annual health check	4
Cleanliness challenge	5
Trust highlights	6-7
Supporting patients	8
Patient advice	9
Clinical research	10-11
University College Hospital	12-15
Adult Inpatient Survey 2007	16-17
National Hospital for Neurology and Neurosurgery	18-19
The Heart Hospital	20-21
The Elizabeth Garrett Anderson & Obstetric Hospital	22-23
Hospital for Tropical Diseases	24
Eastman Dental Hospital	25
Royal London Homoeopathic Hospital	26
Welcoming the community	27
The new UCH Elizabeth Garrett Anderson Wing	28
Building for the future	29
Financial overview	30
Meet the Board	31

Welcome to the 2007/08 annual review, a snapshot of another challenging yet very successful year for University College London Hospitals (UCLH) NHS Foundation Trust.

Although the NHS is often obsessed with setting central targets, we at UCLH are much more interested in what our patients think about the services they receive. In this last year we have seen a remarkable improvement in the results of the inpatient survey (see pages 16-17) particularly in the areas of privacy; dignity and respect; information and communications. These improvements reflect the focus given to these areas now that the new University College Hospital (UCH) is running smoothly, and the sheer hard work of all our front line staff.

It was also a year when we converted our financial deficit, caused by the cost of opening the new hospital, into a surplus of £15.4 million. This, together with the receipt of land sales of redundant sites such as the Middlesex Hospital, gives us a fantastic springboard for future investment in services such as cardiac and cancer.

The results of the inpatient survey were largely mirrored by the results of the staff survey which confirms our view that there is a strong correlation between motivated staff and satisfied patients. As one of this year's objectives we are committed to helping staff achieve their potential, both professionally and in their ability to personalise care to patients.

This year promises to be a challenging and exciting time for the trust. Women's and children's services will transfer to their new home when we open the new University College Hospital Elizabeth Garrett Anderson (EGA) Maternity Wing in November 2008. The new facility, with 39 antenatal and post-natal beds, 12 birthing rooms, two birthing pools, 15 special care beds and 17 neonatal intensive care unit cots, promises to give mothers and



their babies the best possible start for years to come. Completion of the EGA Wing also completes the building of University College Hospital, one of the most ambitious building projects in the NHS.

In 2008/09, we will continue planning for a new ambulatory cancer care centre, to relocate dental services from the Eastman Dental Hospital and expand and further develop cardiac services from the Heart Hospital by rebuilding on the main UCH campus. These exciting plans will take years to deliver, but we are clear that we have a unique opportunity to create a medical campus that can rival the very best in the world.

The last year has seen a blueprint for change that will affect future development of all NHS organisations. We are not an exception and know that we must adapt and change if we are to continue to succeed. Professor Lord Darzi's report, 'Healthcare for London: A Framework for Action' sets the tone for a new way forward for healthcare in the

capital, localising routine care, and creating specialist centres. We are working to ensure that UCLH benefits from these changes and are currently in discussion with a number of other trusts and universities to develop an academic health science system.

We hope you find this annual review a useful and informative look back at our year. We would like to both congratulate and thank our staff for the hard work and commitment they have shown throughout the last year, without which the achievements outlined in this review simply would not have happened.

Peter Dixon
Chairman

Sir Robert Naylor
Chief executive

ABOUT UCLH

Trust vision:

"UCLH is committed to delivering top quality patient care, excellent education and world-class research"

Trust values:

We will:

- Take pride in caring for our patients as individuals;
- Provide equal access to all our patients;
- Be open and approachable to all;
- Deliver high quality outcomes in partnership with others;
- Value the contribution and develop the potential of all our staff;
- Be responsible and accountable for all we do.

The hospitals which comprise University College London Hospitals NHS Foundation Trust are:

- University College Hospital
- National Hospital for Neurology and Neurosurgery
- Eastman Dental Hospital
- Elizabeth Garrett Anderson and Obstetric Hospital
- The Heart Hospital
- Hospital for Tropical Diseases
- The Royal London Homoeopathic Hospital

UCLH at a glance:

- UCLH has a turnover of around £560 million per year
- UCLH currently employs 6,285 staff with registered nurses and midwives the largest professional group (32%)
- There are currently 1,300 ongoing research and development projects, with external grants totalling £48 million per year
- In 2007/08 the trust treated 46,628 inpatients, 38,450 day cases and 513,498 outpatients. This compares to last year's figures of 45,102 inpatients, 32,319 day cases and 495,885 outpatients
- 150 primary care trusts (PCTs) commission UCLH services. Camden PCT (the trust's co-ordinating commissioner) accounts for 22% of inpatients, 16% of day cases and 20% of outpatients

UNIVERSITY COLLEGE LONDON HOSPITALS ANNUAL HEALTH CHECK

Our performance



In the Healthcare Commission's annual health check in October 2007, for the second year running UCLH was rated 'good' for quality of services, which includes performance against national targets. The trust also 'fully met' the commission's core standards which measure areas such as ensuring patients are treated with dignity and respect, and promoting staff development.

18 weeks from referral to treatment: a live example

The trust's carpal tunnel clinic is a great example of how, with some changes to working practices, the patient journey – the different stages through which a patient goes through from their initial referral to treatment and discharge – can be shortened, meaning faster treatment for patients and more effective use of trust resources. Across UCLH, services are looking at how the patient journeys in their area can be reduced to ensure that patients are treated within 18 weeks from referral.

In 2004, patients were waiting between eight and nine months from GP referral to surgery, and typically visited the hospital on four or five occasions. Now, in a new 'one stop' approach to care, patients with suspected carpal tunnel syndrome see a consultant, are assessed by a specialist physiotherapist, have nerve conduction studies and, depending on the outcome, are either assessed by the hand surgeon for possible surgery or are given a management plan and referred back to their GP – all in one visit.

Feedback suggests that patients are delighted to have all assessments, diagnostics and a management plan completed in a single visit.

Meeting national targets*

- ✓ Maximum four-hour wait in A&E
- ✓ Cancelled operations rescheduled promptly
- ✓ Maximum two-week wait for rapid access chest pain clinic
- ✓ Discharging patients with minimal delay
- ✓ Less than two-week wait for first appointment for suspected cancer
- ✓ Less than one-month wait from diagnosis to treatment for cancer
- ✓ Less than two-month wait from referral to treatment for cancer
- ✓ Maximum six-month wait for inpatient admission
- ✓ Maximum 13-week wait for outpatient appointment
- ✓ Electronic booking of outpatient appointments
- ✓ Maximum of 18 weeks from referral to treatment
- ✗ Reduced incidence of MRSA**



*All national targets issued by the Department of Health are subject to thresholds – the ticks indicate that UCLH has met the threshold indicated within the target.

**The trust's MRSA target for 2007/08 was 34 cases, based on a national target to reduce MRSA cases by 50% on 2003/04 figures, a year when the trust already had a relatively low rate compared to our peers, making further reductions difficult to achieve. The trust recorded 38 cases of MRSA in 2007/08, a significant year-on-year reduction on last year's figure of 56 cases, and the lowest figure amongst its peers (peer average for monthly MRSA incidence was 1% at UCLH, amongst its peers it was 3%).



Infection control Getting the message across

Medical staff had their hand-washing routines put to the test by young patients at University College Hospital.

As part of a series of fun activities, staff were “spied” on by the youngsters and those who washed their hands frequently were rewarded with stickers.

The patients also designed hand art emblazoned with infection control messages to decorate the wards and learnt about the best hand-washing techniques. An ultraviolet machine was used to help them spot the germs not washed away.

Patients and passing staff were challenged to rub cream into their hands and then see how efficient they were at washing it off.

Fifteen-year-old patient Sara Michael was surprised by the results. “I really did think I had washed my hands properly – it was a bit of a shock to find they weren’t as clean as I thought.”

The activities were part of a series of trust-wide initiatives to stress the importance of hand hygiene.

Fighting infection

New packs designed to save precious time and cut the risk of infection when inserting central intravenous lines were launched throughout the trust by the infection control team.



A central intravenous line is a means of providing medication, hydrating fluid or additional blood supplies to critically ill patients or those undergoing major surgery. The lines are larger and longer than the commonly used intravenous lines or drips and are usually required by the most seriously ill patients who are particularly vulnerable to infection.

All the equipment needed to carry out the procedure is now readily to hand and all the items contained in one sealed bag.

Grace Azarcon, clinical practice facilitator in infection control, said: “It has helped minimise the risk of infection. Once staff have washed their hands they just open the pack and all the items are there.”

Items include a large blue tray, catheter, different size syringes, swabs, dressings, ultrasound gel, gloves, patient record sticker and cards. The packs have been distributed in theatres and intensive care.



Downing Street comes to UCH

Two prime ministers visited University College Hospital during the year and acknowledged the wonderful work and dedication of staff.

During his final weeks in office, the Rt Hon Tony Blair MP spent an hour in the radiotherapy department in April 2007 and was shown the linear accelerator machine which pinpoints areas of the body for X-ray treatment. Mr Blair

described UCH as a 'benchmark' for other hospitals in the NHS.

Julia Solano, operational manager for radiotherapy, said: "There was a great buzz around the place. No-one could quite believe it was the prime minister walking down the corridor."

Prime minister the Rt Hon Gordon Brown MP was given a tour

around the state-of-the-art Institute for Nuclear Medicine in October 2007. Mr Brown spoke to Sir Robert Naylor, UCLH chief executive, about the trust's vision to become one of the world's leading academic health centres. The prime minister was joined by chancellor of the exchequer the Rt Hon Alistair Darling MP.

New Year **Knighthood** for trust chief executive

The chief executive of UCLH who was responsible for London's first new teaching hospital in a generation was awarded a Knighthood by Her Majesty The Queen in the New Year's Honours List 2008.

Robert Naylor has been chief executive of University College London Hospitals NHS Foundation Trust since 2000 and received his Knighthood for 'services to healthcare'.

The construction of the new University College Hospital, a 16-storey state-of-the-art hospital in London's West End and close to Euston and King's Cross stations, was at the time the biggest single building project in the NHS. It was delivered on time and on budget and formally opened by HM The Queen in October 2005.

The second phase of the development was under construction during 2007/08 and will open in late 2008, providing improved and expanded facilities for the trust's women's health and maternity services, including additional critical care cots for London's most premature babies.

Sir Robert said: "I was deeply honoured by the award which came as a complete surprise. My time as chief executive of two great teaching hospitals has been an absolute privilege and I am personally indebted to all those wonderful people who have worked with me for the past two decades. The NHS, despite its critics, is one of our most cherished institutions and I am proud to be associated with it."





Chelsea Superstars visit young cancer patients

Children with cancer and leukaemia were treated to an early Christmas present when some of the biggest stars in world football handed out gifts and signed autographs.

Chelsea players (from l to r above): Carlo Cudicini, Florent Malouda, Michael Essien and Andriy Shevchenko visited University College Hospital on behalf of children's cancer charity CLIC Sargent.



David's herbal opening

Renowned botanist and conservationist Professor David Bellamy opened a groundbreaking herbal clinic at the trust's Royal London Homoeopathic Hospital (RLHH).

The clinic – the first in the UK to be based in an NHS hospital – is led by Dr Saul Berkovitz (pictured above) the country's only consultant physician qualified in herbal medicine. The herbal medicines have been approved by UCLH's Use of Medicine's Committee and a team of specialist pharmacists will ensure quality control.

Professor Bellamy said: "It is reaching back into a very, very rich history and there is a wonderful team here at the herbal clinic. It means that people in London can come here and enjoy a choice.

"It's very good news that we have a facility like this which is backed by the NHS. This is an appropriate setting which puts herbal medicine back where it deserves to be – an important part of mainstream healing practice in the 21st Century."

The herbal clinic aims to combine clinical excellence with teaching and research; patients will be audited to gauge the effectiveness of the herbal approach to treating certain medical conditions, alongside conventional medicine.

Herbal treatments include St John's Wort for depression, Echinacea for preventing and treating respiratory infection, Devil's Claw for arthritis and Ginkgo Biloba for circulatory problems. Herbal medicine can be particularly helpful in treating digestive disorders, allergies, joint problems, stress and recurring infection.

Gary helps Fight for Life

England football legend Gary Lineker unveiled a scanner which will revolutionise the treatment of children with cancer in the University College Hospital radiotherapy department.

The use of the £2 million PET CT scanner will be funded by the charity Fight for Life and allows an increase in the dose of radiotherapy to the patient without additional risk to normal tissue.

Match of the Day host Gary, a patron of the charity, said equipment like the scanner gives children with cancer the best chance of survival.

He said: "It is great to have been part of a team that has helped it come to fruition."





Paediatric and Adolescent Diabetes Team

The paediatric and adolescent diabetes team at UCLH was highly commended for its work with children and young people at a prestigious awards ceremony.

Pump School – a two-day educational programme which helps children and young people learn how to use their own insulin pumps was described by judges at the Health Service Journal Awards as ‘an innovative project of great importance’. The team, led by Rebecca Thompson, clinical nurse specialist for paediatrics and adolescents, was highly commended in the ‘patient-centred care’ category.

Rebecca said: “The award reflects the excellent care the multidisciplinary team provides for patients with diabetes.”

PATIENT’S EXPERIENCE

“I fell on the pavement and went into A&E with a fractured arm – this was beautifully, swiftly, kindly and quickly treated. I was out in little more than an hour, having been X-rayed, examined, given a sling and advised – all by the most charming people. Never once was I made to feel a fool or patronised as so often happens to old women.”



Caring for carers

Motivated by his personal experience as a carer for his wife who had multiple sclerosis, Michael Lee (pictured right) became the patient carer representative on the UCLH governing body. During his tenure, Michael worked with other carers and trust staff as UCLH launched its first carers’ policy.



are not always involved in, or informed about the care of the person they have been caring for, or may not be consulted or helped at the often-traumatic time of discharge. Basically, carers themselves need help.

“The new policy aims to address some of these issues in setting out a framework to enable

UCLH defines a carer as: ‘someone who looks after a relative, friend or neighbour who, due to illness, disability or frailty, is unable to manage alone; and is unpaid’.

Michael said: “The UCLH carers’ policy marks a fundamental commitment by the trust to the role played by carers in the health and well-being of the people they care for, which in itself, from my own experience, is a major breakthrough. There are some six million carers in the UK, and because of the nature of what they do, carers can easily feel isolated, can become financially insecure and suffer ill health themselves.

“One of the key issues for carers is feeling marginalised by the ‘officialdom’ that tends to surround hospital care and treatment – carers

clear and effective communication between patients, carers and the trust. Issues such as identifying carers as soon as possible, giving carers information about the patient’s medical condition, carers’ rights and where to turn for more help will clarify the carer’s role as a partner in healthcare, something which I believe is beneficial for everyone involved.

“I am very proud to have been involved in this work, which will be complemented by a carer strategy in the coming months. UCLH is already one of the leaders in this field; I hope it can become known as a centre of excellence for integrated carer support.”

Around one in seven of UCLH’s patients is either a carer or has a carer.

PALS 'on hand **to help**'

UCLH's Patient Advice Liaison Service (PALS) acts as an independent service, providing balanced and impartial information and advice to patients and families with any concerns or issues they may have about UCLH. PALS provides on-the-spot help, liaising with staff and, where appropriate, external organisations to ensure that queries are answered and concerns resolved as quickly as possible. The PALS team constantly strives to improve the patient experience by using feedback to influence change across the trust. Some examples of this in 2007/08 include:

Stress-free parking for disabled patients

Instead of going through the lengthy process of applying for disabled parking dispensation permits from the local council, patients who hold 'blue badges' and are attending appointments at UCH can now pick up their permits on the day of treatment directly from the hospital, enabling them to park close by.

Advance booking of interpreters

GPs are now asked to indicate if a patient needs an interpreter when they first refer patients to the trust, so that arrangements can be made for an interpreter to be available for the first appointment.

Last year, PALS dealt with 3,998 enquiries – 1,972 cases, 2,026 on-the-spot enquiries.

Here are just some of the ways PALS involvement has helped to resolve queries raised by patients.

- Patient's son concerned about his mother's condition since her admission. *PALS arranged for son to meet with a specialist registrar and ward sister to discuss his concerns. Concerns resolved at meeting.*
- Patient wrote to PALS praising the care and treatment given by staff in A&E and the three wards where he was a patient in the hospital; asked for thanks to be passed on. *PALS forwarded copy of letter to relevant departmental and ward staff.*
- Ultrasound appointment changed by the hospital but patient had an outpatient appointment on the same day. *No earlier appointments available so appointment changed to a convenient date in the following month.*
- Patient contacted PALS as not all of her health care records were available in clinic. *PALS discovered patient had two hospital numbers. PALS referred case to medical records amalgamation team. All health care records were amalgamated under one hospital number.*



PALS manager Jacintha Crudden

PLAUDITS FOR PALS

"Very grateful for rapid and effective help received, which took away worry and distress of situation."

"Thank you for listening and resolving a major concern. Much appreciated."

"I've used PALS twice and both times my problems have been sorted out quickly and properly. Excellent service."

Speaking the same **language**

Care for patients whose first language is not English will improve with the launch of a telephone interpreting service at the trust. With up to 200 languages at the touch of a button, staff can instantly access telephone interpreters 24 hours a day, 365 days a year. The new service enhances patient privacy through the use

of cordless headsets, which allow clinicians and patients to hear the interpreter at the same time – even during a medical examination.



It's good news for the trust too, as Pat Isaacs, project manager explained: "Being able to access an interpreter straight away avoids having to cancel appointments, which costs the trusts thousands of pounds." Face-to-face interpreting continues to be available for deaf patients or if required for clinical reasons.



From bench to bedside: world-class research and world-class treatments

Innovative brain mapping technology... improving early diagnosis and treatment of multiple sclerosis... a national trial to investigate the impact of early screening for ovarian cancer... uncovering the genetic profile of brain tumours... developing new treatments to ease chronic head pain. These are just a few ways in which the newly-established UCLH/UCL Comprehensive Biomedical Research Centre (CBRC) is at the forefront of world-class research into the major causes of death and illness.

The UCLH and University College London (UCL) partnership is recognised as one of the top European centres for research. The UCLH/UCL Comprehensive Biomedical Research Centre translates basic science research into important applications for clinical benefit. Now in its second year, the CBRC is channelling funding and a major donation from UCLH Charity, the trust's charitable trustees, into major new research initiatives from across the trust.

During the past year more than 100 research proposals have undergone a

rigorous peer review procedure and high quality scientific research and strategic appointments have already been given the go-ahead in a number of fields including breast cancer, multiple sclerosis, young people's cancer, cardiovascular disease and gene therapy. All have the potential to build on existing expertise and translate scientific research into treatments and techniques to directly improve patient care and promote UCLH as an international research player.

UCLH has also agreed to allocate funding to improve the trust's infrastructure including:

- Creating a new research centre to develop clinical trials and treatments for patients with disabling muscle wasting diseases
- Supporting the development of a clinical research facility for cancer trials at UCH
- Establishing a new radiochemistry clinical laboratory to support

major new developments in molecular imaging

- Introducing new interventional brain imaging equipment to refine neurosurgical techniques.

Dr Nick McNally, divisional manager of the biomedical research centre, said: "There is a real sense of enthusiasm and commitment from our lead researchers and a desire to press on with major new research initiatives that will make a difference for patients – this funding has given us the green light to make it happen."

Zung To, projects manager for UCLH Charity said: "Leaving money or assets for research is very popular – more so than buying new equipment for the present. Many people who leave a legacy want to change things for the future.

"They want to stop people dying 20 years down the line from the same illness they have – and research holds the key to that."



FACT FILE

Current research statistics:

- 1,300 established and ongoing research projects – one of the largest medical research portfolios in the country
- External grant income of £48 million per year
- 200 clinical trials, of which 85 are commercially sponsored
- The most cited research papers published in scientific journals of any biomedical scientific institution, according to an independent review commissioned by the Department of Health

Research highlights include:

- Spinal cord repair using the patients' own olfactory stem cells (nerve cells in the lining of the nose). If successful, this will lead to an entirely new way of treating many common neurological problems. First trials on patients started in 2007
- Developing potential new ways of treating patients with leukemia by understanding the genetic basis of the disease
- Re-assessing specific types of drug treatment for hypertension and making a significant impact on international guidelines
- Recruiting 200,000 women for a national study, led by the Institute of Women's Health, into whether an early ovarian cancer screening test could save lives, and to assess its psychological risks and benefits
- Identifying the fundamental cause of Crohn's disease – a major gastrointestinal disease – and new lines of potential treatment
- Using imaging, measurement of electrical brain activity and the tracking of biochemical changes to try to understand what triggers epileptic seizures
- Diagnosing the genes involved in the sudden death of young athletes from inherited heart defects, such as cardiomyopathy, to identify those people most at risk

Harnessing research talent

Nurses and midwives play an increasingly important role in highlighting and developing areas of practice-based research likely to have the biggest impact on the way we care for our patients and deliver services.

In September 2007, Dr Loretta Bellman (pictured below) was appointed to the new role of senior nurse for research and development to develop a framework to support and harness research talent, backed by a CBRC grant and external funding.

She said: "Nurses understand their patients' needs and are often the first to see the practice changes that could be made. They need to be supported to put good research into practice that will benefit patients and services."



Researchers land prestigious awards

Nine consultants and professors have won prestigious appointments with the National Institute for Health Research (NIHR) for their outstanding contribution to patient-focused research in the NHS.

The senior investigators from UCLH/UCL cover areas including neuroscience, cancer, infectious diseases, imaging and gastroenterology and hepatology. Their role will include promoting clinical and applied research in health and social care – to directly benefit patients.



200 Not Out for new approach to surgery which saves time and money

Two hundred patients have been treated at University College Hospital using a new approach to major surgery which has almost halved length of stay and saved thousands of pounds.

Colorectal patients at UCH have seen their inpatient stay cut from nine or 10 days to just six thanks to the enhanced surgical treatment and recovery programme (ESTReP).

By treating 200 patients in just over a year, the trust saved a total of 488 'bed days' – the equivalent of nearly £200,000. Hospital re-admissions have also fallen.

Patients on the programme are educated on their treatment and are given diaries to record their progress. The surgery is kept as simple as possible, to enable a rapid return to independence and mobility. When patients are discharged they are followed-up with a call from an enhanced recovery nurse.

Richard Smith (pictured above), the 200th patient to go through ESTReP, said: "It was a real comfort to know I could call the unit if I had any problems and I was contacted by the recovery nurse asking if there were any problems or questions I wanted to ask."

Rachael Nakawungu, enhanced recovery nurse at UCH (pictured above) said: "Patients are more confident on discharge and have someone to contact – they are contacted two to three days after discharge and seen in an outpatient clinic."

The fundamental principle underlying ESTReP is that patients recover more rapidly and are fit for discharge earlier, as opposed to being prematurely discharged to recover at home.

Al Windsor, consultant in colorectal surgery who is leading the implementation of ESTReP at UCH, said: "ESTReP is a huge step forward for improving patient care."



PATIENT'S EXPERIENCE

"The wonderful staff and their support has helped me psychologically to pick up the pieces and give me the confidence to rebuild my life" – *Patient who received radiotherapy*



PATIENT'S EXPERIENCE

"The triage nurse in accident and emergency oozed concern and competence for an endless stream of walking wounded – my treatment from then on was efficient and caring and the whole hospital seemed very clean – even the food in the ward was hotter and better than I had expected" – *Patient treated in A&E, acute admissions unit and ward T8.*



Every parent's fear - leukaemia

It is every parent's fear: your child complains of stomach pain and is taken to a local hospital. Then tests reveal the true cause – leukaemia.

"It was a total shock. We couldn't take it all in," said mother Angie Muffett.

Her daughter Jessie was immediately transferred to the Children and Young People's Cancer Service at University College Hospital – the largest specialist unit of its kind in Europe.

Mrs Muffett said: "We arrived at midnight and my first impression was of serenity and calmness. The consultant spent a couple of hours talking to us, explaining, listening to us. It was a terrible time but we felt we were in a safe place."

Jessie spent most of the next year in the specialist unit undergoing chemotherapy. But now, two years later, 17-year-old Jessie is recovering well and although she still needs monthly check-ups, she is pursuing a career in horticulture.

Recently, she returned to represent the unit as a patient ambassador, accompanying 50 health delegates from around the world who were on a fact-finding tour of the unit.

"There's no doubt – we were lucky to have been transferred to UCH," said her mother.

The unit provides 18 inpatient beds and a day care centre for young cancer patients and offers a multi disciplinary approach to caring and supporting patients and their families: recognising their unique health and psychosocial needs.

'Fantastic nurse' beating bowel cancer

'Fantastic nurse' Pam O'Donoghue was rewarded for her work by charity Beating Bowel Cancer, after a glowing report from one of her patients.

Father-of-four Simon Battersby was diagnosed with bowel cancer and referred to UCLH for chemotherapy where he was placed under the care of Pam, a gastrointestinal cancer research sister. Her care has had a lasting impact on his life.

Film editor Simon, 54 (pictured above, left), said: "If you have never had cancer before and you don't know anything about it and you are faced with the thought that it's something that might kill you, it is such a comfort to have somebody like Pam who is always on the other end of the phone."

Simon was so impressed with Pam (pictured above) that he nominated her for one of Beating Bowel Cancer's annual Nurse Recognition Awards, which she duly won.

In his nomination letter, Simon

wrote: "Whenever I became worried or confused [Pam] used her intelligence and pragmatism to reassure me and did so with charm and a great sense of humour."

Pam said she was 'ecstatic' when she opened the letter telling her she had won the award.

She added: "Simon and I worked well as a team. It was about me getting to know him as a person and what went on in his life and trying to incorporate all his blood tests, scans and treatment into that."

Meanwhile, bowel cancer specialists from the trust set up stands across north London to raise awareness about the disease.

More than 18,000 residents aged 60-69 in Camden and Islington, Barnet, Haringey and Enfield were sent home testing kits as part of a rolling screening programme. The completed test kits are returned to the programme hub – which then refers people to UCH if results are potentially abnormal.



First comprehensive 24-hour **stroke service** in north London

Robert Glazebrook was one of 300 patients to benefit from the first comprehensive 24-hour stroke service in north London which was launched at University College Hospital.

Stroke neurologists from the National Hospital for Neurology and Neurosurgery were on hand at the UCH emergency department to deliver thrombolysis – a clot-busting treatment which improves the chances of a good outcome for stroke patients.

Mr Glazebrook (pictured above), 79, was one of 26 patients to be ‘thrombolysed’ in 2007/08. Within months, the former managing director of Steinway Pianos, was back tuning pianos on cruise ships.

He said: “There is no doubt in my mind that this service saved my life. What the hospital did was brilliant. I’m a very satisfied customer!”

The new service is the first 24/7 neurology-led stroke service in north London and provides one of the best stroke services in the capital.

Dr Foster’s 2007 Hospital Guide highlighted the stroke service at UCLH as one of the top five in the country. This new service – which has expanded to include patients who would have previously been taken to the nearby Whittington Hospital – makes it even better.

The A&E department at UCH is alerted on a priority phone line by the London Ambulance Service if a patient suffers a stroke. The patient is triaged to resuscitation and immediately assessed by A&E staff and a stroke neurology team. All patients have immediate brain imaging.

The service is in line with government proposals that stroke

centres should take the form of ‘hyper-acute’ sites which provide CT scans around the clock, supported by neuroscience experts.

UCLH divisional clinical director for emergency services Paul Glynne said: “This puts UCLH at the leading edge of stroke care provision in the UK.”

Consultant stroke neurologist Nick Losseff added: “This development is the icing on the cake of our stroke services. With the new service we will be able to treat large numbers of patients with these powerful drugs.”

Patrick Marsh from Islington whose wife was assessed at the NHNN stroke assessment clinic, said: “Each test was carried out punctually at the appointed time. We were told exactly what would happen and were met with nothing but courtesy and kindness from all the nurses and technicians.”

Stop before the **op**



Stopping smoking can help reduce patients' time in hospital and help them recover faster. In December 2007 'Stop Before the Op', a programme to help patients give up smoking before undergoing surgery, was launched at UCLH.

Patient Clifford Cox was at the launch celebrating being smoke-free after successfully completing the programme, which involves one-to-one counselling and support, relaxation and stress-busting techniques, nicotine replacement therapy and medication to help reducing craving. "I had been smoking around 40 a day for 40 years and had tried but failed to stop many times. The difference this time was that I didn't go it alone, and had ongoing support from Ann (Lyons, stop smoking nurse specialist) which was great – when I was in the ward she would pop in, or I could phone or email her at moments of weakness! I remain smoke-free and am really grateful to Ann for her support. Thank you."

Dignity through Art in UCLH pilot programme

A pilot programme using creative arts to explore older people's experience of dignity in care at UCLH has proved an exciting opportunity for nurses and older people to work and learn together.

Using art, drama and movement, the participants revealed their innermost thoughts and feelings about what dignity really means to individuals and the impact undignified care can have. They also explored how changes in practice can improve their experiences.

Jonathan Webster, consultant nurse for older people, organised the programme. He said: "As the programme continued it was very clear to see how the nurses and older people were learning and working together. Nurses had to



Jonathan Webster (centre) with staff nurse Lutzi Sebastian and patient Donald Poplewell

hear about emotionally painful experiences, accept failure of practice and how to address them. It helped them to understand the impact that undignified care has on people's lives."

The programme was funded by The Foundation of Nursing Studies and was supported by Age Concern Islington, who recruited the participants and hosted the sessions.

The nurses from UCH and the Heart Hospital were encouraged to reflect

on what they had learnt – and put it into practice back in the workplace. Many said the programme had made them determined to instigate practical changes.

During the final session participants were asked to produce a collage to evaluate the programme.

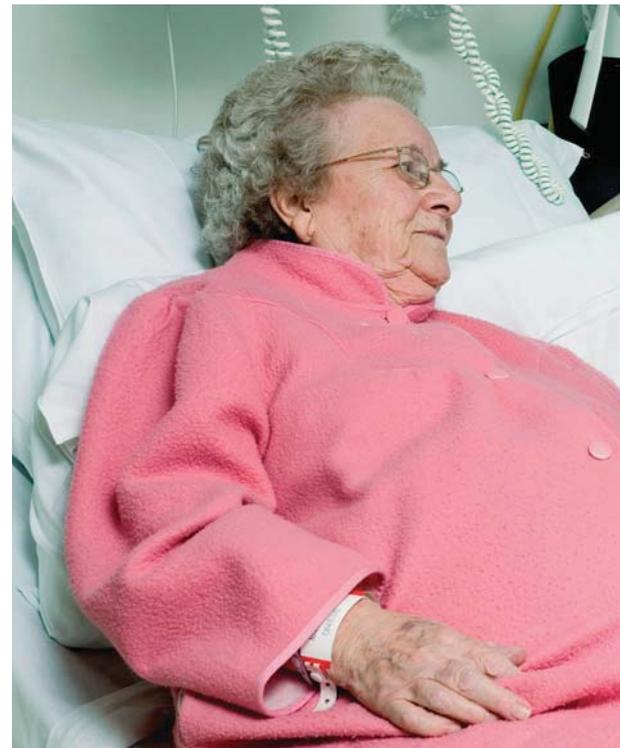
Jonathan added: "The programme highlighted the need for there to be a partnership between an older person and health practitioner, requiring mutual learning, sensitivity and respect."

UCLH has made significant improvements in the quality of care its patients experience, according to the results from the independently-conducted Adult Inpatient Survey 2007. Of the 13 areas targeted by the trust in its action plan from the 2006 survey, a remarkable 10 have shown a significant improvement in the 2007 results and the remaining three have also shown improvement.

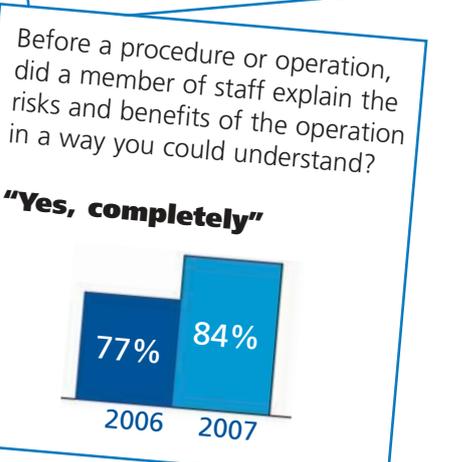
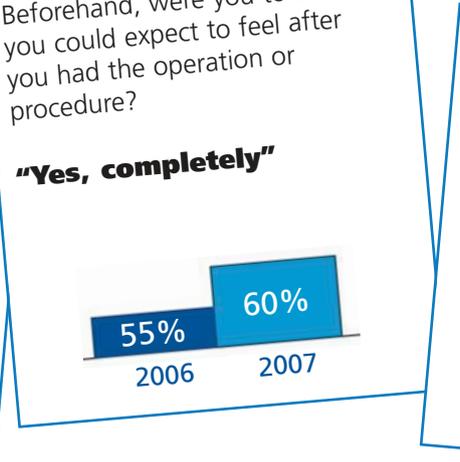
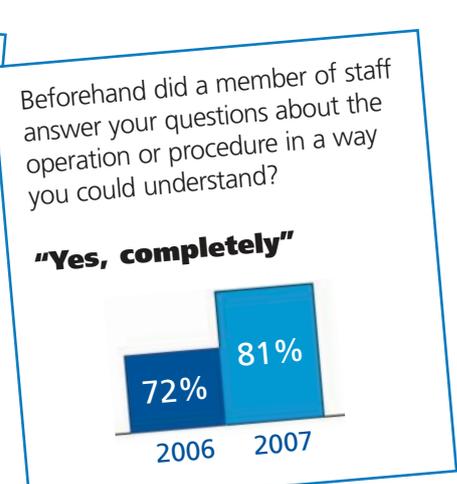
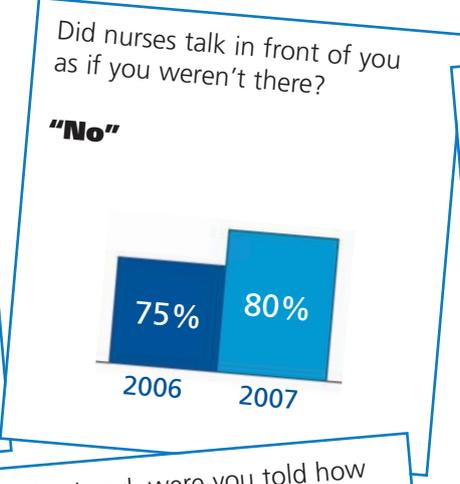
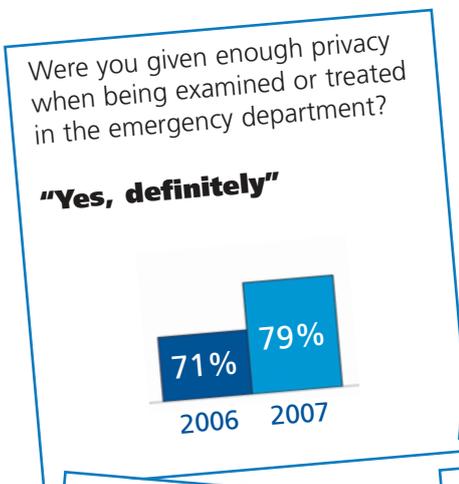
From the level of privacy patients felt they had when being examined, to whether they felt doctors and nurses were talking in front of them as if they weren't there, the Adult Inpatient Survey 2007 shows UCLH has made significant steps forward in the quality of the patient experience at its hospitals.

One of the most remarkable year-on-year improvements was in patients' confidence in doctors: 87% of patients responded 'Yes, always' when asked if they had confidence in the doctor who was treating them, a sharp increase on the 79% of patients giving the same response in 2006.

A total of 850 randomly selected patients who were treated at UCLH during the summer of 2007 were sent a postal questionnaire within three months of their visit, asking them 77 questions about the hospital, staff behaviour and their care and treatment. Of these, just over half – 439 – responded with fractionally more women (51%) than men (49%) replying. Just under a quarter were aged under 40, a third aged between 40 and 60 and just over a third (37%) aged 60+.



What patients





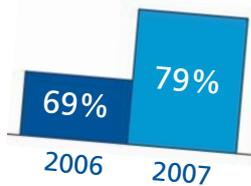
Patients said about us!

The results of the Adult Inpatient Survey 2007 were excellent and showed huge improvement in the patient experience at UCLH, which we want to maintain. Patients tell us there is still room for improvement in the following five areas:

- Respect patients' dignity and privacy. Don't talk in front of them as though they're not there – expect to be challenged if you do
- Give patients clear, consistent information about their procedure, after-care and how to look after themselves at home
- Ensure patients know who they can talk to about their worries during their stay in hospital
- Families need information too – it helps to stop them worrying while a patient is staying in hospital
- Going home can be stressful for the patient and their carers; information on where to get help and advice provides reassurance

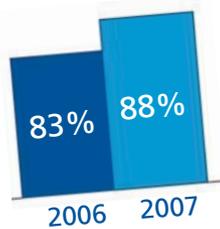
Did doctors talk in front of you as if you weren't there?

"No"



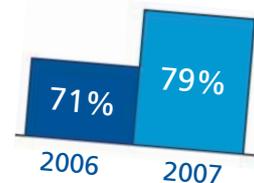
Were you given enough privacy when being examined or treated?

"Yes, always"



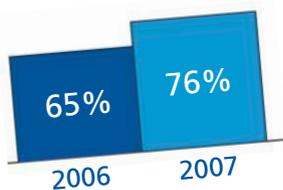
Beforehand, did a member of staff explain what would be done during the operation or procedure?

"Yes, completely"



Do you think the hospital staff did everything they could to help control your pain?

"Yes"

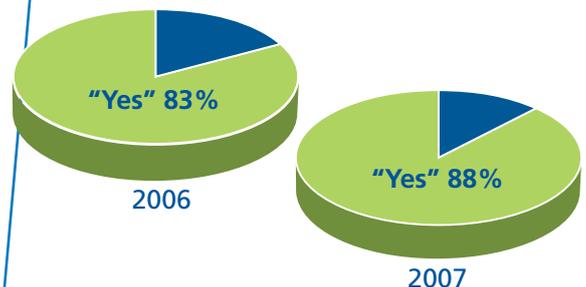


On the day you left hospital, was your discharge delayed?

"Yes"



As far as you know, did doctors wash or clean their hands between touching patients?



NATIONAL HOSPITAL FOR NEUROLOGY AND NEUROSURGERY

33 Queen Square, London WC1N 3BG



The National Hospital for Neurology and Neurosurgery (NHNN), at Queen Square in central London, is a centre of excellence in surgery and treatment for neurological conditions and with the Institute of Neurology (IoN) is a centre of world class academic research.

FACT FILE

Major developments in 2007/08 at the NHNN included:

- The opening of a joint NHNN and Institute of Neurology (IoN) Clinical Neurosciences building at 33 Queen Square. This houses eight floors of joint NHNN-Institute of Neurology activity which will translate cutting edge science into new treatments for patients with neurological diseases
- Continuing to develop surgical procedures, including work on functional neurosurgery for patients with Parkinson's disease
- Expansion of rehabilitation service for patients with disabling neurological diseases – an extra 10 beds have opened for people living in Kensington, Chelsea and Westminster

Pioneering service offers support for young **brain tumour** survivors

A unique clinic to help teenagers who have survived childhood brain tumours has been established at the internationally renowned neuropsychology department at the NHNN.

Medical advances and improved survival rates over the past decade mean more child patients are now reaching adolescence and the service aims to support the often difficult transition to adulthood.

It also offers the research potential to investigate which factors might influence survival rates and quality of life, as well as how to boost low self esteem.

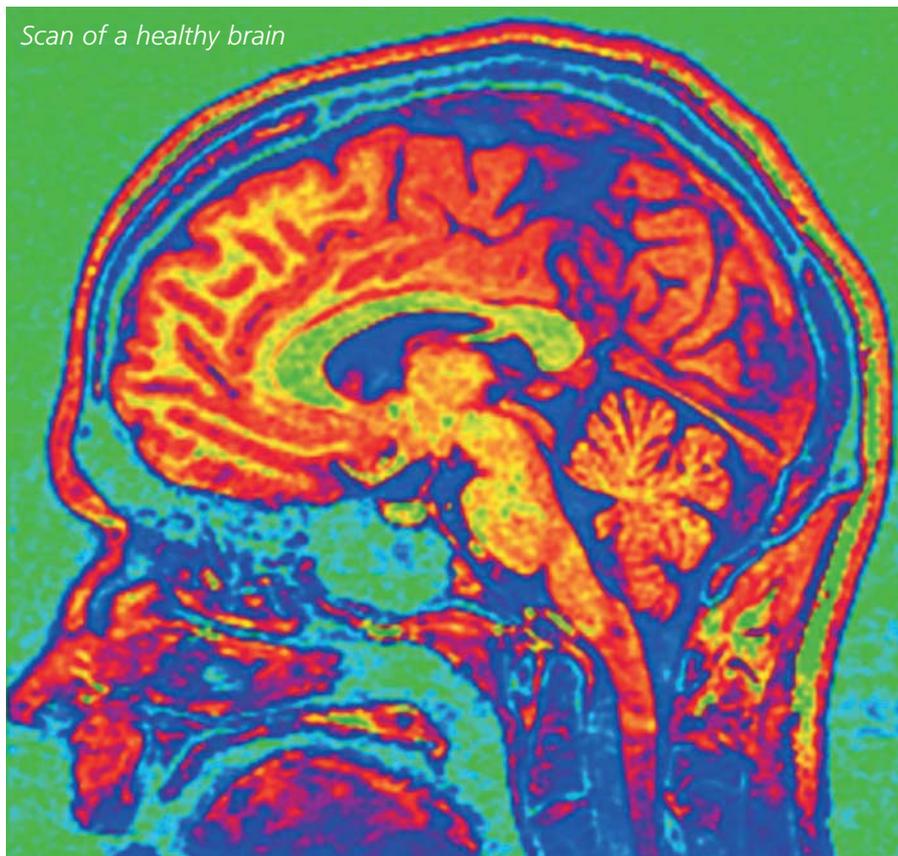
Joalida Smit, clinical neuropsychologist, said: "Some of these young adult patients have very complex needs;

memory difficulties, poor attention, behavioural and social problems, for example. The possible reasons are also complex. There may be an impact of surgery, radiation and chemotherapy on brain tissue and neuron development in childhood, but also psychological factors causing feelings of isolation and lack of self esteem."

UCLH, along with Great Ormond Street Hospital for Children, treats around a third of all infants and children with brain tumours nationally.

The clinic will support the work of consultant specialist Dr Helen Spoudeas, who has established a medical database of around 600 patients who have undergone treatment for childhood brain tumours in the past 20 years.

Scan of a healthy brain





Brain surgery in the morning and back home for a cup of tea

The NHNN boasts Britain's youngest female brain surgeon, who made medical history with a revolutionary day clinic procedure.

Consultant neurosurgeon Gelareh Zadeh (pictured above, left), performed the UK's first operation to remove a brain tumour as a day case. Previously, patients had to stay in hospital for up to a week.

When Gelareh operates, her patients remain awake so she can talk to them throughout the procedure, monitor brain function and avoid the complications of general anaesthesia. This allows a faster recovery. Gelareh often suggests her patients call a loved one on a mobile phone while she is performing the procedure known as an 'awake craniotomy'.

Gelareh's first patient was 53-year-old Deborah Calder (pictured above,

right) who underwent brain surgery in the morning and was home later the same day.

Deborah said: "I could hardly believe it – I'm frightened just going to the dentist let alone wide awake brain surgery. But I had complete faith in Gelareh. She and the whole team made me feel very safe.

"It was completely painless and everyone made me feel very relaxed. I spoke to Gelareh at midnight and at 7am the next day – she wanted to check that everything was okay. She is so caring, a really exceptional and special person."

Gelareh has set up a day surgery and metastatic brain tumour clinic, forging stronger links with the UCLH oncology department, to deal with such cancers.



PATIENT'S EXPERIENCE

"Each test was carried out punctually at the appointed time, we were told exactly what would happen and we met with nothing but courtesy and kindness from all the nurses and technicians."



Unit equipped with **world class** scanners

Neurological patients have been benefiting from a new £11 million neurological scanning unit at the NHNN and work is now underway to equip the world-class facility with revolutionary new interventional MRI scanners, including image-guided navigation system. It is due to be fully operational in September 2008. The unit has been largely funded from external sources.

THE HEART HOSPITAL

16-18 Westmoreland Street, London W1G 8PH



The Heart Hospital is located in Westmoreland Street, providing a range of complex cardiology services and surgery. It is a nationally-recognised centre providing specialist care for patients with cardiac conditions and all forms of heart disease.

FACT FILE

- The Heart Hospital has been named as one of the best-performing hospitals in the UK, following analysis by the Healthcare Commission in August 2007.
- Mortality for elective and urgent coronary surgery has fallen from 5.8% to 1%.
- The number of operations has increased from 684 to more than 1,050 in the past five years, since services moved from the Middlesex Hospital.
- Work continues with the North Central London Cardiac Network to reduce waiting times for patients requiring urgent angioplasty. 100% of patients are now transferred to the Heart Hospital for treatment within 72 hours of referral.



Heart team celebrates 100th birthday for **high-risk** mums

More than 100 babies have been born to women with serious heart problems in the past year – after close monitoring by the maternal cardiology team.

The record number is a tribute to the expertise of teams from the Heart Hospital and Elizabeth Garrett Anderson and Obstetric Hospital.

Dr Fiona Walker, consultant with the maternal cardiology team, said: “I see many women who have coronary disease or were born with congenital heart problems. The drive to have a baby for some of them is huge – even though the stakes can be high.

“Our team now has a lot of experience and I inform them of what could happen and what I think the risks are – they must decide whether they think it is a risk worth taking.

“Most of them do! I used to see only about six pregnancies a year but now nearly every young woman who comes through our grown-up congenital heart service wants to have a baby.”

The maternal cardiology clinic is the busiest in the UK. It was created in 2001 in response to the increasing numbers of young women surviving congenital heart problems who now routinely reach adulthood: survival rates for infants undergoing complex heart surgery has risen from 15% to around 85% since the 1950s. As a result, these babies grow up to be young women wanting children themselves.

So far 370 babies have been safely born in the past seven years following monitoring by the maternal cardiology team.

Giving **new hope**

Patient Sarah Johnson was all smiles just one day after having pioneering robotic surgery at the Heart Hospital.

A new era in the treatment of heart disease in the UK began this year with the opening of the £2 million remote access stereotaxis catheter laboratory at the Heart Hospital, funded by the British Heart Foundation.

It is the only laboratory of its kind in the UK and one of less than 50 worldwide and will save lives and drastically reduce treatment times for patients.

Patients lie between two giant magnets which guide tiny probes around the body. These burrow through the veins to correct irregular heartbeats or prop open blocked arteries.

Mother-of-three Sarah, 25, of Enfield, was treated at the lab for a fast heart rhythm of 250 beats per minute.

She said: "I had the operation on a Thursday, was home on the Friday and was out delivering my Avon on the Saturday!"

The operation would usually require doctors to spend hours manually pushing wires through arteries. With the new lab, doctors do not even need to be in the room and can control the surgery remotely with a joystick.

Sarah said it was the third time she had had an operation to try to resolve the problem. "I didn't bruise and the recovery time was much quicker. I can't praise the treatment and the doctors enough – they were fantastic."



Hitting **new heights** for heart attack patients

Patients who suffer heart attacks get vital treatment faster at the Heart Hospital than almost any other hospital in the UK, according to a new report.

Some 92% of heart attack patients at the Heart Hospital receive a primary angioplasty within 90 minutes of arrival.

A heart attack is caused by a blocked heart artery. A primary angioplasty is a procedure which unblocks arteries using a balloon and a stent to restore blood flow to the dying heart muscle. Speed is essential to save as much heart muscle as possible and prevent permanent damage causing heart failure.

Only two hospitals in the country offer this procedure quicker than the Heart Hospital. The national average for treating patients within 90 minutes of arrival is 79%.

Training paramedics to identify a potential **heart attack**

Tight chest, pain, breathlessness – all possible signs of an imminent heart attack. But deciding on the best course of action isn't always easy. Every second counts.

An interactive training programme – designed by a UCLH consultant cardiologist – is helping to train ambulance crews across the capital to identify the best way of treating potential heart attack sufferers.

Dr Clare Dollery (pictured right) has created a CD-rom which uses

realistic patient scenarios to help ambulance crews who are faced with life or death situations.

The training programme aims to give ambulance crews the experience, practice and confidence to make the most appropriate decision.

Professor Roger Boyle, national director for heart disease at the Department of Health, said: "This training programme will help ensure heart attack victims in London are diagnosed and managed to the highest possible standards."



THE ELIZABETH GARRETT ANDERSON AND OBSTETRIC HOSPITAL

Huntley Street, London WC1E 6DH



The Elizabeth Garrett Anderson and Obstetric Hospital continues to be at the forefront of women's health, providing a wide range of services including maternity and a neonatal unit.

FACT FILE

- Following a national survey of maternity services by the Healthcare Commission, UCLH was rated in the top eight of 27 trusts in London.
- UCLH is the UK's only accredited centre (and one of only five in Europe) providing specialist training to European doctors in treatment of gynaecological cancers.
- Staffing levels in the maternity service have steadily improved the birth per midwife ratio is 1:31 in 2007/08 compared to 1:40 in 2003/04. The London-wide ratio is 1:33.
- The neonatal unit, which is responsible for the care of extremely premature babies born in north London, continues to expand. There are currently 14 cots for intensive care and high dependency babies increasing to 17 in the new UCH EGA Wing.

PATIENT'S EXPERIENCE

"Everything from the birth to my stay afterwards on post-natal was absolutely brilliant – staff couldn't have done more."



Putting mothers and babies first – delivering **the care** you want

Following ongoing discussions with GPs and patients, UCLH has identified what matters most to our female patients.

UCLH maternity services were chosen by Monitor, the regulator of foundation trusts, to be the focus of a national pilot to establish ways of improving the quality of services for patients across the NHS.

Following the pilot a raft of initiatives have been introduced to ensure a culture of patient focus and effective team-working.

The project established indicators and reporting frameworks to ensure the hospital delivers the very best clinical services for women and their babies at the same time as improving the overall experience. Tangible changes have already occurred, for example clinical handovers are more focused on quality and safety of care and there is a formal service commitment to

treat all our patients with respect at all times.

Sometimes it's the small changes that can make all the difference: For example, the names of the lead midwife and ward midwife in charge on shift are now prominently displayed for mothers to see: if they have any concerns they know who they need to talk to.

All mothers accessing maternity services are surveyed and the results published on the UCLH website.

Dr Jane Hawdon, clinical director for women's health at the time of the pilot, said: "We are not trying to change the world in one go: some of the changes to work practices have been relatively small – but they seem to be making a real difference to the way our patients experience our services."

3,850 women had their babies delivered at the EGA in 2007/08



Nicola and Chris Revis with baby Angus

PATIENT'S EXPERIENCE

"The unit was clearly very busy but the staff were very courteous and saw us as soon as they could free up a room – I delivered my baby shortly after that!"

PATIENT'S EXPERIENCE

"All the staff were great and explained everything in a way I understood."

Specialist care for **neonatal** births

A family celebration brought joy tinged with sadness for Nicola Revis. Following lunch in a Covent Garden brasserie, she initially put her pregnancy pains down to indigestion. As her symptoms worsened, her anxious friends and relatives ordered a taxi driver to take her to the nearest hospital.

Two hours later Nicola was giving birth to very premature twins at the Elizabeth Garrett Anderson and Obstetric Hospital, hundreds of miles from her home in North Yorkshire.

Harry and Angus – born at just 23 weeks – each weighed little more than half a bag of sugar and needed emergency care at the hospital's neonatal intensive care unit, the designated perinatal centre responsible for the care of extremely premature babies born in north central London. Dad Chris dashed down the motorway to be with them all.

Nicola said: "It all seemed a bit of a blur. I remember seeing all the

machinery and wires and these tiny little babies under plastic – so tiny I was frightened to touch them. Over the following weeks everyone was brilliant. The consultant patiently explained everything to me; she hugged me and quickly became like a friend. My midwife was great too and offered reassurance throughout."

Sadly, little Harry who was initially thought to be the stronger of the twins, died two days later after suffering a bleed on the brain whilst in the womb. Angus, following a blood transfusion and the skill of the hospital's neonatal team, went from strength-to-strength. "He proved to be a real little fighter," said Nicola.

After two months, hospital staff liaised with the family's local primary care trust in Yorkshire and the London children's acute transfer service (CATS) to arrange for Angus to be transferred to a neonatal unit nearer to home via specialist air ambulance.

"We just couldn't wait to take him home with us," said Nicola.

One-stop gynaecology

New surroundings, new technology and new ways of working are transforming the way UCLH cares for its gynaecology patients. A one-stop service was launched in January 2008 where women can be assessed, scanned and given a management plan or referred for inpatient treatment in a single visit. It has reduced waiting times for an appointment from a maximum of 18 weeks to just four weeks.

Coming soon...

From November 2008, pregnant women and their babies will be cared for in new purpose-built accommodation offering the latest technology and facilities in pleasant and well-designed surroundings in the University College Hospital Elizabeth Garrett Anderson Wing.

For more on this development see p28.



The Hospital for Tropical Diseases (HTD) is the only hospital dedicated to tropical and infectious diseases within the NHS and offers expert advice, diagnosis and treatment for a wide range of tropical, infectious and travel-related illnesses. It has a travel clinic, daily emergency walk-in service and a dozen specialist outpatient clinics at Mortimer Market. There are also 22 isolation rooms at University College Hospital for patients with highly infectious diseases.

HOSPITAL FOR TROPICAL DISEASES

Second Floor, Mortimer Market Centre, Capper Street, London WC1E 6JB

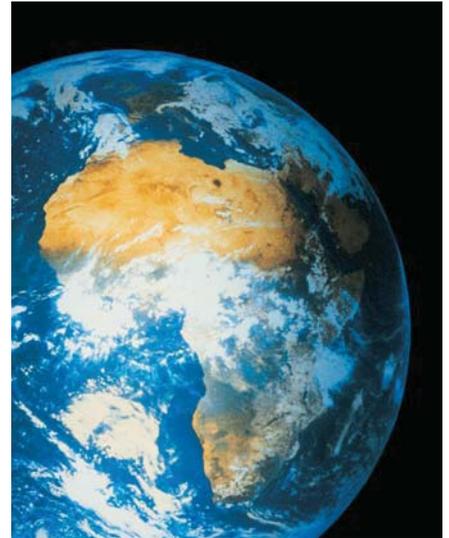
Top tips for travellers

His motto is: forewarned is forearmed. As one of only two NHS consultants in travel medicine, Dr Ron Behrens is fully aware of the perils encountered by holidaymakers.

Each year, around 10,000 people visit the travel clinic at the trust's Hospital for Tropical Diseases. As well as giving advice on immunisation and infectious diseases, Dr Behrens' job is to alert them to other pitfalls they may encounter at their chosen destination: civil unrest, dangerous road conditions, crime hotspots. Then there's the risk of chikungunya fever, deep vein thrombosis, altitude sickness and sunburn.

There may be hundreds of private clinics and GPs in London who offer vaccinations but The Travel Clinic is unique.

Dr Behrens (pictured below far right) said: "We have the expertise. We



have very close ties with the National Travel Health Network and Centre (NaTHNaC) which is also based in the trust and our training programme for clinical nurse specialists is unique. You are unlikely to receive such an expert service elsewhere: most GPs will only see a couple of travellers a week – we see hundreds."

Daily updates on travel risks

<http://www.nathnac.org/travel/>

In November 2007, the HTD officially launched daily web updates for travellers and health professionals wanting detailed information about the risk of disease in any country in the world and specific advice on how to avoid falling ill. Around 40,000 people access it each month. The database is part of the National Travel Health Network and Centre (NaTHNaC).



Eastman anniversary

The trust's Eastman Dental Hospital, on Gray's Inn Road near King's Cross Station, celebrated 60 years of research and training which has established it as one of the most prestigious dental centres in the world.

Working closely together, the dental hospital and Eastman Dental Institute have made exciting advances in oral health care with potentially far-reaching implications for health in general.

Some research highlights:

- New methods are being developed to fight antibiotic-

resistant bacteria to reduce the risk of life-threatening illnesses. For example, light-activated agents that selectively target and kill specific organisms such as MRSA and techniques to help identify the genes responsible for spreading antibiotic resistance.

- Investigating how cells in the mouth – which regenerate rapidly and with less scarring – can be used to repair skin elsewhere. Using the same theories, researchers have also been looking at the possibility of deriving cells from human jaw muscles and adapting them elsewhere in the body.



A World Health Organisation (WHO) centre for oral health, disability and culture, the Eastman Dental Hospital, (EDH) closely linked to the Eastman Dental Institute (EDI), is globally renowned for outstanding patient care, education and training, and research and development. As the only specialist postgraduate teaching hospital in England and Wales, the EDH treats patients from all over the country in existing and developing oral specialties.



London play specialist of the year

As any parent knows, taking your child to the dentist can be a traumatic time; taking your child to one of the world's leading dental hospitals for a major or prolonged course of treatment can be very challenging indeed.

UCLH can boast London's play specialist of the year, according to children's charity Rays of Sunshine. Caroline Fawcett (pictured above left), works at the Eastman Dental

Hospital, putting children, who are undergoing treatment at the hospital, at ease. Caroline said: "The award was a great personal achievement as well as wonderful recognition for all the work that the Eastman Dental Hospital has entrusted in me establishing and developing the hospital play specialist role at EDH."

She was among 10 regional winners from across the NHS who won awards. Her role at the EDH

FACT FILE

- The EDH provides training for consultants, specialists, researchers, trainers and dental care professionals – 35% of UK-taught graduates are trained here.
- Every year, the EDH treats 85,000 outpatients, 35% of whom are children and adolescents.

aims to support the needs of the wide-ranging ages of patients who attend paediatric clinics at the hospital. This support is provided through the provision of child and young person recreational activities to engage and occupy the patients during sometimes anxious waiting times.

Caroline provides dental and general anaesthetic preparation for patients for whom the prospect of undergoing dental treatment is challenging or distressing.

She added: "It's particularly touching when the younger patients don't want to leave after their appointment as they're enjoying the play activities so much."



The Royal London Homoeopathic Hospital (RLHH), which is next door to the NHNN at Queen Square, is the leading centre in the NHS for the integration of complementary medicine. Despite its title the RLHH provides a range of complementary therapies, not only homeopathy. Changing the name of the hospital to reflect its status as a centre of excellence for the integration of the best of conventional and complementary medicine is currently being considered.

FACT FILE

- The RLHH's recently refurbished building houses services focusing on a range of conditions and diseases, including chronic pain, complementary cancer care, musculoskeletal and rheumatologic conditions, chronic fatigue, skin, stress and mood disorder, women's health and allergies.
- The RLHH also continues to integrate with other trust services where appropriate, to improve the care of UCLH patients.



Products – **pure** and simple

Since the RLHH retail pharmacy began expanding a year ago, the new ranges of natural and organic toiletries have become increasingly popular.

The products were sourced by Clara Ranera-Dowling (pictured above), retail pharmacy manager, who was keen to pick the purest, highest-quality items at the most reasonable price.

The interesting selection includes toiletries for all the family, suitable for sensitive and allergy-prone skin. The pharmacy also stocks a range of chemical-free sun creams, nutritional supplements, homeopathic remedies, herbal

medicines and tea for the discerning – a packet of cocoa, liquorice and roasted chicory retails at just £2. Expert advice from Clara and her colleagues comes free!

Clara said: "These products are of really high quality and don't contain the ingredients found in most products. They are very popular with patients, staff and the general public who are amazed at how reasonably priced they are."

The RLHH pharmacy is open to the general public from Mondays to Fridays, 9am to 5.30pm and offers a mail order service. Telephone 020 7391 8805.

Complementary medicine – the facts at your fingertips

Europe's only public library for complementary and alternative medicine has been taking shape at the RLHH.

In the past year thousands of books, journals and archives – some incredibly rare volumes from the 19th century – have been donated by professional organisations from around the world.

The Complementary and Alternative

Medicine Library and Information Service (CAMLIS) aims to provide a unique source of evidence-based, quality research on a range of alternative medicines, as well as online journals and databases. It will open to health professionals and the public.

Information centre manager Gerhard Bissels said: "If anyone does a Google search on complementary medicine

some really weird stuff is included. Our library will only include credible research. It will be useful for health professionals and members of the public who want to find out more about complementary medicine and will provide a focal point for training and research."

CAMLIS will complement the hospital's existing specialist online library (www.library.nhs.uk/cam).



UCLH opens its doors

The trust annual open event at University College Hospital drew the crowds, with special guest Gloria Hunniford switching on the Christmas tree lights.

Hundreds of people visited interactive stands and spoke with staff about the work of the trust's seven hospitals.

The TV and radio presenter led visitors in song before praising staff for helping patients who find themselves in hospital over the festive season.

She said: "Through my work as a journalist I know what a wonderful reputation this hospital has. I would like to say congratulations not only to the chief executive but everybody who works here. If you live in the area – how fantastic it is to have a hospital like this on your doorstep."

Visitors were entertained by the gospel choir of the Maria Fidelis Roman Catholic Convent School in Camden, the Salvation Army brass band, carols by the Ffortissimo! singers and Indian music performed by Kokila Gillett.

Around 300 people visited the event, which offered visitors the chance to tour departments including the Institute of Nuclear Medicine, the Day Surgery Unit, Imaging, Radiotherapy and A&E.



Have your say – become a member of UCLH

If you've been stressed or impressed by your experience at UCLH, have your say and help shape how the trust is run by becoming a member of the foundation trust. A 33-strong governing body, which includes 17 patients and public governors elected by members, has continued to influence key decision-making at the trust in the last year. Examples include improving the outpatient service through use of touch-technology screens providing patient information and giving patients the opportunity to give feedback on their experience at UCLH, and working with the board of directors to agree the future strategy for the trust as a whole.

The trust is always looking to recruit new members to ensure that it remains responsive to the needs of patients and local people. You can join if you are a patient, carer of a UCLH patient or live locally.



Membership is free, and upon joining you receive a membership card (pictured), a quarterly magazine and the opportunity to change things! We look forward to hearing from you.

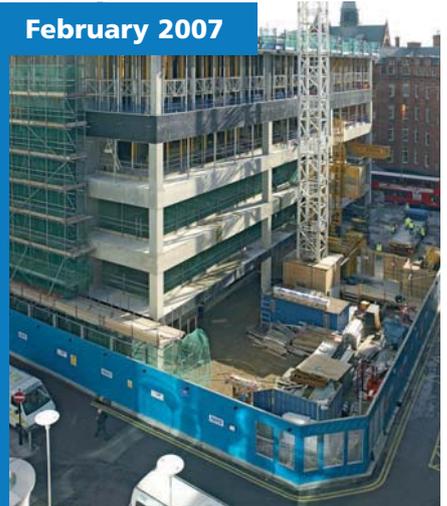
For more information go to <http://www.uclh.nhs.uk> or contact the membership hotline on 020 7380 9290.

UNIVERSITY COLLEGE HOSPITAL ELIZABETH GARRETT ANDERSON WING UNDER CONSTRUCTION

August 2006



February 2007



The
new
wing
takes
shape

August 2007



February 2008



July 2008



July 2008



July 2008



A new era for women's health is on the horizon with the ongoing construction of the University College Hospital Elizabeth Garrett Anderson Wing – phase 2 of a £422 million project to redevelop UCH.

The maternity wing will offer a new choice for women, housing 39 antenatal and post-natal beds, 12 birthing rooms, two birthing pools, 15 special care beds and 17 neonatal intensive care cots. It will be operational from November 2008.

The wing will include 320 miles of cable, 248 clocks, 350 cupboards, 800 shelves, 250 mirrors and 260 worktops.

Tim Mould, UCLH clinical director for women's health, said: "Our new building will herald a new era in caring for women from London, the UK and abroad. The state-of-the art facilities will enhance the clinical and research skills of the Institute for Women's Health at UCLH and UCL. We are thrilled that the day to start using them is about to arrive."

The construction of phase 1 of the University College Hospital (UCH) development started in 2000. The completion of phase 2 will bring to an end what was the biggest and most ambitious hospital building project in the history of the NHS.



Building for the **future**

There has been significant progress in building projects at UCLH in the last year. As well as the near completion of the University College Hospital Elizabeth Garrett Anderson Wing (see page opposite), projects include:

- A new nine-floor building at 33 Queen Square, fully integrated into the National Hospital for Neurology and Neurosurgery was completed in summer 2008. The new facility, a joint venture with the Institute of Neurology at University College London (UCL) provides a state-of-the-art lecture theatre, outpatient clinics and research and teaching facilities enabling the translation of cutting-edge science into new
- treatments for patients with neurological diseases.
- The trust's new £4 million Education Centre was completed in summer 2008 putting UCLH at the forefront of learning at the NHS. This impressive facility, located opposite UCH, uses innovative techniques to train and motivate trust staff as well as external organisations. The centre houses a simulation area with a theatre, a minimal access surgery suite and a small ward where staff can learn in an authentic clinical environment.
- Plans are being finalised to develop a world-class cancer
- centre on the UCLH campus. The centre, earmarked for completion in 2012, will be located in Huntley Street, opposite the UCL Cancer Institute and supports the trust's aim to transform laboratory research discoveries into treatments that directly benefit patients.
- Work to develop estate improvements for cardiac services and the Eastman Dental Hospital continues. The trust's objectives for 2008-09 provide for these ideas to be developed by March 2009, as part of the overall estate strategy, which is being developed to the same timetable.

Financial **overview** 2007/08

The trust achieved a £15.4 million surplus in the financial year ending 2007/08. Last year's 'bottom line' surplus of £11.1 million included 'exceptional items' such as the profit on the sale of the Middlesex Hospital, which, when excluded, makes this year's achievement even more impressive.

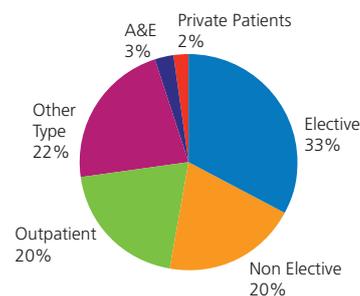
The current positive financial position compares very favourably to the substantial losses incurred during the commissioning of phase 1 of the new University College Hospital in 2005/06. This turnaround is largely the result of the dedication and commitment of all our staff in implementing the trust board's financial recovery plan to bring the finances back into balance. Rather than a quick fix solution, the plan focused on increasing the number of patients treated, reducing waiting times for patients and improving clinical efficiency to ensure that our staff worked smarter to deliver benefits to patients year-on-year. The results have been dramatic – more patients treated, shorter waiting times and fewer patients who did not attend are just some of the changes that have contributed to the

trust providing better care for our patients than ever before.

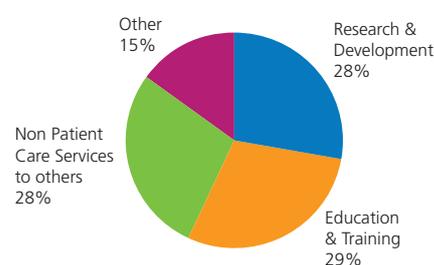
However the real test is in what patients think about the services we provide. This year's independent patient survey showed remarkable improvements in 61 out of 62 categories we performed at least as well or better than the average for other NHS hospitals.

In 2007/08 the trust was given a financial risk rating of 4 (where 5 is the lowest risk) by the foundation trust regulator Monitor, reflecting the trust's strong position. The trust's cash position at year-end was exceptionally favourable, largely due to the proceeds of the sale of the Middlesex Hospital and an increase in the interest earned from investing these funds. The trust plans to spend much of these reserves on future service developments which include the building of the £100 million cancer centre planned to start next year and other developments to improve services and facilities for patients in the future.

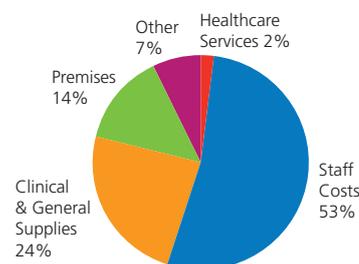
Income from patient activities



Income from other activities



What we spent it on



Key Performance Data	31/3/08 £000	31/3/07 £000
Operating Surplus/(Deficit)	15,821	(618)
Profit on disposal of fixed assets	0	20,938
Cost of fundamental restructuring	0	(3,369)
Surplus before interest	15,821	16,951
Interest	7,793	4,942
Surplus for the Year	23,614	21,893
Public Dividend Capital dividend payable	(8,262)	(10,796)
Retained Surplus for the Year	15,352	11,097

The full accounts can be downloaded as part of the Annual Report and Accounts 2007/08 from www.uclh.nhs.uk



The board of directors oversees the overall running and strategic direction of the trust, led by the chairman. The board members are as follows:

Non-executive directors

Peter Dixon

First appointed as trust chairman in 2001, Peter's business career includes running various commercial and industrial companies as well as working in finance and managing corporate turnarounds. Peter is chairman of the Housing Corporation (since October 2003) and of the Office for Public Management (since February 2007).

Dr Sue Atkinson

Sue is a public health doctor with experience in both general practice and paediatrics. Her previous roles include regional director of public health for London and health advisor to the mayor and Greater London Authority (1999-2006), chief executive of South East London Health Authority (1988-1993) and regional director for public health at South Thames Regional Office (1994-1999).

Nigel Carrington

Nigel practised as a corporate and commercial lawyer with Baker & McKenzie for over 20 years and was the managing partner of the London office from 1994-1998, and chairman of the firm's European Regional Council from 1998-2000. He became deputy chairman of the McLaren Group in 2005 following his appointment as the managing director in 2000.

Professor Richard Frackowiak

Richard holds the chair of cognitive neurology at University College London (UCL) and is vice provost for special projects at UCL. Richard is actively engaged in research programmes; his scientific interest is structural and functional brain mapping in health and disease.

Sir Nicholas Monck

Sir Nicholas' career in the civil service culminated with appointment as second permanent secretary at the Treasury and permanent secretary of the Employment Department Group. Sir Nicholas was a non-executive director of Standard Life Assurance Company from 1997-2005.

Jane Ramsey

Jane was chair of Lambeth Primary Care Trust from 2002-2007 having previously been a non-executive director at Lambeth, Southwark and Lewisham Health Authority. She trained as a barrister and was a senior lawyer in different London boroughs for 15 years, latterly as director of law and public services at Islington Council.

Executive directors

Sir Robert Naylor

Sir Robert has been chief executive since November 2000, having previously spent 15 years as chief executive at Birmingham Heartlands and Solihull NHS Trust. Sir Robert received a knighthood in the 2008 New Year's Honours 'for services to healthcare'.

Richard Alexander

Richard is the trust's finance director, having previously worked at Oracle Corporation, one of the world's largest software companies, for 15 years. This included three years in India establishing a global financial information centre in Bangalore, and two years in the Netherlands as finance director.

David Amos

David is the trust's director of workforce. He joined the NHS in 1987 as a general management trainee. Previous roles include general manager for medical services and director of human resources and organisation at St Mary's NHS Trust, and deputy director of human resources (delivery) at the Department of Health.

Louise Boden OBE

Louise is the trust's chief nurse having started her NHS career by training as a nurse at United Sheffield Hospitals in 1969. A trained midwife, she followed this with specialist oncology training and work as a surgical ward sister before moving into nursing management.

Professor David Fish

David is the medical director for specialist hospitals. He is a professor of clinical neurophysiology and epilepsy, and became a Fellow of the British Association of Medical Managers in 2006. David's academic work has focused on improving education, brain imaging and treatments for patients with epilepsy.

Michael Foster

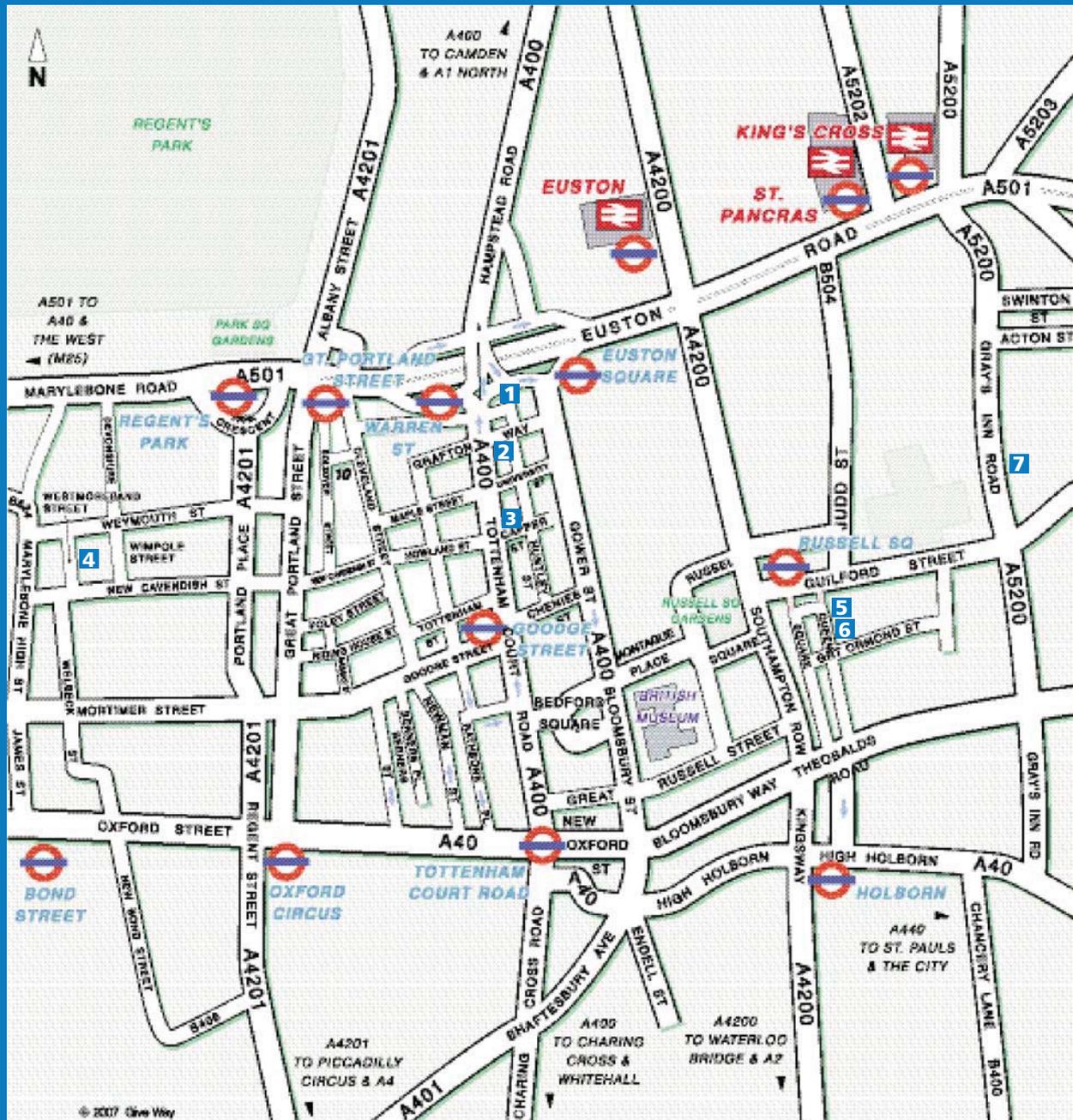
Michael joined UCLH as finance director before being appointed as deputy chief executive in April 2007. Michael's previous roles include director of finance and investment at North Central London Strategic Health Authority and director of finance and information at Barnet, Enfield and Haringey Health Authority.

Professor Tony Mundy

Tony is the corporate medical director with trust-wide responsibility for quality and safety, research and development and training and education. Tony is a professor of urology at the University of London and has been director of the Institute of Urology since 1996. He is a Fellow of the Royal College of Surgeons.

Dr Andrew Webb

Andrew is the medical director for the acute hospital. He has been a consultant in intensive care medicine at UCLH since 1990 and as critical care clinical director, built an intensive care department internationally respected for both clinical care and research and development.



1 University College Hospital
235 Euston Road
London NW1 2BU
Switchboard: 0845 155 5000

2 The Rosenheim Wing
25 Grafton Way
London WC1E 6DB
Switchboard: 0845 155 5000

3 Hospital for Tropical Diseases
Mortimer Market Centre
Capper Street off Tottenham
Court Road
London WC1E 6JB
Switchboard: 0845 155 5000

4 The Heart Hospital
16-18 Westmoreland Street
London W1G 8PH
Switchboard: 020 7573 8888

5 The National Hospital for Neurology
and Neurosurgery
33 Queen Square
London WC1N 3BG
Switchboard: 0845 155 5000

6 Royal London Homoeopathic
Hospital
60 Great Ormond Street
London WC1N 3HR
Switchboard: 0845 155 5000
Patient Services: 020 7391 8888

7 The Eastman Dental Hospital
256 Gray's Inn Road
London WC1X 8LD
Switchboard: 020 7915 1000



Tell us what you think of this Annual Review by e-mailing us at media.enquiries@uclh.nhs.uk. For extra copies contact UCLH Communications Unit on 020 7380 9897. The 2007/8 Annual Report and Accounts are available on our website www.uclh.nhs.uk or via the trust administrator on 020 7380 9608. Designed and printed by Parlourwood London.