

# annual review 2010/11



Meeting our promise to you: five stories illustrate how we are meeting our pledge to patients

# Meeting our promise

## Chief Executive Fiona Wise and Chairman Tony Caplin

In April, we launched a series of pledges to our patients. We focus on these in this report with five patient stories that demonstrate, along with other developments, how we are meeting these promises – and in doing so transforming and improving care and saving lives in the process.

One promise that is vitally important to us is that we provide high quality care. The amazing story of Vic Fletcher, who suffered a severe stroke while having a check-up appointment at Northwick Park Hospital, exemplifies first-rate acute care. No wonder our stroke care is ranked among the top 25 per cent in the UK.

Treating patients with dignity and respect is key to our ethos, which is why we made it one of our pledges. In the story of John Sharman, who had life-changing bowel surgery at St Mark's, it's easy to see how the caring and considerate attitude of our staff made all the difference. To boost the dignity of surgical patients, we have also introduced new, comfortable wraparound gowns. We have also eliminated all of our mixed-sex accommodation.

Putting a patient's needs first is another one of our promises. When five-year-old Holly Harrington was faced with the prospect of surgery, she was understandably nervous. Our staff, however, found a way of guiding her through her experience. At the other end of the age spectrum, elderly patients in particular



can be at risk from falling in hospital, but we have developed a new strategy to significantly reduce the likelihood of falls taking place. Again, we always strive to put the needs of patients first.

Our pledge to improve your health and wellbeing has evidently been met in the case of Diana Fifield. After her knee began to cause her constant pain, she had it replaced at Central Middlesex Hospital. She was able to walk again within a few days and get a decent night's sleep. Meanwhile, hundreds of patients who have respiratory conditions rely on our services every day; a recent survey found that 90 per cent rate them as either 'excellent' or 'very good'. We have also been applauded for our paediatric sickle cell and thalassaemia services, which help ease the discomfort experienced by child sufferers of these diseases.

Treating patients is our raison d'être, but communicating effectively with patients is also

paramount. When Mahendra Patel was paralysed for eight months by a rare neurological disease, the ongoing conversations he had with staff at Central Middlesex made him realise that he would eventually make a recovery. His moving story underlines just how important it can be for patients to receive clear information and what a support it can be. But communication is two-way and that is why this year we have introduced touchscreen devices that give us instant feedback about our services, so we can get your opinions on what's working and what's not.

While we are proud of all these success stories, we have been faced with our share of challenges. We experienced unprecedented demand for our emergency services and we struggled to meet the four-hour A&E waiting time target.

Like many other organisations, it has been a

tough year financially. We have endeavoured to ensure that when looking at how we can make savings we have done this by finding new ways of working, which not only help us to use resources better but also ensure quality care for patients. In 2011/2012 we will also need to make further efficiencies as part of our commitment to the Government's Quality, Innovation, Productivity and Prevention (QIPP) programme, which aims to ensure that every pound spent in the NHS is used to bring maximum benefit and quality of care to patients.

The year also saw the start of major changes to the way in which the NHS is organised. The Government launched its White Paper, 'Equity and Excellence: Liberating the NHS.'

We have to make sure we are ready to meet the challenges ahead, which include, quite rightly, delivering higher standards in terms of quality and safety, as well as a shift in



Patient Clovis Williams with health care assistant Michelle Morris

resources to ensure more care is provided closer to patients' homes.

We have started to develop relationships with our new GP consortia, which will be responsible for buying services for our local community. Together, we believe we can ensure that we drive up standards in the NHS locally.

In 2011, we started discussions with our colleagues at Ealing Hospital NHS Trust about how we can work in partnership to improve care for residents across Ealing, Harrow and Brent. At the time of writing we were developing an outline business case to explore in more detail whether a merger of our organisations would help us improve care and help us better meet the challenges that lie ahead. Whatever decision is made, our priority is to ensure that we provide the best care for our local communities.

It was with great pleasure that the Trust celebrated the 175<sup>th</sup> anniversary of St Mark's Hospital. Our specialist hospital for bowel diseases remains at the very forefront of its field. Research conducted here regarding flexible sigmoidoscopy, a technique which has been found to cut bowel cancer deaths by up to 43 per cent among people over 55, has paved the way for its inclusion in the national bowel screening programme.

We are also proud of our infection rates, which remain gratifyingly low. We achieved all of the infection control targets for 2010-11, with four cases of MRSA against a target of eight or fewer and 47 cases of *Clostridium Difficile* against 62 or fewer.

Statistics like this go a long way towards demonstrating that we take our pledge to deliver high quality care seriously. But there are many other aspects to treating patients – not just what you do but the way in which you do it. And that is why we set out our other pledges - about dignity, compassion,



Dr Katie Knight and nurse Juvia Sytian

consistency, communication, wellbeing and putting patients' needs first - at the start of the year.

Of course, we would not be able to achieve any of our pledges were it not for our hugely dedicated staff - as well as volunteers and other partners, such as GPs, PCTs, local councils and Local Involvement Networks.

At a time of great change in the NHS, one thing will continue to remain constant and at the core of what we do: our commitment to delivering the promises we have set out to patients to achieve the very best care. We hope this year's annual report shows just some of the ways that we are meeting these promises.

**Tony Caplin**  
Chairman

**Fiona Wise**  
Chief Executive

# Our promise to you

**To treat you with dignity and respect.**

**To provide high quality care. If we don't, we will listen and act on your feedback so we can learn and do better next time.**

**To show compassion by finding the time to listen and talk and do the small things that matter so much to you.**

**To be consistent and reliable and do what we say we will.**

**To work with your carers and family, and our colleagues so that we put your needs first.**

**To communicate effectively, keep you fully informed, and explain if something has not happened.**

**To help improve your health and wellbeing by ensuring excellence in care and professionalism.**



Patient Betty Lewis with Dr Donna Arya

# Year in pictures



## ▲ April 2010

Northwick Park Hospital health visitor Alison Spiro wins the Julie Crawford Award for Breastfeeding Support. The award is for practising health visitors who have made a significant contribution to breastfeeding support in the UK.

## ▼ May 2010

Dr Gary Brook (pictured centre) wins the Maggie Godley Memorial Prize for research at the Joint Spring Conference of the British HIV Association and the British Association for Sexual Health and HIV in Manchester.



## ◀ July 2010

Sir Andrew Motion, former poet laureate, officially opens a new courtyard at Central Middlesex Hospital. The courtyard was created by land artist Chris Drury and landscape architect Drew Cane in collaboration with Mark Dancy, consultant cardiologist.

## ▼ June 2010

The annual volunteers' party takes place at Northwick Park Hospital. Fiona Wise hands out an award to Ann Sharples for her 15 years of voluntary service.



## ▲ September 2010

St Mark's patient Justin Hansen embarks on a marathon kayak trip from Manchester to London to raise money for the hospital. Joined by four friends, he covers 240 miles of canals over 20 days. Having had most of his digestive system removed due to Crohn's disease, he calls the trip a "gutless kayaking adventure".



## ▲ December 2010

X Factor finalist Katie Weissel comes to Northwick Park Hospital in the run-up to Christmas to hand out presents on our children's ward Jack's Place.

## ▼ October 2010

St Mark's celebrates its 175th anniversary. The winter edition of our newsletter celebrates the hospital's history.



## ◀ February 2011

Watford FC players come to St Mark's to have a tour of the hospital. Captain John Eustace and goalkeeper Rene Gilmartin see some of the hospital's equipment and meet Chief Executive Fiona Wise.



## ◀ March 2011

Speech and language therapists launch their Giving Voice campaign, underlining the crucial work they do.

# 'To provide high quality care'

## 78-year-old Victor Fletcher, a retired civil servant, received life-saving drugs that meant he could still get married a month after suffering a severe stroke

When I woke up with a feeling of numbness in one of my hands, I wasn't sure that there was anything wrong with me. But I decided to call an ambulance, which took me to Northwick Park Hospital's A&E. Soon my symptoms disappeared. I was told I had had a mini-stroke. I was discharged, but told to book a follow-up appointment.

I arrived at the outpatient clinic a week later. I remember having a scan and then

suddenly feeling not well at all. My fiancée, Diane, was with me (we were due to get married in a month's time) and she tells me that it was terrifying watching what happened next: I started to lose all my movement on my right hand side. I lost my ability to speak.

Staff beeped the stroke team who literally ran to find me. I was given clot-busting drugs, which I was told could be very effective. As I lay in a bed, recovering in the Hyper Acute Stroke Unit, I soon began to feel much better. I had started to worry about all sorts of things - including the fact that my impending wedding was starting to look like it might not happen. But when my two daughters arrived just over an hour after I had had



Victor Fletcher, right, with wife Diane, and stroke consultant Dr Raj Bathula

## Top stroke care

In August 2010, stroke care at the Trust was ranked among the top 25 per cent in the UK in a report produced by the Royal College of Physicians. The Trust continued to be ranked in the top 25 per cent in the following year's report, published in May 2011.

the stroke, I was sitting up in bed and chatting to the nurses, who couldn't see any more weakness on my right side.

In the next few days, physiotherapists gave me various exercises to do. I built up my strength and, although I still felt a little weak, I was well enough to be discharged home. This was just four days after suffering what I was told was a massive stroke.

I would describe the care I received as amazing, absolutely terrific. All of the staff had an air of calm competence about them. When I think back on it, it is remarkable that I recovered so quickly but I was in the right place at the right time. Best of all, because of the quick recovery I made, I was able to still get married as planned – just four weeks after my stroke!

## Survival rates amongst the best in London

Mortality rates at our Trust are amongst the lowest in London. Currently, our mortality ratio performance is 80.4 against a target of less than 83, meaning that we are not only one of the best performing Trusts in London but also the UK.

## St Mark's leads the way with bowel screening

St Mark's took part in a pioneering trial using screening flexible sigmoidoscopy – a camera-tipped, flexible tube that searches the bowel for potentially cancerous polyps before removing them. The Flexi scope trial has paved the way for use of the technology in the national bowel cancer screening programme.

Nurse consultant Maggie Vance with the flexible sigmoidoscopy equipment



## Waiting times fall for sexual health

Central Middlesex doctor Gary Brook received widespread recognition for the UK's first electronic patient record for Genito-Urinary Medicine (GUM) services. Dr Brook's new system significantly reduces the time people with Chlamydia wait to be treated, allowing staff to spend more time with patients and helping reduce the spread of the disease.

# 'To treat you with dignity and respect'

**John Sharman had bowel problems that persisted for eight years. When the 45-year-old primary school teacher from Haringey had surgery at St Mark's, not only did he feel much better, but the way staff treated him made a lasting impression too.**

I was diagnosed as having irritable bowel syndrome a few years ago. It affected me badly and made my job as a teacher very difficult. I was constantly running off to the loo, vomiting, thinking I might have eaten something that didn't agree with me.

My symptoms got worse. I went to a hospital where I was told that I had a stricture in my colon. I had the affected part of my colon removed and an ileostomy, which allows waste to leave my body through a small hole in my stomach. The idea was that I would then have a reversal of the ileostomy, but complications arose.

I was referred to St Mark's hospital. After meeting an endoscopist and doctor, it became clear I would need further surgery: the operation that I had subsequently revealed that my bowel had split apart at the site of the previous operation. Fortunately, the operation at St Mark's was a complete success and finally I was able to have my stoma reversed in September 2010.



St Mark's surgeon Mr Peter McDonald with John Sharman

All in all, I've had a fair bit of surgery at various hospitals, with varying levels of success, but I can say that the level of care I received at St Mark's was excellent. I have had an anxious couple of years. I experienced nothing but kindness and professionalism from everyone at the hospital, at a time when my quality of life had become compromised.

When you have had surgery on your bowel, it can be hard to get back into eating, and you can get depressed if you don't eat for several days, but the attitude of St Mark's staff was always to encourage me and be as positive as possible.

They also knew that encouraging me to be as mobile as possible would help me feel more independent. That was another way that they were very supportive. Of course, there are also some rather 'intimate' and unpleasant aspects of bowel problems, which again they dealt with very thoughtfully.

I consider myself very lucky to have had the team at St Mark's working to resolve my situation. Opting to have surgery there was one of the best decisions I have ever made.

## Same-sex accommodation

This year, we met the Government's targets for eliminating mixed-sex accommodation.

## We are also introducing

- New partition screens in the Intensive Care, Coronary Care, and High Dependency Units to improve privacy and dignity
- Separate waiting areas for men and women in our endoscopy waiting rooms

## New wraparound gowns maintain personal dignity

Northwick Park became the first NHS hospital in London to introduce special 'warming gowns' that help reduce the risk of surgical infections and maintain the dignity of surgical patients. The gowns are used before, during and

after surgery to help maintain patients' normal body temperature, preventing increased blood loss, heart problems and infection in the surgical wounds.

They also offer greater patient dignity as they are longer than the regular gown and are not open at the back.



'To work with your carers and family and our colleagues so that we put your needs first'

**Five-year-old Holly developed a painful abscess in her mouth. She had never been in hospital before and was understandably wary of her first operation. Staff at Northwick Park Hospital, however, found a novel way to reassure this young patient before and after surgery.**

“ I had a bad pain in my mouth for three days because of a sore tooth. It got so bad that I couldn't eat or sleep. My mummy took me to Northwick Park Hospital, where she works. They told me that I would have to have an operation in the morning.

They told me that I would have to go to theatre to get my mouth and tooth fixed and to stop the pain. I was excited as I thought the theatre was a show and I would go on the stage to get my tooth fixed, but then Mummy said that this was a different type of theatre where I was going to go to sleep and my pain would be made better.

I arrived at the hospital and went to the children's ward called Jack's Place. I met some lovely nurses who gave me a big bed. A doctor came and explained that before theatre I would be given some magic dust in a mask and I would go off to sleep in Alice in



Holly Harrington with oral and maxillofacial surgeon Mr Manolis Heliotis

Wonderland in my dreams. I was so excited. They told me to think that my bed was a magic carpet.

The theatre had lots and lots of lights and cameras and I really was excited about going to the magic land. Next thing, I woke up and my tooth was gone. I was suddenly very sad as I needed it for the Tooth Fairy when I got home. I started to cry and the nurses then told me that the Hospital Tooth Fairy would come to my house tonight and leave me a special gift. They also gave me a Bravery Princess Certificate. I went back to the ward and played with lots of good toys, especially a massive teapot and tea set. There was lovely

music on the ward but not as good as all the toys.

I really liked the doctors and nurses I met. They were all very kind and made me feel not that scared. I was always scared of hospitals as I thought there was always lots of blood and injections, but after my stay there I now really like hospitals. Best of all, the Hospital Tooth Fairy is the bestest ever tooth fairy as she brings you note money and not coin money like the normal tooth fairies do!

### Support for patients with skin cancer

Last year, Clare Hearnshaw joined the Trust's Macmillan Cancer team as a skin cancer specialist. Clare's role is to provide information and support to patients diagnosed with skin cancer and their families. She explained: "Around 500 patients a year are treated at the Trust for skin cancer. Cancer diagnosis can be traumatic and that is where I fit in. Patients and families now have a point of contact for support and a person ensuring continuity of their care, particularly if they need to travel to other hospitals for treatment."

### Reducing our falls

Staff at the Trust developed and piloted a special checklist which sets out the key things they can do to help prevent patients from falling in hospital. The checklist, also known as a 'falls care bundle', includes reminders to staff about the use of bed rails, certain considerations regarding the patient's environment and the need for 1:1 nursing. It was piloted for six months in three wards in Northwick Park Hospital and was deemed such a success that it was then rolled out across the Trust. At the end of the year, the new policy had resulted in an overall ten per cent reduction of falls across the Trust.

Nurse Thomas Joseph, sister Jelina Mahat and head of emergency nursing Trish Winn go through the falls care bundle



# 'To help improve your health and wellbeing by ensuring excellence in our care and professionalism'

**Diana Fifield, a 70-year-old retired care worker from Harrow, experienced acute pain in her knee. But then she had her knee replaced at Central Middlesex Hospital, where an enhanced recovery programme meant she was up on her feet – and sleeping properly – within a few days.**

“ The pain in my right knee was getting progressively worse. Not only did it make walking a struggle, it really hurt at night, meaning I couldn't sleep properly. My GP referred me to Central Middlesex Hospital, where I met a surgeon who confirmed I needed a knee replacement. He told me about their enhanced recovery programme for knee replacement patients, which enables them to be back on their feet, post-operation, very quickly indeed.



Diana Fifield with orthopaedic surgeon Mr Ian Holloway

I arrived at the hospital at 7am. An anaesthetist gave me an epidural. My legs felt as if they were receiving an electric shock, then they went numb. I actually dozed off once or twice during the operation, although I could just about feel people fiddling about with the knee joint.

The operation was over by 9am. I went back to the recovery room, where my surgeon and anaesthetist arrived. They asked me if I could bend my knee. I bent it a couple of times. Then I got on my feet and, to my surprise, I could walk straightaway. It was sore, but nothing like as painful as before.

To my even greater surprise, it was suggested that they discharge me the next day. In fact, I was slightly shocked! I had, after all, just had major surgery. My blood pressure dropped, however, and it was decided that I stay at hospital for a couple more days. But it was clear that I would soon be back at home. I was very impressed. I had had my hip replaced a few years previously at a different hospital and had stayed there for five days on that occasion.

Back at home, after two months, the pain had gone from my knee. I was fully mobile again. I was delighted to be able to walk around again, to do the shopping by foot. I didn't need to use the car for everything.

I think it's marvellous that they can put in a new knee and you're up and walking so quickly. I got rid of my walking stick only a couple of weeks after my operation. Now I can walk off to see my friends with ease. And, best of all, I am able to get a good night's sleep, which has made a huge improvement to my day-to-day wellbeing.

## Our enhanced recovery programme for hip and knee replacements involves:

- A pre-operative joint school, during which the patient, accompanied by a coach (family member or friend) is told about everything that they should expect during their stay in hospital, and exercises to do before and after surgery
- A painkilling local anaesthetic injection around the replaced joint at the end of surgery which helps significantly with post-operative pain
- Our specialist physiotherapy programme that enables the patients to get up and about much more quickly after surgery than traditionally would have been the case

## Top respiratory services

An outpatient satisfaction questionnaire revealed that respiratory services at our Trust are highly rated. Respondents to the survey answered positively to almost all questions about the services, but were particularly impressed by our staff. Overall, 90 per cent of respondents rated the respiratory services as either 'excellent' or 'very good'.

## Paediatric sickle cell and thalassaemia services

A detailed external peer review found that paediatric sickle cell and thalassaemia services at our Trust are among the best in the country. It drew attention to the committed, enthusiastic team members who offer excellent clinical care, while noting that the clinical psychology input is unusually strong and done systematically - and not just 'as needed'. Sickle cell disease affects 1 in 300 babies born in our region.

# 'To communicate effectively, keep you fully informed'

**Mahendra Patel was about to go on holiday when he started to feel stiffness in his limbs. The health of the 66-year-old from Kingsbury rapidly deteriorated and he ended up in ITU for eight months. Constant communication with hospital staff, however, made him realise he would eventually improve.**

I was about to go on holiday with my wife to see my brother-in-law in India when I started to feel funny. My wife and I were out shopping when my legs became stiff. When we got home, my feet also felt stiff. I massaged them and managed to get to sleep that night but in the morning I found that I couldn't move my legs at all.

I called my brother who drove me to Central Middlesex Hospital. I was rushed to the A&E department and then taken to intensive care, where my condition got worse. I was unable to move my hands, my legs. I was terrified, thinking: 'what's happening to me?' Soon, I was on a life support machine, unable to move at all. I was able to speak, but with difficulty - I had a tube permanently in my throat.

Days became weeks, then months. My condition was diagnosed as a rare neurological disease called Guillain-Barré syndrome, which causes paralysis. In the end, I stayed in intensive care for eight months. Over that



Mahendra Patel



Sisters Christine Warrington, Kellie Dombrowsky and Shally Joseph who helped Mahendra Patel on his way to recovery

time, I was on a drip and didn't eat anything at all.

My wife, who has heart problems herself, was at the hospital every day. The level of support not only I but my whole family also received was superb; the doctors and nurses talked to us constantly. They described my progress, constantly reassuring us that I would gradually improve. As I lay there for months on end, I would, at times, worry that I might always be paralyzed. But staff would tell me: "your nervous system is dead and needs to get better. That will take time, possibly a few years."

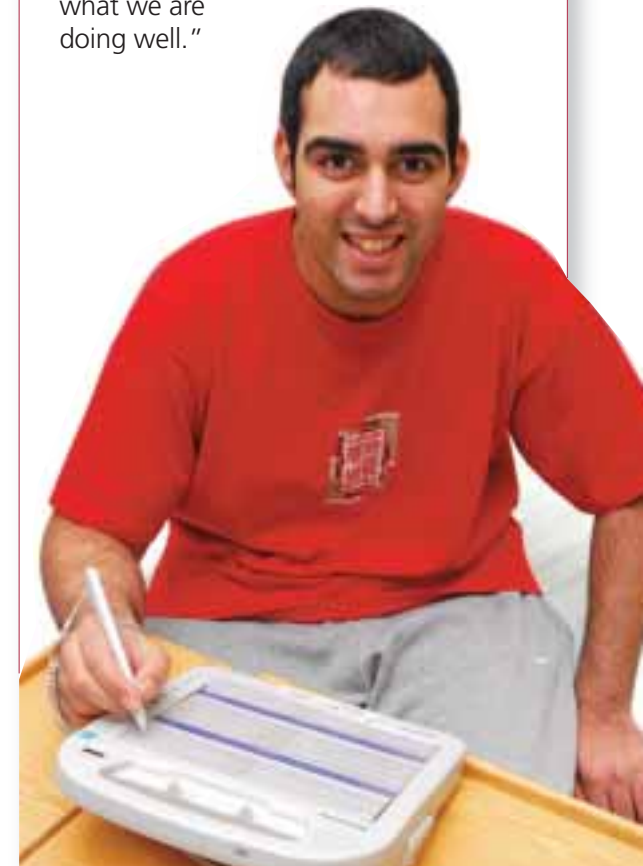
They were right. After eight months, there was slow improvement. I didn't need a life support machine, although I wasn't able to sit up or stand. I moved to a rehabilitation unit, where I began to walk with a Zimmer frame.

I'm back at home now. I'm still rehabilitating, but I can walk 15 feet or so with my frame on my own. Those eight months I spent in Central Middlesex were extremely difficult, however the support my family and I received was brilliant. I had 24-hour-a-day nursing care and all of the staff were very helpful. Their constant encouragement helped me get through my illness.

## Feedback at the touch of a button

New touchscreen hand-held devices were launched across our three hospitals, meaning patients and visitors are now able to give feedback about their care at the touch of a button. Patients and visitors using the touchscreens are asked a range of questions about their care, with the information sent directly to the department or ward so they can act on the comments made. All information is anonymous.

Commenting on the new scheme, Director of Nursing Carole Flowers, said: "Finding out what patients think about the care we offer is so important – it lets us know where we can improve and what we are doing well."



# and our other news...



Peri-operative matron Sam Martin

## Improving the environment

The Trust's bid to improve its infrastructure received a boost when NHS London and the Department of Health gave the go-ahead to our £26m business case, supplementing our own £44m programme of improvement works.

This means we will now be able to progress more quickly with our programme to improve the environment at the Northwick Park and St Mark's sites. The new funding will allow us to create electrical substations, make improvements to fire precautions and medical gas systems, as well as upgrade inpatient wards, operating theatres, our A&E department and develop a new surgical floor.

## Changes to paediatric services

Following the public consultation 'Better services for local children', changes were made to our paediatric services. Children who have been admitted to Central Middlesex Hospital needing to stay overnight are now transferred to our larger children's unit at Northwick Park Hospital. The children's unit at Central Middlesex Hospital is now closed at 10pm, reopening again at 10am every day of the week, including weekends.

## STARRS

We launched a new service called STARRS for Brent residents. It aims to reduce hospital admissions and help reduce the length of stay of patients in hospital by continuing their care at home.

Working across a number of organisations, STARRS (short term assessment, rehabilitation and reablement service) provides a range of services including rapid response, discharge, support and rehabilitation. It also facilitates access to community health beds at Willesden Hospital and social care. Patients are referred by their GP or hospital staff.



Volunteers Audrey Alpe and Dyllis Proudfoot

# Pioneering research at our hospitals

Our Research and Development department is currently presiding over several exciting research projects, while setting up a national training programme for research pharmacy, the first of its kind.



A research team led by Clinical Psychologist Dr Kofi Anie (left) is assessing the management of acute pain in sickle cell disease; his study hopes to show that taking ibuprofen in addition to morphine reduces the unpleasant side effects that result from morphine use alone.

Nuttan Tanna and the Menopause Clinical and Research Unit have been running a clinic specifically tailored to the needs of breast cancer sufferers; the clinic aims to provide relief from symptoms of the menopause without using hormone replacement therapy.



Professor Roxy Senior (left) has been playing a significant role in developing stress echocardiography, an imaging technique used to detect artery disease and heart failure. He continues to publish frequent papers in world class journals.



The Research and Development Team

Professor Lynne Turner-Stokes has received a major research award to investigate improvements of the designated Payment by Results for rehabilitation. She is co-ordinating this massive piece of work on a national level.

Dr Nicki Panoskaltis' research programme is focused on how to make blood in the laboratory utilising high technology bioreactors. If successful, this could revolutionize the way that blood products are procured and retrieved for patients, leading to a more readily available, safe blood supply.

## National Research Ethics Committee

The Board agreed in May 2010 to become the host for a centralisation of the NRES (National Research Ethics Service) network of ethics committees in London and the South East. This involved setting up two new centres, one of which was to be in

central London and one at Northwick Park. NRES are part of the National Patient Safety Agency (NPSA), which is to be abolished as part of the White Paper Arms Length Body Review.

# Operating and financial review

## About us

We provide care for more than half a million people living in Brent and Harrow, as well as patients from all over the country and internationally at St Mark's, our specialist hospital for colorectal and intestinal disorders.

We employ more than 4,500 doctors, nurses, therapists, scientists and other health professionals, as well as administrative, support service and management staff.

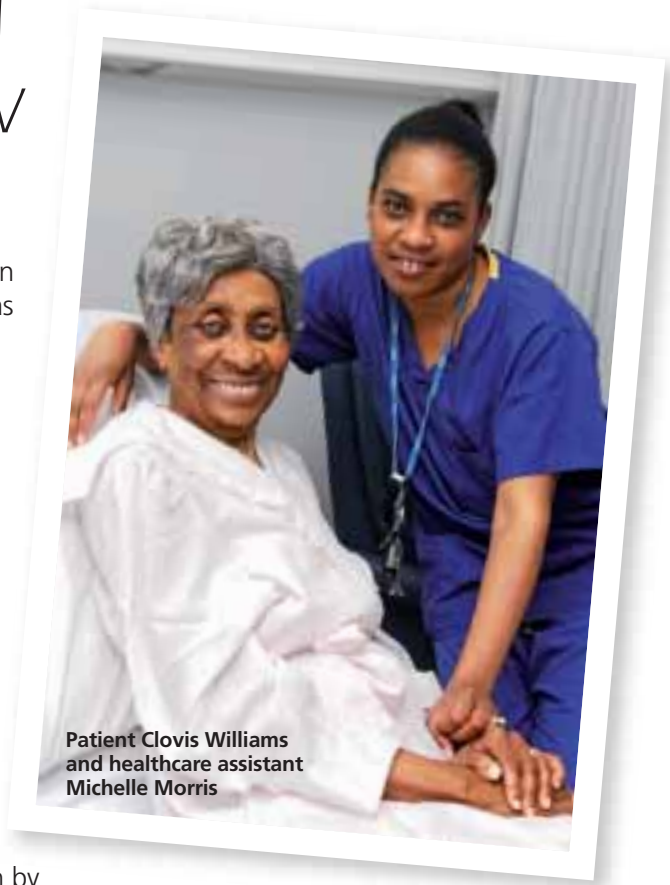
We provide services from the following hospitals:

- Northwick Park Hospital
- Central Middlesex Hospital
- St Mark's Hospital
- Royal National Orthopaedic Hospital run by RNOH NHS Trust

We receive most of our income from our main Primary Care Trusts (PCTs), NHS Brent and NHS Harrow.

As a major centre for undergraduate and post-graduate education, we teach many nurses and health professionals each year. Our principal partners are Imperial College London and Thames Valley University.

The Trust was formed in 1999 following the merger of Northwick Park and St Mark's Hospitals with Central Middlesex Hospital.



Patient Clovis Williams and healthcare assistant Michelle Morris

## Our staff

### Rewarding excellence

We are committed to ensuring that all our staff are valued by recognising their achievements and their commitment to providing the very best care. In February 2011, we launched a new excellence awards scheme encouraging staff and the public to nominate those staff that go the extra mile in their roles. More information can be found at <http://www.nwlh.nhs.uk/awards>.

### Working in partnership

We work in partnership with our recognised trade unions. Through our management policy, we remain committed to consultation, when service needs affect staff. Our Joint Negotiating and Consultative Council (for all staff) and its subcommittee the Joint Negotiating Council (for medical staff) meet frequently to discuss matters of mutual interest. This year we have agreed a revised Partnership Agreement with local staff representatives which will strengthen these arrangements.

### Communicating with staff

The Chief Executive holds quarterly open forums at both our major sites. Staff are encouraged to attend and question senior executives on the strategic direction for the Trust as well as operational issues. Wide use is made of the Trust's intranet to communicate matters of significance to staff. The Trust is also committed to involving and engaging staff and their representatives through informal local discussions.

### What our staff said about working here

Every year, the NHS sends a survey to its staff. We were delighted that 483 staff from our organisation completed the survey which is a response rate of 57 per cent.

We compared more favourably than other acute Trusts and were in the top 20 per cent, in nine areas, including:

- Quality of job design (clear job content, feedback and staff involvement) \*
- Trust commitment to work life balance \*
- Percentage of staff feeling there are good opportunities to develop their potential at work
- Support from immediate managers\*
- Percentage of staff reporting good communications between senior management and staff

- Percentage of staff able to contribute towards improvements at work
- Staff job satisfaction
- Staff motivation at work

*\*marks those areas which also showed a statistically significant improvement from the previous year.*

We also improved in the following areas compared to 2009/2010:

- Perceptions of effective action from employer towards violence and aggression
- Staff intention to leave jobs
- Staff recommending the Trust as a place to work or receive treatment
- Staff having equality and diversity training

We scored less favourably when compared with other Trusts in eight areas including:

- Appraisals
- Health and safety training
- Staff witnessing potentially harmful errors, near misses or incidents in last month
- Staff suffering work-related injury in the last 12 months
- Staff saying hand washing materials are always available
- Staff experiencing physical violence from staff in the last 12 months
- Staff believing the Trust provides equal opportunities for career progression of promotion

An action plan has been developed to address those areas where we need to improve.

### Embracing equality and diversity

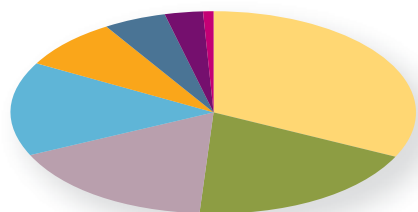
The Trust is committed to ensuring that it meets and exceeds its obligations under equality legislation and has in the past year updated its Equality and Diversity Policy. This now takes account of changes in the law. It also involves briefing senior officers and clinicians of these changes. The policy covers all protected characteristics such as age and disability.

## Workforce performance

Information on nine key workforce indicators is reported to the Trust board each month. Below are some facts and figures that make up these indicators:

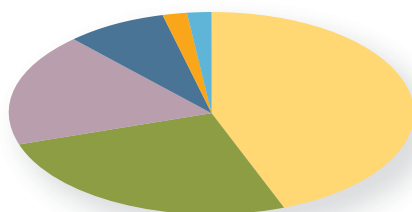
- 4,790 people are employed by the Trust (4,320 full time equivalent)
- 60 to 65 per cent of the Trust's revenue is spent on the workforce
- Around 12 per cent of expenditure on pay is spent on temporary staff. This is a reduction from last year
- Around seven per cent of all budgeted posts are vacant; due to major recruitment campaigns there are a third fewer vacancies than last year. The majority of our vacancies are covered by bank and agency staff
- Around nine per cent of the workforce leave and need to be replaced every 12 months – this equates to around 400 people
- Over the last 12 months the Trust provided more than 70 per cent of staff with their statutory and mandatory training – this does not include the number of staff who received training elsewhere before becoming employed by the Trust
- The reported sickness absence rate for the last year is 2.7 per cent
- The Trust continues to work hard to maintain all its Junior Doctor rotas as Working Time Directive compliant
- Almost 65 per cent of staff sampled had an appraisal in the last year, with training rates above the national average

## Trust's workforce by staff group



- Nursing and midwifery 32%
- Admin and clerical 19%
- Medical and dental 17%
- Healthcare assistants 15%
- Allied health professionals 8%
- Healthcare scientists 5%
- Pharmacists and other therapeutic and technical 3%
- Senior managers and managers 1%

## Employees in the Trust by ethnicity



- White 44%
- Asian 26%
- Black 18%
- Other 8%
- Chinese ethnic groups 2%
- Mixed backgrounds 2%

## Corporate objectives

The seven corporate objectives we developed for 2010/11 were the following:

1. **A clear and deliverable strategy**
2. **Satisfaction and engagement**
3. **Stronger infection control**
4. **Improving finances**
5. **Better services, meeting targets**
6. **Improving patient outcomes and reducing inequalities**
7. **Workforce development**

The Trust board monitored the progress of these objectives through monthly reports that were presented at the public Board every month. We have been pleased with progress against these objectives.



Sister Thamara Liyanage with patient Ellen Mulgrew and her son

We have developed seven corporate objectives for 2011/12

### 1. Achieve Foundation Trust status by 2014

- Achieve the milestones to be agreed with the Department of Health as part of its tri-partite agreement

### 2. Satisfaction and engagement

- Engage patients and carers in all aspects of care and act on their feedback
- Continue the implementation of the *We all Care* programme, which is designed to help us provide our patients with a better experience when they come to our hospitals
- Ensure that services are fair and meet the needs of everyone, whatever their background or circumstances
- Meet single sex accommodation standards across the Trust

### 3. Stronger infection control

- Continue our work to increase the effectiveness of infection prevention and the incidence of MRSA, *Clostridium difficile* and other healthcare-acquired infections

### 4. Improving finances

- Develop a five-year financial strategy that supports our FT application and eliminates our financial deficit, while achieving our financial plan for 2011/12

- Successfully implement a range of local quality, innovation, productivity and prevention (QIPP) plans, including reducing follow-up outpatient appointments, reduced readmission and reducing the percentage of temporary staff we employ

### 5. Providing better services and achieving national standards

- Meet existing and new national performance and quality standards, in line with the 2011/12 operating framework
- Maintain our emergency preparedness for events such as terrorist incidents and major events
- Implement an action plan to achieve carbon reduction targets
- Implement our three-year capital programme to improve the Northwick Park Hospital estate

Again, the Trust board will monitor the progress of these objectives through monthly reports that are presented at the public Board every month.

### 6. Improving patient outcomes and reducing inequalities

- Ensure the wellbeing of vulnerable adults, those with learning difficulties and children in our care
- Implement new models of care for vascular, pathology, children's services and cancer and work with partners to improve the emergency pathway
- Extend the productive ward and theatre programmes
- Meet the requirements of our 2011/12 Quality Accounts

### 7. Workforce development

- Ensure that we are the employer of choice for healthcare staff, improving leadership and talent management
- Improve training to enhance and modernise skills and professional competencies across the organisation
- Engage with staff to improve their health and wellbeing

## Our performance

### Performance Targets - Acute Targets for 2010-11



Head of performance and information Peter Hyland

- 97 per cent of patients who attended an A&E or Urgent Care Centre within the Health Economy were either admitted, treated or discharged within four hours against a national target of 95 per cent and an NHS London local target of 98 per cent
- All our patients

had access to a sexual health expert and clinic within 48 hours, meaning we achieved the national target

- Only 0.7 per cent of our patients had their discharge delayed once they were medically fit to be discharged, against a national target of less than 3.5 per cent
- The average wait for patients awaiting a planned admission in March 2011 was 4.8 weeks, against a national target of fewer than 11.1 weeks
- The average wait for patients who require treatment in outpatients in March 2011 was 3.7 weeks against a national target of fewer than 6.6 weeks
- 97.3 per cent of our patients who were admitted with a stroke spend 90 per cent or more of their stay on the Stroke Unit, against a national target of greater than 60 per cent. This ensures that patients are in the most appropriate place for their condition
- 97.4 per cent of women who were referred for a Breast Surgery appointment were seen within two weeks against a national target of greater than 83 per cent

### The Trust achieved all the national cancer targets for 2010-11

- 95.7 per cent of patients were seen within two weeks following a suspected cancer referral to hospital against a national target of greater than 93 per cent
- 99.9 per cent of patients were treated within 31 days from diagnosis of cancer against a national target of greater than 96 per cent
- 98.8 per cent of patients were treated within 62 days after referral from a screening programme for suspected cancer against a national target of greater than 90 per cent
- 100 per cent of patients were treated within 62 days following a consultant upgrade for suspected cancer against a national target of greater than 85 per cent

- One per cent of elective patients had their surgery cancelled on the day of surgery for a non-clinical reason against a national target of 0.8 per cent. The Trust managed to readmit 97.2 per cent of these patients within 28 days

## Other Targets

- 77 per cent of admissions in March 2011 were assessed for venous thromboembolism on admission against a target of greater than 90 per cent
- Only 3.4 per cent of women were smoking at the time of delivering their baby in March 2011
- In March 2011, for 86 per cent of our A&E attendances, an attendance summary was received by the GP
- 90.7 per cent of our elective admissions to theatre were admitted on the day of





The infection control team

surgery in 2010-11 against a local target of greater than 80 per cent

- 80.2 per cent of our elective surgery was performed as a day case admission against a local target of greater than 75 per cent

### Infection control

At year end, the Trust achieved all of its national targets to reduce infections for 2011-12, with four cases of MRSA against a target of eight or fewer and 47 cases of *Clostridium difficile* against 62 or fewer. The targets for 2011-12 have now been confirmed for the Trust, with the MRSA target being set at three cases or fewer and the *Clostridium difficile* target being set at 29 cases or fewer.



John Palmer, sustainability manager, and Dave Waterman, maintenance supervisor next to our energy-efficient burners

### Protecting the environment

In 2010, our Trust became one of only 20 trusts within the UK to be awarded the Carbon Trust Standard. The Trust received the award for managing and improving its carbon efficiency by 15 per cent.

### Our partners

The Trust works in partnership with other organisations, groups and individuals to achieve its aims and objectives.

We work closely with our local councils and Local Involvement Networks (LINKs) which are organisations made up of individuals, community groups and social care services. Members of LINKs sit alongside our board members at our monthly meetings held in public.

We also work closely with our partners in the NHS including our neighbouring acute trusts and PCTs as well as NHS London and NHS North West London.

We have met with our local GP consortia. These new groups will take over from PCTs as the main commissioners for health services for the local community as part of the Government's reforms set out in the White Paper, Equity and Excellence; Liberating the NHS.

## Clinical governance

### Making medicines safer

Our Medicines Management Strategy is in place to ensure our patients get the very best medicine-related care. This involves reducing the risks with medicines while providing information on medicines to patients and healthcare professionals.

Over the last two years, our pharmacy and nursing staff have been continuing the work on "SMART" training on medicines. In the last 12 months, the Trust has been supported with funding from the North West London Collaboration for Leadership in Applied Healthcare Research and Care team (CLAHRC) to take this project further. This has resulted in nurse peer review being undertaken with observation of practice.

Feedback from staff has been very positive. Various ongoing audits show improvements in the medicine-related care we deliver. Staff are demonstrating improvements in their communication with patients on the medicines being administered. Pharmacists continue to advise patients about their medicines before discharge, targeting those patients who require additional support with their medicines.

The teams have been encouraged by the results of the latest Care Quality Commission Inpatient Survey which has shown improvements in all four of the questions related to medicines - with one showing the Trust performing in the top 20 per cent of all Trusts.



Nurses Michelle Ryan and Rita Hennessy

## Acting on complaints and compliments

The Trust welcomes feedback from the people who use our services, and learns from comments received, using them to improve services and care.

**Complaints:** Last year, the Trust received 781 formal complaints. This is an increase of 61 since the previous year.

When the numbers of complaints are compared to the Trust's activity, the rate has remained below one per cent.

New complaints regulations came into operation on 1 April 2009, which allow for the time frame for responding to a complaint to be negotiated with the complainant. A second date can also now be agreed with the complainant if the first response date is not met. At the end of February 2011, 52 per cent of complaints had been responded to by the first agreed target date, with a further 17 per cent being responded to by their second target date.

**Compliments:** From 1 April 2010 to 31 March 2011, 245 formal compliments were received. This is a significant increase on the previous year when 220 formal compliments were received. These are in addition to the many cards and letters received directly by wards and departments.

**PALS:** During the period 1 April 2010 to 31 March 2011, the Patient Advice and Liaison Service (PALS) received 2,126 comments and queries from patients and visitors to the Trust. Last year 2,483 comments and queries were received by PALS.

**NHS Choices:** Feedback placed on the NHS Choices website, much of which is anonymous, is also accessed by the Patient Relations Team, and is passed on to appropriate managers and areas for action as necessary. Some of this feedback raises concerns while other postings are positive comments.

### Principles for remedy

In handling complaints the Trust adheres to the Parliamentary and Health Service Ombudsman's six Principles for Remedy. These highlight best practice for organisations to follow in order to ensure that complainants are treated in a fair, open and accountable manner, and that appropriate and proportionate remedies are offered. Complainants can also ask the Parliamentary and Health Service Ombudsman to review the way in which their complaint has been handled if they remain dissatisfied with the investigation and action taken by the Trust in response to their complaint.

### Themes of complaints

The top four themes recorded are related to:

- Clinical care
- Attitude
- Communication
- Delayed or cancelled outpatient appointments

This order of themes has remained unchanged from last year and mirrors national themes provided by the NHS Information Centre 2009-10 report.

### Acting on complaints

As a result of the comments we have received during 2010/11 we have made a number of changes to services, some of which are outlined below:

- Within the radiology department, a new appointment letter gives a specific mobile

number to call if you are diabetic. The mobile is carried by a team member within the virtual colonoscopy department who is always available to answer specific questions

- We are developing additional training in the care of patients with dementia for all new staff as part of the induction process. We are also developing enhanced training for all clinical staff who work on wards where patients with dementia are likely to be admitted, and liaising with the local mental health trust to gain support with training and the care of patients with dementia
- We have introduced an electronic system that allows staff to receive accurate and up-to-date information regarding theatre times in order to communicate any potential delays to patients
- The ante-natal clinic area has been refurbished offering increased seating area for attendees
- A new system has also been set up for hand-over of patients who are referred for a CT scan in the middle of the night. We also now ensure that all patients in the A&E observation ward are reviewed by a consultant prior to discharge
- There is now additional training for some members of the Outpatient team so that they are able to provide cover within the Phlebotomy service when sickness occurs or demand is high
- The Upper Limb Service has expanded, which should help to ensure that patients who require upper limb surgery are seen and treated promptly
- Surgical consent for day cases is now obtained during their outpatient appointment when their surgery is agreed. This is then countersigned on the day of admission, if the patient remains happy with the planned surgery

## Information governance

Information governance is the process by which the Trust ensures it is avoiding risk to patients and their information, in particular by following strict national guidelines to protect confidential data such as patient records. All breaches are reported to the Information Commissioner, as outlined below.

The management of information throughout the Trust is monitored and reported using the NHS Information Governance Toolkit. Compliance with the requirements within the toolkit enables the Trust's performance to be assessed and audited, and these results are published for all trusts.

Summary of other personal data related incidents in 2010/11		
Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment devices or paper documents from secured NHS premises	None
II	Loss of inadequately protected electronic equipment devices or paper documents from outside secured NHS premises	None
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	None
IV	Unauthorised disclosure	1
V	Other	None

Summary of serious untoward incidents involving personal data as reported to the Information Commissioner in 2010/11				
Date of incident (month)	Nature of incident	Nature of data involved	Number of people potentially affected	Notification steps
May	Loss of paper documents from outside secured NHS premises	Name, DoB, gender, ethnicity, diagnosis	56	The information was returned undisturbed so notification was not deemed necessary.
Further action on information risk	An improved training and awareness campaign for all staff has been implemented.			

# Being prepared

## Getting ready for the Olympics

With the 2012 Olympic Games now only a year away, we are working hard to ensure we are ready to respond to any major incidents that may arise. We are also planning for the demands the extra visitors to London may place on our services.

We will be ensuring we have robust plans in place for annual leave for staff, business continuity for all departments, processes to deal with overseas visitors and re-charging, on-call interpreting service, communications to staff and patients regarding travel and events in the area, and live training for all staff in case of a major incident.

We have held two communication tests in the past year, with more planned. Later in the year, we will be holding a joint live exercise with support from NHS Harrow and Brent and the

## In 2010/11 we

Reviewed our Emergency Preparedness plans including

- Major Incident Plan
- CBRN (in full) Plan
- Adverse Weather Plan

Our staff attended a range of courses:

- Logistics Course
- Olympic Preparedness
- Pandemic Flu

We also ran courses including

- MIMMS (Major Incident Medical Management and Support Course) – Feb 2011

We are fully compliant with the requirements of the NHS Emergency Planning Guidance 2005

Health Protection Agency. We are also holding a MIMMS (Major Incident Medical Management and Support) course late this year.

The Trust has been given a new CBRN (Chemical, Biological, Radiological, Nuclear) Tent which is used for decontamination of patients whom have been in contact with substances which are harmful to the skin.

## Looking ahead

### The NHS Operating Framework and The Health and Social Care Bill 2011

The NHS Operating Framework was published on 15 December 2010. It set out priority areas for the NHS in 2011/12, discussing how the NHS will implement changes set out in the White Paper.

Maintaining and improving service quality was one key aspect of the framework: new quality measures are to be put in place for A&E, a new NHS Outcomes Framework is to be established and 31 new quality standards are also to be introduced.

The paper also sets out the requirement that all trusts are to become Foundation Trusts by 2014 and that the NHS Commissioning Board is to be in shadow form in 2011/12, and fully operational by 2012. Meanwhile, PCT cluster arrangements are to be in place by 2011, with authorised GP consortia then taking on statutory responsibilities in 2013.

In terms of dealing with financial pressures, the paper also set out that £20bn savings are to be found within the NHS from 2011 to 2015. Its running costs are to reduce from £5.1bn to £3.7bn. Our Trust has found £7m worth of cost reductions to date. This is steady progress but, at the time of writing, we still need to find a further £13m - about



The Patient Advice and Liaison Service team



The emergency planning team: Sara Body, Dr Anthony Bleetman and Maeve O'Callaghan-Harrington next to the new CBRN tent

3.5 per cent of our total budget. The Trust has so far declared a two-year pay freeze for staff earning over £21k from April 2011.

The Health and Social Care Bill 2011 was introduced into Parliament on 19 January 2011. It takes forward areas of the White Paper and the subsequent Government response which require primary legislation.

An eight-week NHS listening exercise took place through April and May 2011, overseen by The NHS Future Forum, who, at the time of writing have just reported their findings.

# Members of the Trust Board

Below are listed members of the Trust Board during 2010/11



**Chairman**  
Tony Caplin



**Chief Executive**  
Fiona Wise

## Non executive directors



**Dr John Green**  
(until Dec 2010)



**Andrew Murphy**  
(from Jan 2011)



**Kieran Parmar**  
(Deputy  
Chairman from  
Mar 2011)



**Shelagh Szulc**



**Mark Versallion**



**Ketan Varia**  
(until Dec 2010)

## Executive directors



**Don Fairley**  
Director of  
Human  
Resources



**Carole Flowers**  
Director of  
Nursing  
(from Apr 2010)



**Dr Rory Shaw**  
Medical  
Director



**Kishamer Sidhu**  
Director of  
Finance



**Dena Marshall**  
Director of  
Operations  
(from May 2010)

## In attendance



**David Cheesman**  
Director of  
Strategy



**Catherine Thorne**  
Director of  
Governance



**Philip Sutcliffe**  
Director of  
Corporate  
Services  
(until Nov 2010)

## Membership of Board Sub Committees

### Remuneration Committee

#### Tony Caplin, Chairman

Non Executive Director  
vacancy  
Shelagh Szulc  
Fiona Wise, in attendance

### Audit Committee

Mark Versallion, Chairman  
Kieran Parmar  
Andrew Murphy  
Fiona Wise, in attendance  
Kishamer Sidhu, in  
attendance

### HR & Education Committee

Shelagh Szulc, Chairman  
Andrew Murphy  
Carole Flowers  
Fiona Wise  
Don Fairley

### Governance Compliance & Risk Committee

Shelagh Szulc, Chairman  
Kieran Parmar  
Non Executive Director  
vacancy  
Fiona Wise  
Rory Shaw  
Carole Flowers  
Catherine Thorne  
Robbie Cline

### EDSI Committee

Shelagh Szulc, Chairman  
Don Fairley

### Trust Fund Committee

Kieran Parmar Chairman  
Non Executive Director  
vacancy  
Kishamer Sidhu, in  
attendance

## Finance Committee

Tony Caplin, Chairman  
Mark Versallion  
Kieran Parmar  
Kishamer Sidhu  
Fiona Wise  
Dena Marshall

## Non Executive and Executive leads (Mandatory requirements)

### Health & Safety

Catherine Thorne (ED)  
Shelagh Szulc (NED)

### Security

Catherine Thorne (ED)  
Mark Versallion (NED)

### Vulnerable Adults

Carole Flowers (ED)

### Vulnerable Children

Carole Flowers (ED)

### Data Protection

Robbie Cline

### Caldicott Guardian

Rory Shaw (ED)  
Delegated to Simon Gabe

### Controlled Drugs

Rory Shaw (ED)

### SIRO Information Governance

Fiona Wise (CEO)  
Currently delegated to  
Robbie Cline

## Other Non Executive Director leads:

### Information Governance:

Mark Versallion

### IT:

Kieran Parmar

### Sustainability:

Vacant

## Declaration of interests

### Tony Caplin, Chairman

Chairman of Panmure Gordon & Urban  
Wimax PLC  
Non Executive Director of Alternative  
Networks & Northamber PLC

### Don Fairley, Director of Human Resources

Owner/Director DWF Consulting Ltd

### Rory Shaw, Medical Director

Non Executive Director of the NHS  
Litigation Authority

### Philip Sutcliffe, Director of Corporate Services

Director of Park Royal Partnership

### John Green, Non Executive Director

Non Executive Director Kennedy Institute of  
Rheumatology  
Chief Co-ordinating Officer Imperial College  
London  
Non-Executive Director My Action Ltd  
Non-Executive Director Association of  
Research Managers & Administrators  
Secretary E-U Consortium Ltd

### Mark Versallion, Non Executive Director

Member of London Borough of Harrow  
Council

### Ketan Varia, Non Executive Director

Director and Shareholder of Kinetik  
Solutions Ltd

### Shelagh Szulc, Non Executive Director

Employed part time by Capita

### Andrew Murphy, Non Executive Director

Finance Director Imperial College London  
Director of the following Imperial College  
Subsidiary Companies:  
Imperial Activities Ltd  
Imperial Biocubator Ltd.  
Burlington Danes Construction Ltd.  
IC Consultants Ltd.  
Extracalm  
Member of Extracalm Cleaning

Each director states that as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and that they have taken all steps to ensure they and the auditors are aware of any relevant audit information.

# Financial Report from the Director of Finance

The financial statements for 2010/11 reflect progress against the Trust's financial duties for the year.

The Trust met all of its four statutory targets in 2010/11:

- The Trust achieved a break-even on income and expenditure for the year
- The Trust managed its capital expenditure within its capital resourcing limit
- The Trust managed its cash flow within its external financing limit
- The Trust achieved its required rate of return on assets employed of 3.5 per cent

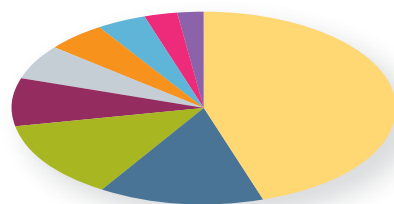
Our accounts show a deficit of £0.99m. From 2009/10 onwards, we have been required to express our financial information in accordance with International Financial Reporting Standards and not UK standards. This change has resulted in a higher reported deficit - without this change we would have declared a surplus of £0.25m. The difference of £1.25m is treated as a technical adjustment only and is not counted against the Trust's statutory breakeven target.

In addition to achieving the statutory targets, the Trust has paid more than 95 per cent of its suppliers within 30 days, ensuring security of cash flow to the many businesses which transact with the Trust.

During the year, the Trust was successful with its business case for additional capital to improve the Northwick Park Hospital site. The Department of Health has approved funds of £26m for the Continuity and Infrastructure Improvement Programme spread over three years. In 2010/11 the Trust spent £9.5m on this project and in total £20.2m renewing its buildings and equipment.

The chart below shows how our capital was spent. Our programme to upgrade our wards continued and the Trust also made a considerable investment in backlog maintenance and clinical and IT equipment.

## How much we spent on buildings and equipment 2010/11



- Infrastructure improvement programme £9.5m
- Ward programme £3.7m
- Computer systems £2.8m
- Medical equipment £2.3m
- Other clinical developments £1.6m
- Decontamination project £1.5m
- PFI costs £0.9m
- Backlog maintenance and health & safety £0.6m
- Other schemes £0.4m

## The year ahead

We achieved our target (£20.3m) for cost improvements during 2010/11. However, despite the significant progress made in reducing our costs, it is expected that the coming year will be a very challenging one in terms of our finances. The Trust has set itself a target of £19.5m of further cost improvements in 2011/12, but this will still not balance the books and the Trust is forecasting a deficit of £9.7m. A shortfall of this magnitude indicates the requirements for structural changes and these are being worked through with NHS North West London.

The table below shows the financial performance of the Trust over the last five years:

Summary of results	2010/11 £000	2009/10 £000	2008/09 £000	2007/08 £000	2006/07 £000
<b>Income</b>	370,018	348,818	338,581	306,374	295,886
<b>Expenditure</b>	(358,900)	(348,265)	(330,236)	(301,582)	(289,707)
<b>Operating surplus/(deficit)</b>	11,118	553	8,345	4,792	6,179
<b>Profit on disposal of assets, interest and dividends</b>	(12,110)	(12,490)	(8,228)	(3,762)	(6,156)
<b>Surplus/(deficit) for the year</b>	(992)	(11,937)	117	1,030	23
<b>IFRS and impairments</b>	1,250	3,912	1,210	0	0
<b>Statutory duty</b>	258	(8,025)	1,327	1,030	23

Despite achieving break-even in 2010/11, the Trust did not meet its three year break-even target. The Trust will not be in a position to meet its underlying deficit until this is resolved by the Trust's Challenged Trust Board application.



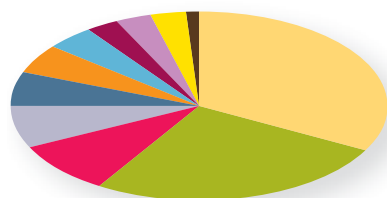
Until this is resolved the Trust payments in advance of an element of contract income have been arranged with the Trust's two primary commissioning bodies.

### Our income

The Trust received £370m of income in 2010/11. The chart below shows 59 per cent of the Trust's income is derived from two main commissioners - NHS Brent (33 per cent) and NHS Harrow (26 per cent).

The Trust continues to be principally a public sector NHS provider of services, with just one per cent of income derived from private patient activity. The Trust continues to provide services to Ealing, Hillingdon and Barnet patients, who provide 13 per cent of our income. Research and education makes up 9 per cent of our income.

### Where our money comes from



- Brent PCT 33%
- Harrow PCT 26%
- Other PCT 9%
- Ealing PCT 7%
- Other income 6%
- Education 5%
- Research 4%
- Barnet PCT 3%
- Hillingdon PCT 3%
- Department of Health 3%
- Private patients 1%

### How much we spend on staff

The Trust spent a total of £229.9m on pay last year, as shown below, with 69 per cent spent directly on doctors and nursing staff.

Overall, staff costs increased by 4.8 per cent during the year, due to the costs of national pay awards and also the expansion of clinical services at the Trust. Additional ITU beds were put in place and the new Stroke Unit was in its first full year of service. These factors lead to an increase in nursing costs of 8.8 per cent.

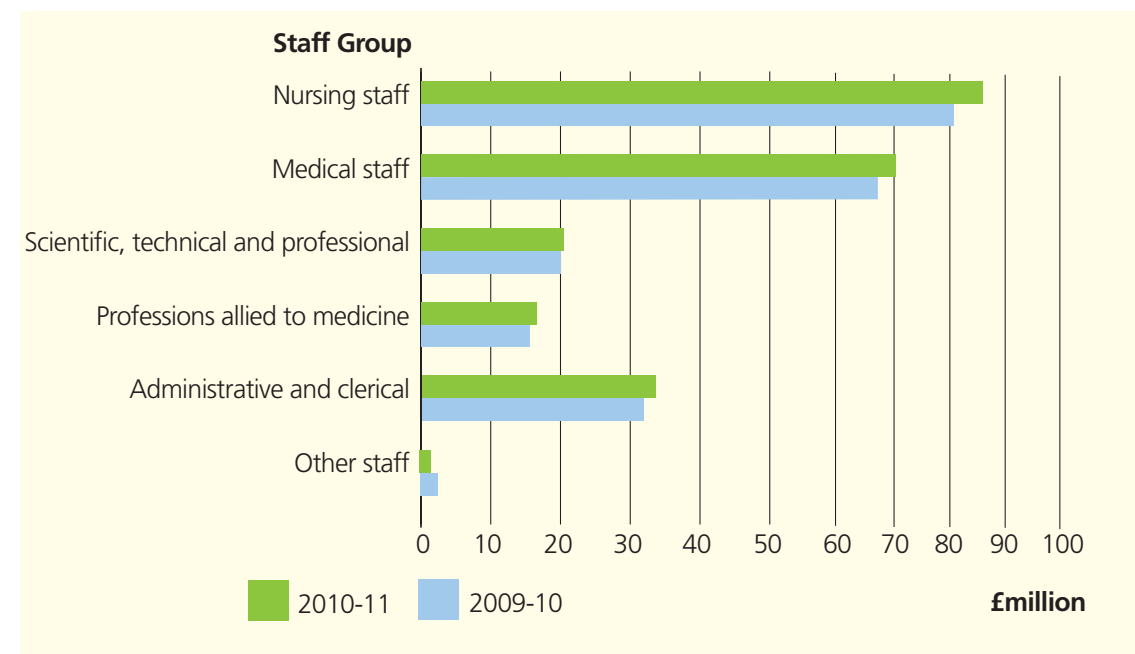
The largest non-pay expenditure, as shown below, was on clinical supplies which reflected the direct spend on treating patients, one of the few areas where spending increased over last year.

Costs also increased for the reimbursement of research network costs to other Trusts. This service is hosted by North West London Hospitals and the Trust received additional income for this function. The costs of depreciation and impairment decreased during the year due to an impairment of our land and buildings in 2009/10.

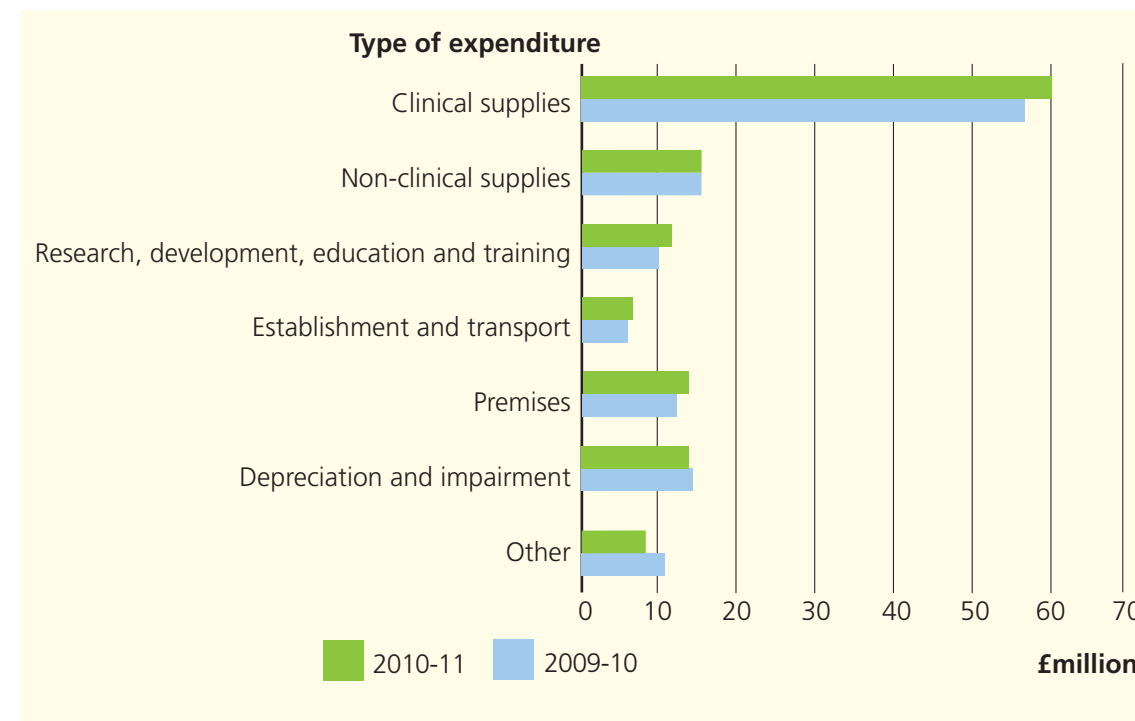
**Kishamer Sidhu**  
Director of Finance and Contracting

26 May 2011

### How much we spend on staff



### Non pay expenditure



## Summary financial statements for the year ended 31 March 2011

The summary financial statements might not contain sufficient information for a full understanding of the Trust's financial position and performance. For a full copy of the audited accounts please telephone the Finance Department on 020 8869 2717. The full accounts include the Trust's Statement on Internal Control.

### Statement of comprehensive income

<sup>1</sup> What does this mean?

	2010/11 £000	2009/10 £000
<b>Revenue</b>		
Revenue from patient care activities	317,843	303,393
Other operating revenue	52,175	45,425
Operating expenses	(358,900)	(348,466)
<b>Operating surplus</b>	<b>11,118</b>	352
<b>Finance costs:</b>		
Investment revenue	38	34
Other gains and losses	(11)	311
Finance costs	(6,498)	(6,654)
<b>Surplus/(deficit) for the financial year</b>	<b>4,647</b>	(5,957)
Public dividend capital dividends payable	(5,639)	(5,980)
<b>Retained deficit for the year</b>	<b>(992)</b>	(11,937)
<b>Other comprehensive income</b>		
Impairments and reversals	0	(45,723)
Gains on revaluations	14,751	10,603
Receipt of donated/government granted assets	185	1,186
Net gain/(loses) on other reserves	(11)	0
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(593)	(568)
<b>Total comprehensive income for the year</b>	<b>13,340</b>	(46,439)
<b>Reported NHS financial performance position (Adjusted retained surplus)</b>		<b>(992)</b>
<b>Retained deficit for the year</b>		<b>1,250</b>
IFRIC 12 adjustment		0
Impairments		0
<b>Reported NHS financial performance position [Adjusted retained surplus]</b>		<b>258</b>

A Trust's Reported NHS financial performance position is derived from its Retained surplus/(Deficit), but adjusted for the following:-

a) Impairments to Fixed Assets 2009/10 was the final year for organisations to revalue their assets to a Modern Equivalent Asset (MEA) basis of valuation. An impairment charge is not considered part of the organisation's operating position.

b) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting in

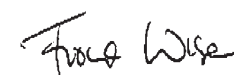
2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This additional cost is not considered part of the organisation's operating position.

<sup>1</sup> This shows how much money we received, how much we spent and the overall balance at the end of the year.

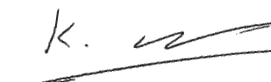
## Summary financial statements for the year ended 31 March 2011

### Statement of financial position

	31 March 2011 £000	31 March 2010 £000
<i>2 What does this mean?</i>		
<b>Non-current assets</b>		
Property, plant and equipment	297,966	274,921
Intangible assets	203	304
Trade and other receivables	2,169	2,323
<b>Total non-current assets</b>	<b>300,338</b>	277,548
<b>Current assets</b>		
Inventories	4,306	4,461
Trade and other receivables	11,552	11,214
Cash and cash equivalents	1,387	798
<b>Total current assets</b>	<b>17,245</b>	16,473
<b>Total assets</b>	<b>317,583</b>	294,021
<b>Current liabilities</b>		
Trade and other payables	(46,116)	(42,437)
Other liabilities	(1,560)	(1,137)
Borrowings	(15,747)	(1,334)
Provisions	(1,674)	(869)
<b>Net current assets/(liabilities)</b>	<b>(47,852)</b>	(29,304)
<b>Total assets less current liabilities</b>	<b>252,486</b>	248,244
<b>Non-current liabilities</b>		
Borrowings	(65,190)	(81,128)
Trade and other payables	(1,911)	(1,984)
Provisions	(3,524)	(4,008)
Total assets employed	181,861	161,124
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	172,076	164,690
Retained earnings	(52,717)	(51,725)
Revaluation reserve	49,057	35,121
Donated asset reserve	9,680	9,435
Government grant reserve	3,765	3,603
<b>Total taxpayers' equity</b>	<b>181,861</b>	161,124



**Fiona Wise**  
(Chief Executive)  
26 May 2011



**Kishamer Sidhu**  
(Finance Director)  
26 May 2011

<sup>2</sup> Non-current assets are things which are not easily convertible to cash or not expected to become cash. Intangible assets are things we own that do not have a physical aspect such as IT systems and software licences.

The financial statements were approved by the Board on 25 May 2011.

Summary financial statements for the year ended 31 March 2011

Statement of changes in taxpayers' equity

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Government grant reserve £000	Total £000
<b>Changes in taxpayers' equity for 2010-11</b>						
<b>Balance at 1 April 2010</b>	164,690	(51,725)	35,121	9,435	3,603	161,124
Total comprehensive income for the year						
Retained surplus/(deficit) for the year	0	(992)	0	0	0	(992)
Transfers between reserves	0	0	0	0	0	0
Impairments and reversals	0	0	0	0	0	0
Net gain on revaluation of property, plant, equipment	0	0	13,936	581	234	14,751
Receipt of donated/government granted assets	0	0	0	185	0	185
Reclassification adjustments:						
- transfers from donated asset/government grant reserve	0	0	0	(521)	(72)	(593)
- on disposal of available for sale financial assets	0	0	0	0	0	0
Reserves eliminated on dissolution						
New PDC received	7,386	0	0	0	0	7,386
<b>Balance at 31 March 2011</b>	172,076	(52,717)	49,057	9,680	3,765	181,861
<b>Balance at 31 March 2009</b>						
As previously stated	156,934	(31,272)	61,733	9,949	2,463	199,807
<b>Changes in taxpayers' equity for 2009-10</b>						
Total comprehensive income for the year:						
Impairments and reversals	0	(11,937)	0	0	0	(11,937)
Net gain on revaluation of property, plant, equipment	0	(8,516)	8,508	8	0	0
Net gain on revaluation of intangible assets	0	0	(45,723)	0	0	(45,723)
Net gain on revaluation of financial assets	0	0	10,603	0	0	10,603
Receipt of donated/government granted assets	0	0	0	14	1,172	1,186
Reclassification adjustments:						
- transfers from donated asset/government grant reserve	0	0	0	(536)	(32)	(568)
New PDC received	8,700	0	0	0	0	8,700
PDC repaid in year	(944)	0	0	0	0	(944)
<b>Balance at 31 March 2010</b>	164,690	(51,725)	35,121	9,435	3,603	161,124

Summary financial statements for the year ended 31 March 2011

Statement of cash flows for the year ended 31 March 2011

	2010-11 £000	2009-10 £000
<b>Cash flows from operating activities</b>		
Operating surplus	11,118	352
Depreciation and amortisation	11,989	14,162
Impairments and reversals	0	2,523
Transfer from donated asset reserve	(521)	(536)
Transfer from government grant reserve	(72)	(32)
Interest paid	(6,399)	(6,552)
Dividends paid	(4,974)	(5,980)
Decrease/(increase) in inventories	155	(949)
Increase in trade and other receivables	(510)	1,444
Increase/(decrease) in trade and other payables	691	615
Increase/(decrease) in other current liabilities	423	379
Decrease in provisions	222	(445)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>12,122</b>	4,981
<b>Cash flows from investing activities</b>		
Interest received	38	35
Payments for property, plant and equipment	(17,629)	(12,910)
Proceeds from disposal of plant, property and equipment	12	341
<b>Net cash outflow from investing activities</b>	<b>(17,579)</b>	(12,534)
<b>Net cash outflow before financing</b>	<b>(5,457)</b>	(7,553)
<b>Cash flows from financing activities</b>		
Public dividend capital received	7,386	8,700
Public dividend capital repaid	0	(944)
Other capital receipts	185	1,186
Capital element of finance leases and PFI	(1,525)	(1,389)
<b>Net cash inflow from financing</b>	<b>6,046</b>	7,553
<b>Net increase in cash and cash equivalents</b>	<b>589</b>	0
<b>Cash and cash equivalents at the beginning of the financial year</b>	<b>798</b>	798
<b>Cash and cash equivalents at the end of the financial year</b>	<b>1,387</b>	798

## Independent auditor's report to the Board of Directors of North West London Hospitals NHS Trust

We have examined the summary financial statement for the year ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cashflows and the related notes 1 to 6.

This report is made solely to the Board of Directors of North West London Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### Respective responsibilities of directors and auditor

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 statement 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 statement. The other information comprises only the Foreword, the unaudited part of the Remuneration Report and the Directors' Report.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

### Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the North West London Hospitals NHS Trust for the year ended 31 March 2011.



Grant Thornton UK LLP  
Grant Thornton House  
Melton Street  
Euston Square  
London NW1 2EP

26 May 2011

## 1 Trust Board Directors' Remuneration Report

### A) Remuneration

Name	Title	2010-11			2009-10		
		Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind £	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind £
<b>Ms F Wise</b>	Chief Executive	185-190	0	0	175-180	0	0
<b>Ms D Marshall</b>	Director of Operations and Deputy Chief Executive (from 10 May 2010)	110-115	0	0	0	0	0
<b>Prof R Shaw</b>	Medical Director (from 6 July 2009)	210-215	0	0	150-155	0	0
<b>Mr K Sidhu</b>	Finance Director	145-150	0	0	125-130	0	0
<b>Ms E Robb</b>	Nursing Director (to 8 April 2010)	0-5	0	0	105-110	0	0
<b>Ms S Mackie</b>	Nursing Director (from 1 March 2010 to 3 May 2010)	5-10	0	0	5-10	0	0
<b>Mrs C Flowers</b>	Nursing Director (from 4 May 2010)	95-100	0	0	0	0	0
<b>Mr P Sutcliffe</b>	Director of Corporate Services (to 19 November 2010)	60-65	0	0	95-100	0	0
<b>Mr D Fairley</b>	Director of Human Resources	105-110	0	0	100-105	0	0
<b>Mr D Cheesman</b>	Director of Strategy	100-105	0	0	100-105	0	0
<b>Mrs C Thorne</b>	Director of Governance (from 1 June 2009)	80-85	0	0	65-70	0	0
<b>Mr T Caplin</b>	Chairman	20-25	0	0	20-25	0	0
<b>Dr J Green</b>	Non Executive Director (to 13 November)	0-5	0	0	5-10	0	0
<b>Mr K Parmar</b>	Non Executive Director (from 1 January 2010)	5-10	0	0	0-5	0	0
<b>Ms S Szulc</b>	Non Executive Director	5-10	0	0	5-10	0	0
<b>Mr K Varia</b>	Non Executive Director (to 30 November 2010)	0-5	0	0	5-10	0	0
<b>Mr M Versallion</b>	Non Executive Director	5-10	0	0	5-10	0	0
<b>Mr A Murphy</b>	Non Executive Director (from 1 December 2010)	0-5	0	0	0	0	0

3 What does this mean? This table shows how much members of the Board get paid.

## B) Remuneration Policy

In managing Directors remuneration, the Trust's remuneration committee consider guidance issued by the Department of Health, National labour market and relevant pay surveys, as well as organisational priorities and performance, in their consideration of the terms and conditions of Directors. Senior managers contracts are not subject to performance related pay although performance is assessed through annual appraisals. Senior manager contracts are standard NHS contracts, which are open-ended and with notice periods of between 3 and 6 months.

All Executive Directors of the Trust hold contracts of employment, rather than contracts of service.

Contracts contain provision for termination on the grounds of unsatisfactory performance or conduct, in accordance with Trust procedures. Any severance agreements are concluded in accordance with Department of Health guidelines.

## C) Pension Benefits

*4 What does this mean?*

Name	Title	Real increase in pension and related lump sum at age 60 (bands of £2500) £000	Lump sum at age 60 related to real increase in pensions (bands of £2500) £000	Total accrued pension at age 60 31 March 2011 (bands of £5000) £000	Lump sum at age 60 related to accrued pension 31 March 2011 (bands of £5000) £000	Cash equivalent transfer value at 31 March 2011 £000	Cash equivalent transfer value at 31 March 2010 £000	Real increase (decrease) in cash equivalent transfer value £000
<b>Ms F Wise</b>	Chief Executive	5-7.5	17.5-20	85-90	255-260	1,796	1,798	(2)
<b>Ms D Marshall</b>	Director of Operations and Deputy Chief Executive (from 10 May 2010)	2.5-5	12.5-15	20-25	70-75	278	268	10
<b>Prof R Shaw</b>	Medical Director (from 6 July 2009)	5-7.5	17.5-20	95-100	290-295	2,138	2,162	(24)
<b>Mr K Sidhu</b>	Finance Director	0-2.5	0-2.5	25-30	75-80	301	345	(44)
<b>Ms E Robb</b>	Nursing Director (to 8 April 2010)	0-2.5	0-2.5	45-50	140-145	0*	0*	0*
<b>Ms S Mackie</b>	Nursing Director (from 1 March 2010 to 3 May 2010)	5-10	0-2.5	0-5	5-10	40	45	(5)
<b>Mrs C Flowers</b>	Nursing Director (from 4 May 2010)	2.5-5	15-17.5	45-50	140-145	816	815	1
<b>Mr P Sutcliffe</b>	Director of Corporate Services	0-2.5	5-7.5	35-40	115-120	694	738	(44)
<b>Mr D Fairley</b>	Director of Human Resources	2.5-5	7.5-10	25-30	85-90	425	449	(24)
<b>Mrs C Thorne</b>	Director of Governance (from 1 June 2009)	0-2.5	5-7.5	20-25	70-75	344	360	(16)
<b>Mr D Cheesman</b>	Director of Strategy	0-2.5	2.5-5	20-25	70-75	278	313	(35)

\* Pensions cannot be transferred after age 60.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

*4 This shows the Board members' pension entitlements at the end of the year. Board members pay into the pension scheme in the same way as any other member of staff.*

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Details of the Trust's accounting policy relating to pension liabilities are available in the Trust Accounts under Note 9.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## D) Details of Service

Name	Position	Date of Commencement
<b>Ms F Wise</b>	Chief Executive	9 Apr 07
<b>Prof R Shaw</b>	Medical Director	6 Jul 09
<b>Ms S Mackie</b>	Nursing Director	1 Mar 10
<b>Mr K Sidhu</b>	Finance Director	1 Sep 08
<b>Mrs C Flowers</b>	Nursing Director	4 May 10
<b>Mr D Fairley</b>	Director of Human Resources	1 Feb 09
<b>Mr D Cheesman</b>	Director of Strategy	19 Jan 09
<b>Mrs C Thorne</b>	Director of Governance	1 Jul 09
<b>Mr T Caplin</b>	Chairman	1 Jul 08
<b>Mr A Murphy</b>	Non Executive Director	1 Dec 10
<b>Mr K Parmar</b>	Non Executive Director	1 Jan 10
<b>Ms S Szulc</b>	Non Executive Director	1 Dec 06
<b>Mr M Versallion</b>	Non Executive Director	1 Mar 09

## 2. Management Costs

	2010-11 £000	2009-10 £000
Management costs	12,951	13,045
Income	370,018	348,818
Percentage of Income	3.5%	3.7%

### 3. Better Payment Practice Code - measure of compliance

	2010-11		2009-10	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	51,596	93,548	49,739	88,781
Total Non NHS trade invoices paid within target	49,894	90,692	48,204	86,343
Percentage of Non-NHS trade invoices paid within target	96.7%	96.9%	96.9%	97.3%
Total NHS trade invoices paid in the year	2,044	17,436	1,921	20,558
Total NHS trade invoices paid within target	1,998	17,377	1,872	20,497
Percentage of NHS trade invoices paid within target	97.7%	99.7%	97.4%	99.7%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Trust is an approved signatory to the Prompt Payment Code.

### 4. External Audit

The Trust's external auditor is Grant Thornton. Cost of work performed by the auditor is detailed below:

	2010-11 £000	2009-10 £000
Audit fees	221	215

### 5. Staff sickness absence

	2010-11 Number	2009-10 Number
Total days lost	25,695	27,826
Total staff years	4,255	4,092
Average working days lost	6.0	6.8

The above figures are provided to the Trust from the Electronic Staff Record national data warehouse to provide consistency across the NHS. The figures are based on a calendar year.

### 6. Other compensation schemes - exit packages

#### 2010-11

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other agreed departures	Total number of exit packages by cost band	Total cost
Under £20,001	2	1	3	31,687
£40,001 - £100,000	0	1	1	70,968
Total	2	2	4	102,655

#### 2009-10

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other agreed departures	Total number of exit packages by cost band	Total cost
Under £20,001	3	1	4	69,752
£20,001 - £40,000	2	0	2	70,177
£40,001 - £100,000	1	0	1	44,398
£100,001 - £150,000	1	0	1	139,826
>£200,000	1	0	1	219,923
Total	8	1	9	544,076

No exit packages included any special payments.

The information in this report is available in large print by calling 020 8869 3552.

If you would like a summary of this Annual Report in your own language please call 020 8869 3552 and state clearly in English the language you need and we will arrange an interpreter to speak to you.

Haddii aad jeclaan lahayd warka ku qoran warbixintaan gacan qabsiga loogu talagalay oo kooban oo luqaddaada ku qoran, fadlan soo wac 020 8869 3552 ka dibna si cad Ingiriis, ugu tilmaan, luqadda aad u baahan tahay waxaan markaas kuu diyaarin doonnaa turjumaan kula hadla.

இந்த ஆண்டறிக்கையில் இடம்பெற்றுள்ள விவரங்களின் தொகுப்பு உங்கள் மொழியில் உங்களுக்குத் தேவைப்படுமானால், தயவுசெய்து 020 8869 3552 என்ற எண்ணை தொடர்பு கொண்டு, ஆங்கிலத்தில், தெளிவாக உங்களுக்குத் தேவைப்படும் மொழியை குறிப்பிட்டால், உங்களுடன் பேசுவதற்கு நாங்கள் ஒரு மொழிபெயர்ப்பாளரை ஏற்பாடு செய்வோம்.

આ વાર્ષિક અહેવાலમાં समाविष्ट माहितीનો सारांश जो तमने तमारी भाषामां जेठलो होय तो, कृपा करीने 020 8869 3552 पर कोल करो अने तमारे जे भाषानी जरूर होय ते स्पष्ट रूपे अंग्रेजुमां जेठलो अने तमारी जेडे वात करवा अमे दुभाषियानी व्यवस्था करी आपीरुं.

إذا كنت ترغب في الحصول على ملخص للمعلومات التي وردت في هذا التقرير السنوي بلغتك، اتصل على رقم 020 8869 3552 واذكر بوضوح، باللغة الإنجليزية، اللغة التي تحتاجها، وسوف نقوم بتوفير مترجم ليتحدث إليك.

چنانچه تمایل دارید که خلاصه اطلاعات موجود در این گزارش سالانه را به زبان خود داشته باشید، لطفا با شماره تلفن 020 8869 3552 تماس حاصل نمود و بطور واضح و با زبان انگلیسی، زبان مورد نیاز خود را اعلام فرمائید. بر این اساس ما ترتیب حضور یک مترجم همزمان را بمنظور صحبت با شما خواهیم داد.

# annual review 2010/11

## How to contact us

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To find out more about our hospitals visit [www.nwlh.nhs.uk](http://www.nwlh.nhs.uk)  
Please let us know what you think of this report by emailing [communications@nwlh.nhs.uk](mailto:communications@nwlh.nhs.uk)

*Cover picture: Patient Holly Harrington with oral and maxillofacial surgeon Mr Manolis Heliotis*

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The North West London Hospitals   
NHS Trust