



ANNUAL REPORT
1999-2000



University College London
Hospitals NHS Trust

The Six Hospitals



University College Hospital (UCH)

UCH provides people who live, work and visit London with accident & emergency and general hospital services. It also provides an Obstetric Hospital in Huntley Street which includes maternity wards, neonatal and foetal medicine units. UCH, Cecil Fleming House, Grafton Way, London WC1E 3BG



Middlesex Hospital

The Middlesex is an acute hospital housing medical, surgical, adolescent and paediatric services as well as a variety of diagnostic and therapeutic facilities. It also has a wide range of outpatient clinics for adults, adolescents and children. The Middlesex Hospital, Mortimer Street, London W1T 3AA



Hospital for Tropical Diseases (HTD)

The Hospital is a national centre for the diagnosis and treatment of tropical diseases. Originally located in St Pancras, inpatients are now housed in a new infectious diseases unit at UCH, with outpatients, the Travel Clinic and Parasitology relocated in the Mortimer Market Centre just off Tottenham Court Road. HTD, Mortimer Market, London WC1E 6JB



National Hospital for Neurology and Neurosurgery (NHN)

The National is a leading centre for the diagnosis, treatment and care of patients with a wide range of neurological conditions such as epilepsy, MS, Alzheimer's, stroke and head injuries. With its neighbour, the Institute of Neurology, it is a major international centre for research and training. NHN, Queen Square, London WC1N 3BG



Elizabeth Garrett Anderson Hospital (EGA)

Originally set up to train female doctors in 1888, The Elizabeth Garrett Anderson now houses the Trust's gynaecology and Well Woman services. It runs a wide range of outpatient clinics in addition to inpatient services. EGA, 144 Euston Road, London NW1 2AP



Eastman Dental Hospital (EDH)

The Eastman provides specialist treatment, research, postgraduate teaching and training in dentistry with the Eastman Dental Institute which occupies the same site. It has no inpatients beds but accounts for nearly a quarter of all outpatient attendances within the Trust. EDH, 256 Gray's Inn Road, London WC1X 8LD

The Trust's hospitals provide acute and surgical services for local people, commuters and visitors to London as well as highly specialised services to patients referred from all over the country.

Our hospitals provide everything from an Accident and Emergency service at University College Hospital to world famous brain surgery at the National Hospital for Neurology and Neurosurgery.

Our links with the Royal Free and University College Medical School make us one of the country's leading hospitals for education, training and research.

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Chairman's introduction

This annual report covers the most eventful year in the history of UCL Hospitals Trust. Getting the final go-ahead to redevelop University College Hospital, The Middlesex and the Elizabeth Garrett Anderson Hospital was the highlight of our year and a magnificent achievement for patients and staff.

We can now look forward to the future with confidence, facing the challenges and opportunities ahead. There can be no more exciting time to be at UCL Hospitals. I thank everyone who was involved in helping the scheme reach a successful conclusion.

This report records clinical and other achievements in the Trust during the year. Yet again they are a tribute to our staff – clinical, nursing, support and management – who have worked under the severe constraints imposed by our present buildings

and the cost pressures which now beset all organisations within the NHS. Nevertheless our patients believe that we provide first class services over a wide range of clinical activities.

This year I also want to highlight the work of our Special Trustees, without whose efforts we would find it difficult, if not impossible, to develop those services which depend on state of the art equipment. It is also important to note that our voluntary services continue their very high standard of support to our patients and staff.

In May of this year our Chief Executive, Peter Reading, left the Trust to take up another post. Peter had been with us for two years and had led the Trust at a critical time for our new hospital development. We acknowledge his contribution over the past year and wish him well in his new role at University Hospitals of Leicester NHS Trust.

We have since appointed a new Chief Executive, Robert Naylor, who

comes from the Birmingham Heartlands & Solihull NHS Trust. We look forward to Mr Naylor taking the helm in November and navigating the Trust through to the completion of the new hospital and beyond.

The future looks extremely bright for UCL Hospitals, its staff and its patients. With a new hospital, new chief executive and a strong team of clinicians, I have every confidence we will go from strength to strength.

Ronald Green



Building for the future

In July this year the Secretary of State for Health and the Treasury gave the final go-ahead to a £422 million redevelopment scheme which will fund the country's largest hospital building programme. The completed project will allow us to treat 10% more inpatients, 14% more outpatients and increase the numbers being seen in A&E.

The investment represents one of the most significant programmes of improvements ever seen in the NHS. It will provide:

- better treatment in a better environment
- improved facilities for patients and better working conditions for staff
- better access to public transport
- a leading edge in medical research and training.

The project will create a new 16-storey, state-of-the-art hospital on a single site on Euston Road to replace the ageing buildings of University College Hospital (UCH) and The Middlesex Hospital. Next to the main hospital will be a new Elizabeth Garrett Anderson Wing, housing women's services.

The new hospital will include:

- a 16-floor state-of-the-art hospital on Euston Road to replace UCH and The Middlesex Hospital;
- a purpose-built EGA Wing to house all obstetric, neonatal and gynaecology services under one roof and provide access to the main hospital's theatres and intensive care facilities;
- additional inpatient and day care facilities plus a breast screening centre in the Rosenheim Wing on Grafton Way.

- new medical equipment to provide high-tech specialist treatment;
- a new stand-alone high-tech pathology building on the old Odeon site on Tottenham Court Road;
- new IT systems to provide electronic patients' records, X-ray and pathology results.

It will also create a shared complex with the Royal Free and University College Medical School boosting its international reputation as a centre of excellence for academic medicine and further strengthening links between treatment, teaching and research.

In July this year the **Secretary of State for Health** and the **Treasury** gave the final go-ahead to a **£422 million redevelopment** scheme which will fund the country's **largest hospital building** programme at UCL Hospitals



In the news

The design of the new building will for the first time allow us to treat patients according to their medical needs and level of dependency by grouping facilities and staff into specialist units. It will include:

- an **Acute Assessment Unit** for patients who are acutely ill or likely to be discharged within 72 hours. The unit aims to provide patients with prompt admission, diagnosis and referral as well as discharge. As a single point for admitting emergency patients the unit will provide a service designed for their specific needs;
- a **Diagnostic and Therapy Unit** to centralise and combine a full range of image-guided diagnosis and treatment to improve investigations in support of other hospital departments;
- a **Critical Care Unit** to provide intensive or high dependency care and treatment, close to other services vital for the care of critically ill patients. This will allow for more efficient and better standards of care and help to reduce the average level of dependency on the wards;
- an **Infection Unit** for patients with tropical/infectious diseases, HIV/AIDS patients and patients currently treated elsewhere requiring isolation and other specialist care;
- an **Adolescent Unit** to centralise specialist and dedicated care for teenagers in an environment suited to their medical, social and emotional needs.



Work starts on the new hospital in the summer of 2000 and is expected to finish by 2005. The EGA Wing will be completed by 2008.

As our Chairman, Sir Ronald Mason, said when the contract was signed: *"This is a dream come true for this part of London. We've been waiting for this for nearly 25 years. It's wonderful news for our patients and for our staff and will give them a hospital they deserve. It will be a hospital fit for the new century and will enable us to move forward with confidence over the next 50 years."*

Health Management (UCLH) plc, (HMu), will build, run and maintain the new building in exchange for an annual fee. HMu will sub-contract the building of the new hospital to AMEC and Balfour Beatty Ltd. Non-clinical support services will be contracted out to Building & Property Ltd (B&P) and porters, cleaners, caterers and other support staff will transfer their employment to B&P.



Health Minister John Denham chose UCLH's Mousehole Nursery as an example of family friendly policies in action in September.



In September the A&E department carried out a rehearsal of a major incident in a world disrupted by the 'Millennium bug' – the only trust in the country to do so. The televised exercise involved 50 London Transport volunteers and members of the London Ambulance Service.



Two trains collided head-on outside Paddington station in September. 50 passengers were brought to A&E, most suffering from minor injuries and discharged later the same day.



The Duchess of York opened our new Haematology Adolescent Unit in October. The Duchess is the President of the Teenage Cancer Trust, which provided funding to help set up the specialist unit.



Government Ministers chose UCLH Accident and Emergency (A&E) Department as a beacon of good practice to launch a national campaign to combat violence against hospital staff.



Sheena McDonald returned to Queen Square, where she herself had been treated for severe head injuries, to open the Acute Brain Injury Service.

Achievements!

- met all our key operational targets;
- patients on our waiting lists cut to 5,801 at 31st March 2000, which was better than our target;
- patients from all over England and Wales;
- 66,000 Accident and Emergency (A&E) attendances;
- 36,000 planned operations;
- 370,000 outpatients attendances;
- 91.9% of patients needing a hospital bed admitted within four hours of arriving at A&E;
- 83.9% of outpatients seen within 30 minutes of their appointment time;
- 97.7% of patients assessed within five minutes of arriving in A&E.

Highlights of the year

There have been many achievements during the last year which have all helped to improve our services to patients. The following are just some examples from the last twelve months:

- We established the UK's major Pain Management Unit at Queen Square, by the amalgamation of the chronic pain services from the Middlesex and University College Hospitals with that of the National Hospital for Neurology & Neurosurgery (NHNN).
- The transfer of services from the Finchley Rehabilitation Unit to new state of the art facilities at the main NHNN site has improved the service and brought it close to all the hospital's specialist and support facilities.
- The development of a Trust-wide multi-disciplinary Acute Brain Injury Service is a spring-board for improvements in the treatment and rehabilitation of patients who have had head injuries or strokes.
- We have worked closely with Great Ormond Street Hospital in providing joint clinics for epilepsy, neurogenetics, headaches and movement disorders.
- The Adolescent Unit, which opened in January 1999 has been very successful with 14 of its 15 bed capacity opened and almost always full. The unit's director has attracted numerous research projects and has raised the profile of this important development.
- Adolescent care was improved with the opening of a new unit for teenagers in our Haematology service. The Noah's Ark Teenage Cancer Trust Unit has four air conditioned single rooms, each with TV, radio-CD player and Internet-linked computer.
- We were given charitable funding for a Malcolm Sargent Social Worker for Paediatric Oncology. We have further developed our partnerships through the secondment of a

paediatric nurse to work in the community, with Camden and Islington Community Trust's community nursing team.

- We have recruited two users of our services to work with us in improving the way we deliver care. This is an important initiative to involve those who can bring an added dimension to discussions and debates on service improvements.
- The final stage of a Trust-wide pathology system has been completed and is working successfully. Amongst other things, this allows patients' pathology results to be obtained and communicated much faster than was possible before.
- We have moved the administration of medical records to an external organisation. Apart from freeing up much needed space on hospital sites, the new arrangements have included robust standards of operation, ensuring the contractor will deliver us a quality service.

Improving quality

The aim of **clinical governance** is to **improve** the **quality** and **consistency of care**

Clinical Governance

The Government wants every trust to implement a programme of improvement and change, described as 'clinical governance'. The aim is to improve the quality and consistency of care. At UCLH this incorporates: clinical audit, evidence based practice, risk management, complaints management, staff education and development, quality assurance and user involvement.



We have continued to develop clinical governance throughout the year. External audits by the NHS Executive, in conjunction with the King's Fund and separately by the Audit Commission demonstrated that UCLH is making good progress. Specific areas of progress have been:

- work to develop a Trust-wide approach to the systematic assessment and review of patient outcomes;
- a complete overhaul of Health and Safety involving a review of general management arrangements and a new approach to the planning of Health and Safety;
- the appointment of a Smoking Cessation Advisor and the introduction of a programme to promote non smoking.

Clinical governance has brought about a number of specific improvements to patient care:

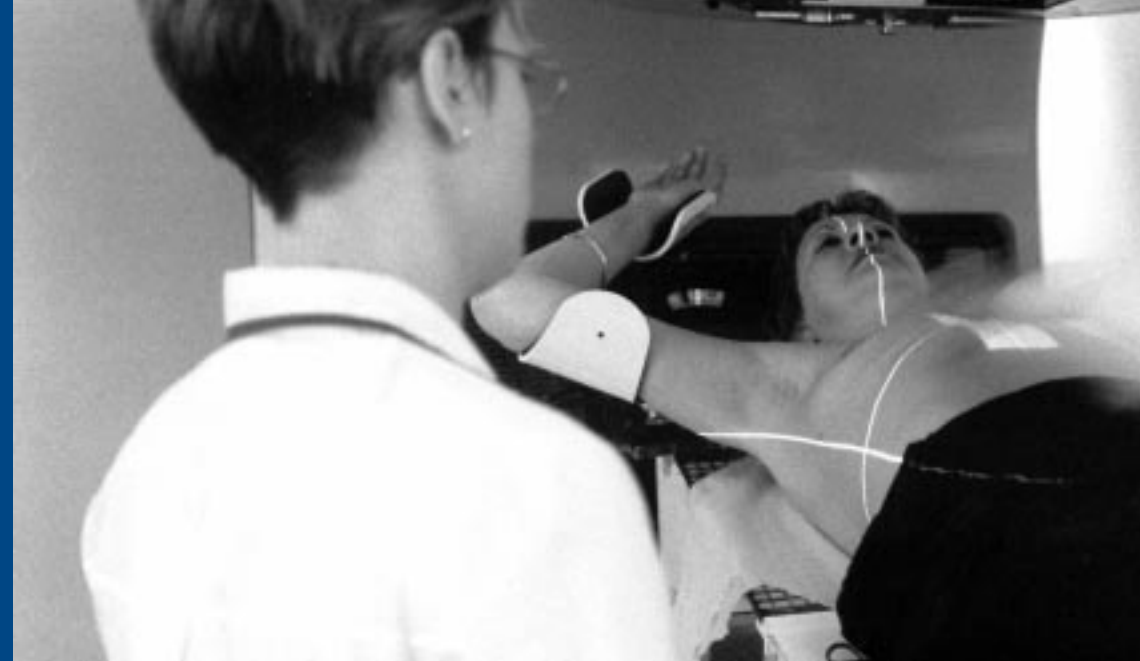
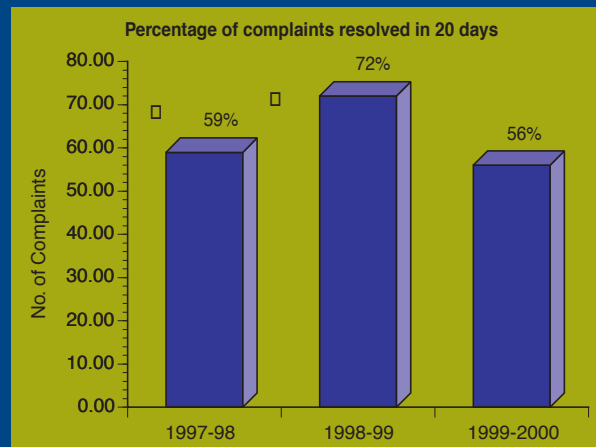
- the introduction of treatment policies and improved monitoring of patients admitted to the Accident & Emergency Department after deliberately harming themselves or overdosing;
- a review of colposcopy services (which deal with tests like cervical smears) resulting in the introduction of protocols for care, a revised consent procedure and funding for more systematic monitoring of the care patients receive;
- a guideline for the management of patients suffering anaphylaxis, (a life threatening allergic reaction), resulting in more appropriate use of adrenaline and better clinical care;
- a guideline for the vitamin supplement of patients having haemodialysis, (cleaning of the blood), ensuring patients receive the right kind of supplements.

Demonstrating Quality

The radiotherapy department won the BSI ISO 9002 kite mark this year. ISO accreditation is an internationally recognised quality assurance system and achieving the standard is notoriously difficult. The department was audited by an external team of assessors in early February. Everyone in the department was instrumental in achieving the kite mark. Now that the standard has been achieved the department will have regular checks to make sure it keeps up to the mark.

Complaints

However hard we try, we don't always satisfy everyone and we encourage dissatisfied patients to make complaints, so that we can try to resolve their problems and learn from our shortcomings. We try to resolve such problems early, with our front-line staff working out a solution with the patient or carer. The success of this approach is that fewer problems are resulting in formal complaints, the numbers of which have fallen steadily over the past three years.



A number of initiatives have been aimed at further improving the way we handle complaints:

- in a three month pilot in the A&E Department the Senior Nurse telephoned the patient or their relative to discuss their concern, offer an apology if appropriate and inform the patient of what action would be taken. Patients appreciated this and we will continue it formally;
- training on the complaints procedure has been given to all new members of staff as part of our induction programme. Additional workshops and training sessions have been given to new consultants at the National Hospital, senior house officers, therapists, first-line managers and nurses.
- a refresher workshop was held in January for staff who investigate formal complaints. Speakers included a former patient with experience of making a formal complaint and the Deputy Health Service Ombudsman;



We regard complaints as important information about our services and last year as a result of complaints we:

- appointed an Orthopaedic Outpatient Manager to help reduce waiting times in clinic;
- agreed a new prescribing policy for a specific drug used by Urology patients;
- alerted all consultants about the use of a particular epilepsy drug in pregnancy.

Requests for an Independent Review Panel

We received 10 such requests and two panels were held during the year. The final report for one panel was issued in September. The panel recommended that the clinical protocol for the treatment of patients with background retinopathy and the standard letter to general practitioners be revised. The Endocrinology Department is introducing a new computerised appointment system with a "flagging" and audit facility, to implement the recommendation.

The report from the second panel remains in draft.

Health Service Ombudsman

The Ombudsman investigated a complaint raised by a patient about the taking of a blood sample while she was still under anaesthetic. The Ombudsman's report was issued in November. One of his recommendations was for the Trust to review its Sharps Policy to ensure that it addresses risks to patients as well as to staff. This recommendation has been implemented.

The radiotherapy department **won** the **BSI ISO 9002 kite mark** this year



Nursing




“Super Nurse” Appointed

The importance and professionalism of nursing has been underlined by the appointment of Sheila Adam as one of the first nurse consultants in the UK. The so-called “super nurse” role is the newly created top nursing grade announced by the Secretary of State for Health in January. At UCLH the new post is in expanded critical care and the job is to act as a link between intensive care and the rest of the hospital, watching over the progress of selected critically ill patients wherever they are in the Trust. The nurse consultant will take the lead in nursing critically ill patients, working closely with other nurses and doctors. She will develop protocols for managing these patients on the wards as well as setting up training for staff to develop a better understanding of their needs. She will also develop nursing research in critical care.

Recruiting More Nurses

Attracting good nurses is a challenge throughout the health service. We are no exception, but in August and September we welcomed more than 50 nurses from the Philippines, after we had worked with a local recruitment agency. The nurses will stay with us for up to two years, during which they will develop their professional skills to benefit them when they return. We provided accommodation for the nurses, held a special induction programme for them and organised counselling to help them settle in. After six months working under clinical supervision most of the nurses have attained the UKCC standard and they are working on wards throughout the Trust.





A new recruitment brochure and video was produced during the year and launched at a nursing and midwifery open day in May. The video, "The Westenders", was filmed on locations across the Trust in an attempt to boost recruitment of E & F grade nurses.



Supporting Health Care Assistants

Giving unqualified health care assistants the chance to become qualified nurses is one way to increase the number of nurses and develop the talent we already have. So we have created the new role of health care assistant development manager to support health care assistants (HCAs) to qualify. Initially they work for National Vocational Qualifications (NVQs), which can give them access to full-time nursing diploma and degree courses at Southbank University. To support them in full-time education we

operate a secondment scheme, under which HCAs are paid their salary while undergoing full-time pre-registration training at Southbank. Because this is more money than the usual bursary many HCAs can have access to professional training which before would have been unavailable to them.

The new post is funded by the West Euston Single Regeneration Partnership (WESRP) with whom we are working to recruit local people to HCA posts in the Trust. The WESRP have been keen to work with us and will contribute significant funding over the next three years, to give local people access to HCA positions and a chance to progress onto nurse training.

Attracting **good nurses** is a **challenge** throughout the **health service**

Moving ahead

During the year we were able to bring to fruition a number of long-term projects. They demonstrate our commitment to developing and improving our services.

Acute Brain Injury Unit

The Acute Brain Injury Unit opened its doors in February. The Unit is the first of its kind in the UK and brings together patients who have had strokes and those with acute head injuries, in a single unit under a specialist team of doctors, nurses and therapists.

Within the service, therapists will start planning a patient's rehabilitation as soon as he or she is admitted to the Unit. At the same time doctors and nurses will treat the head injury or stroke. This contrasts with other units where the initial acute care is followed later by rehabilitation therapy. The new model will help patients get better sooner.

The service will also support other parts of the Trust, so that if patients at The Middlesex or University College Hospitals have complications leading to a stroke they too will be seen by a nurse specialist and treated with the same team approach.

The 12 bedded Acute Brain Injury Unit has a team of 28 staff including direct input from six consultants working with two junior doctors, two nurse specialists, therapists, nurses and a neuropsychologist.

Pain Management Centre

Claire Rayner, President of the Patients' Association, was amongst guests for the official opening of the largest pain management centre in the country, at Queen Square in June. The new pain unit, which has been treating patients since February, brings together pain management services from the National, Middlesex and University College Hospitals to create an integrated service drawing on the expertise of pain management nurse specialists, anaesthetists,

psychologists, neurologists, dermatologists and rheumatologists.

Patients suffering from chronic pain receive the support they need to deal with the emotional, physical, economic and social stresses pain brings them and their families. The Centre offers a range of treatments including electrical stimulation, acupuncture and drugs.

Thanks to modern medicine patients are surviving for longer, but they are often in pain, which could be managed more effectively. The centre's goal is to make pain management a more established specialty and to make its service one of the leading pain management centres in Europe.





Neuro-rehabilitation Unit

In October the transfer of neuro-rehabilitation services finally transferred from their old base in Finchley to the main National Hospital for Neurology and Neurosurgery site at Queen Square. This large scale project began in April 1998 and was made possible thanks to £5 million from the National Hospital Development Foundation.

A major refurbishment of the National's Albany and Queen Mary Wings was needed to accommodate the transferred service, but the result is purpose-built facilities and all the benefits of closeness to services in the main hospital. As well as having many of the world's top neurologists and neurosurgeons on the doorstep the Unit is now close to some of the most advanced research facilities. A functional imaging laboratory and a nuclear magnetic resonance unit, both at Queen Square, enable specialists to see the precise area of

damage in a patient's brain after a stroke, the degree of damage and the potential for recovery.

The Unit has a multi-disciplinary team, with physiotherapists, occupational therapists, speech and language therapists, a neuro-psychologist and a social worker working alongside rehabilitation nurses and the medical team. The clinical expertise, state-of-the-art facilities and collaboration with cutting edge science means the Unit will play a key role in the future of neuro-rehabilitation.

Transfer of the Elizabeth Garrett Anderson Hospital

Work started in February at the Obstetric Hospital (OH) to prepare for the transfer of the Elizabeth Garrett Anderson Hospital later this year. The two hospitals will share the OH building until they both move into the EGA Wing of our new hospital in 2008.

But a large building project is needed at OH to prepare space for the EGA's services. A new operating theatre is

being installed in the basement and demolition work is due to finish in the summer to prepare the way. Other work is underway to install the EGA outpatients department and the Well Woman Clinic. Derbyshire House, which adjoins OH, will also have a new roof-top extension for offices.

It has long been accepted that the EGA's services would move into the new UCL Hospital's EGA Wing, when it is completed in 2008. This will be a purpose-built stand-alone women's hospital with the benefits of direct access to the main hospital's operating theatres, intensive care and specialist units. But the short-comings of the EGA's current isolated location mean that there are clinical benefits to moving closer to the main hospital campus sooner rather than later.

EGA will move into its new home to join the Trust's maternity services in the Obstetrics Hospital in December 2000. The Obstetrics Hospital will be renamed the Elizabeth Garrett Anderson Hospital to reflect the Trust's commitment to preserving and modernising the pioneering tradition of the EGA.



Valuing our staff

Attracting and keeping the best

As well as new approaches to recruiting nurses we have looked at how we can develop nursing careers so that nurses want to stay here. Giving nurses more control over the hours they work is a key measure. To help develop this further we are testing new computer software, which allows ward staff to specify their favoured days and hours and then draws up ward rosters, taking account of the needs of the service.

A newly appointed senior nurse – to co-ordinate and improve recruitment and retention rates – will initiate a number of measures including a return to nursing campaign, adaptation programmes, a cadet scheme and Healthcare Assistant development.

Keeping good staff is just as important and we have developed plans to address issues that lead staff to leave the Trust, which has included a review of our induction arrangements for new starters.

Staff involvement

In common with other trusts we carried out a staff attitude survey in February to gauge how staff felt about working here. Nearly a third of the staff responded and their answers show us areas where we are doing well and some where we need to improve. Staff generally felt positive about training and development, for example, but negative about other aspects, like involvement. We are now implementing a new staff involvement policy to improve the part staff play in decision making.

Better Communications

Developing better ways of communicating with staff, patients, and users of our services has been a key priority. We have increased the frequency of our staff newsletter, improved the Trust's profile in the media and achieved better publicity for new service initiatives.

Combating Racial Harassment

We have a multi-ethnic workforce, 32% of whom are from ethnic minorities. During the year we reviewed our Harassment Policy to more directly tackle racial harassment in the work place. Training is an important part in fostering a positive working environment and during the year over 1000 staff have received induction training which includes multi-cultural awareness, as well as details of our policies on bullying, discrimination and harassment.

Partnership with Unions

We understand the importance of working closely with staff representatives, trade unions and professional organisations. Creating the right workforce and the best environment for our patients is a joint effort. Via the Joint Staff Consultative Committee there has been a thorough review of personnel related policies and procedures and joint monitoring of regulations such as the Working Time Directive.

Recognising Long Service

We recognise the loyalty of staff by commemorating long service and in March 64 people received engraved cut crystal bowls from Chairman Sir Ronald Mason, for 25 years of service. The next award ceremony is being planned for October, when a similar number of staff will receive an award.

Disability

We respect the needs of staff with disabilities and all new employees receive disability awareness training. All potential employees are asked at interview about any particular needs they might have in respect of a disability. We work with individual disabled employees to ensure that everything possible is done to allow them to work comfortably and effectively, including adaptation of the working environment, reservation of car parking places and facilities for guide dogs.



Planning for the worst

We have to be ready for any eventuality — for which planning, preparing and practice are essential. This year we had the added threat of problems related to the new Millennium celebrations in London and the possibility of electronic equipment failure caused by the so-called “Millennium bug”.

Millennium Bug

For us Millennium night was the culmination of a three year, £700,000 project to prepare all our electronic equipment and computer systems for the moment when the date changed from 1999 to 2000. 7000 medical devices were catalogued and 2300 were found to use some form of microchip. Every device thought to be ‘date aware’ was followed up with its manufacturer to see if it could be affected by the date change. 60 devices needed action of some kind. 260 computer systems were checked and 1300 personal computers

tested. All computers which could have caused problems were fixed. Major changes to the patient administration system (PAS) ensured that bookings beyond 31st December 1999 could be handled. Lifts, alarms, generators, plant and other equipment were all checked. Every department drew up contingency plans to identify what could possibly go wrong and how it could be overcome.

The work paid off and we experienced no equipment or computer failures.

Rehearsing the Worst

With millions of people due to flood into central London and the possible degrading of electricity and water supplies, our Accident & Emergency (A&E) department had to be ready for a difficult Millennium night.

In September the department carried out a full rehearsal of a major incident in a world disrupted by the ‘Millennium bug’. A carefully scripted scenario simulated a head-on train crash, with 50 London Transport volunteers playing the part of casualties, who were rushed to our A&E department. A team of umpires monitored the whole rehearsal and a full de-briefing session afterwards highlighted what had gone well and what needed to be improved.

Tragically the lessons learned in the rehearsal were put to use all too soon when, just two weeks later, two trains packed with commuters really did collide outside Paddington station. 50 passengers were brought to A&E in ambulances and buses, mostly suffering from minor injuries and most were treated and discharged later the same day. At UCH the whole operation went smoothly, with good teamwork and communication. The rehearsal was a great benefit and meant that A&E staff were able to anticipate everything that was thrown at them.



Research & development

We spend £30 million a year on research and development, which remains the second largest research budget in the NHS. This commitment reflects our close ties with the Royal Free and University College Medical School, with which we share staff and a large centrally-located campus. These foundations in research provide our patients with access to early and more effective treatments, as well as contributing to the teaching and training of the next generation of doctors.

Crucial to the success of research is collaboration with academic partners, charitable funding bodies, voluntary sector, government bodies and industry. Last year approximately 400 new research projects were funded, attracting over £37 million from external bodies, including over £6 million from the Wellcome Trust, £6 million from the Medical Research Council and £5 million from the British Heart Foundation. During the year our staff contributed to over 950 peer-reviewed publications.

Cancer

UCLH is a leading contributor to major trials investigating new treatments for cancer. A new consultant appointment has helped increase Phase I trial activity. The research programme is investigating common and some rare cancers. There are research programmes in the design and investigation of DNA-interactive anti-cancer drugs, clinical trials, radiation therapy, tumour biology and targeted cancer therapy.

Cardiovascular Disease, Stroke Prevention and Treatment

Stroke is an emerging area of considerable research interest. The nationally-important research programme is linked directly with two recent service developments at the National Hospital for Neurology and Neurosurgery – the One Stop Stroke Assessment Clinic and the Acute Brain Injury Unit – and the

appointment of a Professorial Chair in Stroke Medicine. The main emphases are on the prevention and acute treatment of stroke and, on methods of preventing the recurrence of stroke caused by vascular disease. To develop this area of research a clinical stroke trials office has been set up. In addition a systematic study of stroke in patients with sickle cell disease is being undertaken with Great Ormond Street Hospital.

Ageing

The ageing process and diseases associated with it continue to form an important part of the research programme at UCLH. Dementia research attracted £3.5 million in grant funding during the year, particularly for research on Alzheimer's disease, the major cause of dementia world-wide. Research looks at developing and validating diagnostic techniques for dementia, using the latest imaging techniques to identify areas of tissue loss in the brain. The research will enable early diagnosis of Alzheimer's Disease and assist in the assessment of new treatments.



UCLH is a **leading contributor** to major trials investigating new **treatments** for **cancer**



Charitable support

The Trustees for University College London Hospitals NHS Trust is an independent body set up in February 2000, under the NHS & Community Care Act 1990. It was formed to manage the endowment funds of the National Hospital for Neurology and Neurosurgery and the Eastman Dental Hospital as well as funds formerly managed by the Special Trustees for The Middlesex and University College Hospitals.

The main objective of the Trustees is to apply funds for any charitable purpose relating to hospital services, including research, or any part of the health service associated with our hospitals.

The Trustees have made a significant contribution to improving facilities and the welfare of patients and staff. Recent grants have been made for:

- developing cardiac services
- upgrading research laboratories
- buying new radiotherapy equipment
- leasing a PET scanner
- refurbishing our chapels
- buying equipment for the teaching of fibre-optic incubation

- medical equipment for the National Hospital for Neurology and Neurosurgery
- furniture and equipment for the Accident and Emergency department
- buying a new linear accelerator for the treatment of cancer
- relocating the Hospital for Tropical Diseases.

The Trustees also support events which improve staff welfare and morale, such as the annual nurses' ball and awards for long-servers. Trustees' funding has been indispensable for the hospitals' development.

Volunteers and Friends

Volunteers are the lifeblood of our hospitals and voluntary services have been running for over 30 years. We currently have 210 volunteers, with just under half living locally. 24 volunteers recently received long service awards totalling 295 years service between them.

Volunteers improve the quality of life for patients while they are in hospital. Help might include writing letters, change for telephones, shopping, arranging and maintaining flowers on wards, and

providing an extensive library service. Their skills extend to unisex hairdressing and manicure (great morale boosters for in-patients), a hospital radio service, reflexology; aromatherapy & Reiki healing, massage and Alexander Technique.

Volunteers provide a valuable service much appreciated by staff and patients alike.

Closely associated with voluntary services are the Leagues of Friends, who support hospital staff and patients by providing grants for projects ranging from garden improvements to equipping the new Middlesex Hospital Adolescent Unit. They also provide specialist counselling for women with PMS and other menopausal problems. The Friends are also recognised for their canteen and trolley services, providing food and beverages. The Leagues work very closely with both Trust management and voluntary services to provide benefits for patients, relatives and staff across the Trust.

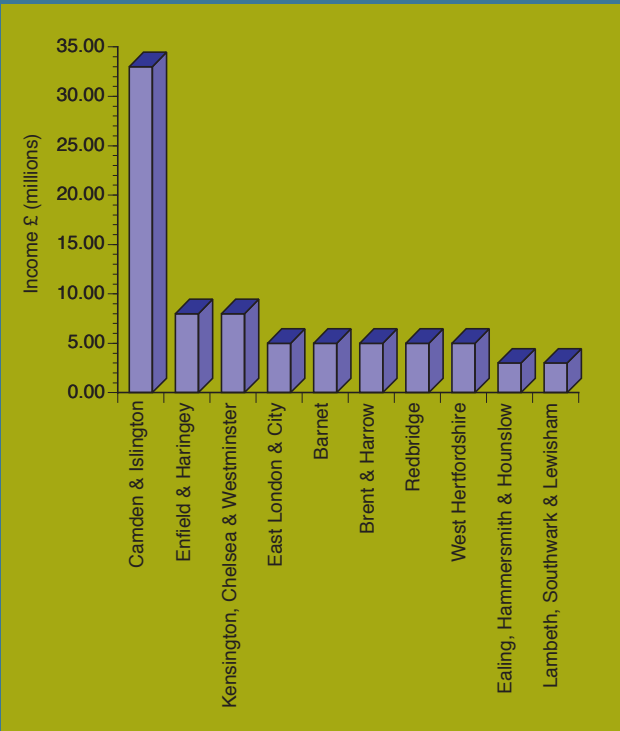
Volunteers improve the **quality of life** for patients while they are **in hospital**

The Trustees have made a **significant contribution** to **improving facilities** and **welfare** of patients and staff

Income & activity

Service agreement performance

- The Trust had 54 separate service agreements with health authorities throughout England and Wales, valued at £37m
- The graph below shows which main health authority areas our service agreement income came from.



Waiting List Targets

Waiting times for outpatient appointments fell sharply during the year. The number of patients waiting more than 13 weeks for an appointment fell by more than 1,000, ending the year at 2,068. This contrasts very well with the position at other Trusts in London. An increase in admissions also meant that the number of patients waiting for admission fell from 5,900 to 5,800. Ours was the only trust in the Camden and Islington Health Authority district which managed to beat its target.

The Eastman Dental Hospital was particularly successful in reducing the number of patients waiting

longer than 13 weeks for an appointment. The number waiting at the end of March was 488 (below the target of 510), compared with over 2,400 last autumn – a reduction of 80%.

Plans are already in place to build on our progress during the coming year. Nurse and therapy practitioner posts are to be introduced to improve access to Dermatology and Trauma & Orthopaedic outpatient clinics. At the same time, a five day ward which was introduced this year to meet increased need for beds in winter will be kept open throughout the year. This combination should ensure that patients have access to services as quickly as possible.

Finance

Introduction

The accounts for the year ended 31 March 2000 have been prepared by the Trust under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of Treasury, directed.

For further information, the full Annual Accounts may be obtained on application to:
Chief Accountant, University College London Hospitals NHS Trust,
140 Hampstead Road,
London NW1 2BX

The Trust is also responsible for the preparation of the accounts of the UCL Hospitals NHS Charity. This comprises endowment funds for the National Hospital of Neurology and Neurosurgery and the Eastman Dental Hospital. The Charity accounts have been prepared in accordance with the Charities Commission Statement of Recommended Practice "Accounting by Charities" which meets the requirements of standard accounting practices and policies for the NHS, approved by the Secretary of State.

In addition the Trust is the lead body for The City & East London Education Consortium (CELEC), which is responsible for the provision of nurse training in the area. UCLH are accountable to consortium members for the day to day operations, although accountability for the effective use of the consortium funds resides equally across all NHS members of the consortium. CELEC accounts for £30.158m of the Trust's income and expenditure.

Operating and Financial Review

The Trust continued to work hard towards achieving its financial duties in a complex environment. Details are given in 1-5 below:

1) Break Even Performance

The Trust is required to ensure that its income is sufficient to meet its expenditure, taking one year with another, within a 0.5% materiality limit. Over the last 3 years the Trust has achieved the following results:

	1997/1998 £000	1998/1999 £000	1999/2000 £000
Turnover	213,198	255,369	277,879
Retained (deficit)/surplus for the year	(649)	(3,846)	(4,992)
Adjustment for prior period			1,419
Break-even cumulative position	(649)	(4,495)	(8,068)
Break-even percentage	(0.30%)	(1.76%)	(2.90%)

The Trust ended the financial year with a deficit of £4.992m, contributing to a cumulative deficit of £8.068m.

The Trust's agreed financial target was a year end deficit of £4.7m. Against a turnover of £278m, the Trust was 0.1% adrift.

The Trust is working closely with the NHS Executive Regional Office and host Health Authority to agree a package of measures to meet the requirements of the breakeven duty over a 5 year time frame. The agreement is based on achieving in year financial balance in 2000/01 and later recovery of the accumulated deficit.

Total Trust income increased by £23m to £278m, an increase of 8.3% overall. The main increases in income were health authorities and primary care groups £2.5m, impairment income £5.1m (a technical adjustment), Department of Health £4.5m, private patient income £1.0m, education training and research £5.3m and other income £2.7m.

Operating Expenditure increased by £22m to £272m, an increase of 9.0%. The main reasons for this are as follows:

- Staff costs increased by £11m. The main increases were in clinical staff areas. Included in this increase is a £1.3m estimated cost of implementing the EU Working Time Directive.
- Clinical supplies and services costs increased by £8.1m due mainly to drugs and medical gases expenditure increasing by £6.3m.
- Impairment of fixed assets charge of £5.063m (representing a decrease in asset values).

2) Capital Cost Absorption

The Trust is required to absorb the cost of capital at the rate of 6% of average relevant assets. The rate is calculated as the percentage that interest is paid on government borrowing plus dividends paid on Public Dividend Capital, totalling £10.813m, bears to average net relevant assets of £177.52m, which is 6.1%. The variance from 6% is within the NHS Executive's range of 5.5% to 6.5%.

3) External Financing Limit

The Trust is given an EFL, by the NHS Executive, which it is permitted to undershoot. The Trust matched the target of £6.319m exactly for the 1999/2000 financial year.

4) Compliance Statement on NHS Managers' Pay/Management Costs

The Trust was required, within the overall cash envelope for management costs, to take all practical steps to ensure that the cost of individual pay rises for Board and senior managers within the organisation was limited to a maximum of 3.2% in-year effect for 1999/2000.

The Trust complied with this requirement, with an in-year effect of 3.2% for Senior Manager pay awards.

MANAGEMENT COSTS	1998/1999 £000	1999/2000 £000
Management costs	11,288	11,797
Income	247,363	228,436

The Trusts income figure of £247,363k excludes NMET income of £30,158k.

5) Public Sector Payment Policy

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the Confederation of British Industries (CBI) prompt payment code and Government accounting rules. This aims to pay all non-NHS trade creditors within 30 days of the receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

The Trust has arranged terms to pay non-NHS trade creditors within 50 days of the receipt of the goods or a valid invoice (whichever is later). This will revert to 30 days in the new financial year.

PROMPT PAYMENT CODE - MEASURE OF COMPLIANCE

	Number	1998/1999 £000	£000
Total bills paid 1999/2000	72,715	77,314	64,426
Total bills paid within target (50 days)	53,848	60,622	45,515
Percentage of bills paid within target	74.05%	78.41%	70.65%

6) Capital Programme

The Trust spent a total of £7.3m on its capital programme, of which £1.9m was funded by donations.

This included £1.3m on a new laboratory to research CJD, £500k invested in information technology, and £1.9m on medical equipment.

7) Future Developments

The Trust is working with the Health Authority and NHS Executive Regional Office to meet the challenge represented by the break even requirements. Closely linked to achieving this is the success of the Private Finance Initiative project, which was approved by the Secretary of State on 12 July 2000.

The scheme is to run and build a new hospital, opening in phases in 2005 and 2008 respectively. The existing managed services for support services, and associated staff will transfer to B&P Ltd within 3 to 6 months of the legal completion of the documentation.

In the first year of the project the Trust will purchase land and buildings from the St Martin's Estate, in order to provide the site. The buildings will be demolished to begin the development of the new hospital and will result in a substantial write off to the Income & Expenditure Account (£14.4m). Approval from the NHS Executive Regional Office has been received for this.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2000

	1998/1999 £000	£000
Income from activities:		
Continuing operations	168,244	155,290
Other operating income	109,635	101,498
Operating expenses:		
Continuing operations	(272,310)	(249,813)
OPERATING SURPLUS (DEFICIT)		
Continuing operations	5,569	6,975
Profit (loss) on disposal of fixed assets	(15)	140
SURPLUS (DEFICIT) BEFORE INTEREST	5,554	7,115
Interest receivable	267	351
Interest payable	(2,327)	(5,738)
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	3,494	1,728
Public Dividend Capital dividends payable	(8,486)	(4,155)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(4,992)	(2,427)

BALANCE SHEET AS AT 31 MARCH 2000

	£000	31 March 99 £000	£000
TANGIBLE FIXED ASSETS		294,945	201,843
Current Assets			
Stocks and work in progress	5,683		4,855
Debtors: Amounts falling due:			
after one year	10,147		0
within one year	19,537		20,477
Cash at bank and in hand	0		0
		35,367	25,332
CREDITORS: Amounts falling due within one year		(35,100)	(39,555)
NET CURRENT ASSETS (LIABILITIES)		267	(14,223)
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>295,212</u>	<u>187,620</u>
CREDITORS: Amounts falling due after more than one year		(12,447)	(57,864)
PROVISIONS FOR LIABILITIES AND CHARGES		(8,002)	(2,652)
TOTAL ASSETS EMPLOYED		<u>274,763</u>	<u>127,104</u>
FINANCED BY:			
CAPITAL AND RESERVES			
Public dividend capital	146,862		85,051
Revaluation reserve	117,728		29,092
Donation reserve	15,840		13,636
Other reserves	4,073		4,073
Income and expenditure reserve	(9,740)		(4,748)
TOTAL CAPITAL AND RESERVES		<u>274,763</u>	<u>127,104</u>

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2000

	£000	1998/99 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	14,328	15,343
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	267	351
Interest paid	(2,327)	(5,789)
Net cash inflow (outflow) from returns on investments and servicing of finance	(2,060)	(5,438)
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(12,252)	(11,258)
Receipts from sale of tangible fixed assets	0	225
Net cash inflow (outflow) from capital expenditure	(12,252)	(11,033)
DIVIDENDS PAID	(8,486)	(4,155)
Net cash inflow (outflow) before management of liquid resources and financing	(8,470)	(5,283)
MANAGEMENT OF LIQUID RESOURCES		
Net cash inflow(outflow) from management of liquid resources	0	0
Net cash inflow(outflow) before financing	(8,470)	(5,283)
FINANCING		
Public dividend capital received	6,319	11,567
Government loans repaid long-term	0	(14,254)
Other capital receipts	2,151	6,915
Net cash inflow (outflow) from financing	8,470	4,228
Increase (decrease) in cash	0	(1,055)

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2000

	1998/99 £000	£000
Surplus (deficit) for the financial year before dividend payments	3,494	1,728
Fixed asset impairment losses	(12,005)	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	101,872	19,210
Increase in the donation reserve due to receipt of donated assets	1,930	5,743
Reduction in the donation reserve due to depreciation, impairment (loss of economic benefits), and/or disposal of donated assets	(957)	(832)
Total recognised gains and losses for the financial year	94,334	25,849
Prior period adjustment	1,419	0
Total gains and losses recognised in the financial year	95,753	25,849

DIRECTORS' REMUNERATION:

	Remuneration as Director £000	Other Remuneration £000	Total £000	1998/99 £000
Non-executive directors' remuneration	48	0	48	39
Executive directors' remuneration:				
• basic salaries	503	108	611	406
• benefits	0	0	0	0
• performance related bonuses	0	0	0	0
• pension contributions paid	17	4	21	16
	568	112	680	461
Compensations for loss of office	0	0	0	25
Pensions for directors and former directors (other than from NHS pension scheme)	0	0	0	387
	568	112	680	873

DIRECTORS' REMUNERATION: (continued)

The remuneration of the Chairman, Chief Executive, and (where the Chief Executive is not the highest paid director), the highest paid director are as follows:

	Remuneration as Director £000	Other Remuneration £000	Total £000	1998/99 £000
Chairman				
basic remuneration	20	0	20	19
benefits	0	0	0	0
	20	0	20	19
Chief Executive				
basic salary	121	0	121	108
benefits	0	0	0	0
performance related bonuses	0	0	0	0
Subtotal	121	0	121	108
Pension contributions	5	0	5	5
	126	0	126	113
Highest paid director*				
basic salary	48	108	156	152
benefits	0	0	0	0
performance related bonuses	0	0	0	0
Subtotal	48	108	156	152
Pension contributions	2	4	6	6
	50	112	162	158

* Where chief executive is not the highest paid member

	Number	£000	1998/99 Number	1998/99 £000
Directors' remuneration waived	0	0	0	0
Allowances paid in lieu of remuneration	0	0	0	0

Directors' remuneration (excluding pension contributions) fell within the following ranges:

	Number	1998/99
£0-£5,000	1	5
£5,001 - £10,000	3	0
£10,001 - £15,000	1	0
£15,001 - £20,000	1	1
£20,001 - £25,000	1	0
£25,001 - £30,000	0	1
£30,001 - £35,000	1	1
£35,001 - £40,000	0	2
£40,001 - £45,000	1	0
£45,001 - £50,000	2	1
	<u>11</u>	<u>11</u>

The Trust Board delegated the Finance Director's responsibilities to Norwich Systems & Accounting (NSA) Ltd. In 1998/99 until 10/09/99 NSA assigned one of its senior consultants to undertake the role.

The responsibilities were discharged at a total cost in 1999/2000 of £74,496.

Acting Chief Executive

Finance Director

Controls Assurance Statement

The Board acknowledges and accepts its responsibility for maintaining a sound system of internal control including risk management.

As part of the NHS Controls Assurance Project, I as Chief Executive confirm that for the year ending 31 March 2000, and in accordance with NHS Executive circular HSC 1999/123 and supporting guidance, the Board has reviewed and endorsed an action plan resulting from an organisation-wide self-assessment against relevant risk management and organisational control standards produced by the NHS Executive. The Board will oversee implementation of the action plan.

By order of the Board

Date 31 August 2000

Acting Chief Executive

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Auditors' Report on the Summary Financial Statements

We have audited the summary financial statements set out below on pages 21 to 24 which have been prepared by the trust and signed as approved by the Chief Executive and Finance Director. Our audit comprised a comparison of the statements with the full financial statements and an assessment of the presentation.

In our opinion these schedules are consistent with the statutory financial statements of the trust for the year ended 31 March 2000 on which we have issued an unqualified opinion.

Date 31 August 2000

Signature Joanne Lesbirel

Joanne Lesbirel
District Audit
4th Floor, Millbank Tower, Millbank
London W1P 4QP

Summarised Statement of Directors' Responsibility in Respect of Internal Financial Control

The Chief Executive as Accountable Officer, together with the other directors, has a responsibility for ensuring that there is an appropriate* system of internal financial control within the organisation. They also have a responsibility to review the organisation's system of internal financial control as required in HSC(97)17.

In carrying out the review, as set out in EL(97)55, the directors are required to confirm:

that the organisation has an appropriate system of internal financial control; and that the "minimum control standards" laid down by the NHS Executive (available with the full accounts) have been in existence within the organisation throughout the financial year.

The directors confirm that they have undertaken the review and the above requirements have been met.

The auditors' report on the full internal financial control statement is attached.

By order of the Board

Date 31 August 2000

Acting Chief Executive



* Appropriate is defined in EL(97)55 as "fit for the purpose for which they were intended".

Report By Auditors To UCLH NHS Trust On Internal Financial Control

In addition to our audit work on the financial statements, we have reviewed the statement of directors' responsibilities in respect of internal financial control in compliance with the NHS Executive's directions set out in EL(97)55.

We carried out our review in accordance with the approach set out in the Audit Commission's Technical Release 37/97 relating to internal financial control. This does not require us to perform the additional work necessary to, and we do not, express any opinion on the effectiveness of the Trust's system of internal financial control.

Our review was not performed for any purpose connected with any specific transaction and should not be relied upon for any such purpose.

With respect to the directors' statement on internal financial control on page 25, in our opinion the directors have provided the disclosures required by EL(97)55 and the statement is not inconsistent with the information of which we are aware from our audit carried out under the Code of Audit Practice.

Date 31 August 2000

Signature 

Joanne Lesbirel
District Audit
4th Floor, Millbank Tower, Millbank
London W1P 4QP

The Trust Board

The Trust Board oversees the running and future direction of the Trust. It is led by the Chairman, who is appointed by the Secretary of State for Health to ensure that the Trust fulfils all its responsibilities.

The Chief Executive leads the day-to-day running of the Trust with his team of executive directors.

The Board has up to five non-executive directors who live in the area and help the Trust build strong links with local people interested in health services. Their role is to ensure that the Trust meets its commitments to patients by monitoring its performance in key areas such as complaints, waiting times and other targets set out in the Patients' Charter.

The Trust is committed to openness and transparency. Board meetings are held in public (outside working hours) every two months, with agendas and papers distributed in advance to the Community Health Council (CHC), local libraries and the press.

The names of the Trust Board members are published in this report, with a declaration of their relevant interests.



Professor Sir Ronald Mason[§]

Sir Ronald was appointed as Chair of the Trust Board in 1996. After many years working in national and international universities, he was made a Fellow of the Royal Society (1975), and was seconded to the Ministry of Defence two years later as Chief Scientific Advisor. Thereafter, he chaired a number of high technology companies, represented the UK on disarmament and arms control issues in the United Nations and acted as advisor on technology issues to the Home Office and the Department of Trade and Industry. Sir Ronald was President of the Institute of Materials in 1996 and was elected an Honorary Fellow of the Institute of Mechanical Engineers in 1997.

- *Consultant / Shareholder, Science Applications Ltd*
- *Trustee, Special Trustees, UCL Hospitals*
- *Trustee, Stoke Mandeville Burns & Reconstructive Surgery Trust (Research Appeal)*
- *Chairman, EPL Holdings plc*



Philip Brading^{*§}

Philip Brading is deputy chairman of the Trust Board and chairman of the Trust's Audit Committee. He spent over twenty years in the City and for the last ten years was a director of Hill Samuel Bank. While in the City he was involved in most forms of corporate and public sector finance. He now runs a specialist panel products manufacturing business. He was a member of Haringey Health Authority for a decade.

- *Chairman, Neat Concepts Ltd*

^{*} Member of Audit Committee

[§] Member of Remuneration Committee

Non-Executive Directors:

Professor Robert Souhami

Professor Souhami is the Principal of the Royal Free and University College Medical School. Until April 1997 he was the Kathleen Ferrier Professor of Cancer Medicine at University College London Medical School. Before that he was a consultant physician at UCH and senior lecturer in medical oncology.

His main interests have been in the field of lung cancer and he has been one of the directors of the London Lung Cancer Group for 20 years. His other field of activity is in adolescent cancer, especially primary bone cancer.

- *Scientific Advisor, Celltech plc*
- *Consultant, Biotechnology Investments Ltd.*
- *Member of Scientific Advisory Committee, Cancer Research Campaign*
- *Member of Scientific Advisory Committee, Imperial Cancer Research Fund*
- *Member of Scientific Advisory Committee, Institute of Cancer Research*



Maggie Cosin^{*§}

Maggie Cosin is a Councillor and was Deputy Leader of Camden Council. She Chairs a partnership in Highgate Ward as well as sitting on the Finance Committee, the Housing Committee and the Equalities Committee of Camden Council. She is a Political Researcher for a Minister and a Magistrate on the South Westminster Bench. She is also a member of the Labour Party's National Policy Forum.



Anne Page^{*§}

Anne Page is Chief Executive of the London Research Centre - a major provider of data, information, research and analysis about urban affairs and local government in general, and London in particular.

Ms Page was founder-chair of Urbandata, a European network of urban research centres. She chairs the London Awards Committee of the National Lottery Charities Board. She is a member of the Statistics Users' Council; and a director on the Court of Governors of the London School of Economics.

- *Director, London School of Economics*
- *Chair, London Awards Committee, National Lottery Charities Board*
- *Member of the Council, Court of Governors, London School of Economics*



Dilara Kler

Dilara Kler is Head of Special Educational Needs in the Slough Education Department and has worked in education and health for the Boroughs of Camden, Westminster and Lambeth for ten years. In addition to her job she is a school governor and the Vice-Chair of "Hopscotch", a charity supporting Asians in Camden.



Executive Directors



Dr Peter Reading

Peter Reading was Chief Executive during the period of this report. He left the Trust on 19 May 2000. Peter Reading became Chief Executive of UCL Hospitals in July 1998, prior to which he was Chief Executive of Lewisham & Guy's Mental Health NHS Trust and Chair of the national Inner City Mental Health Trusts Group.



Louise Boden

Louise Boden is the Trust's Chief Nurse and Director of Quality. She joined the NHS in 1969, training as a nurse at the United Sheffield Hospitals. After midwifery, Louise undertook specialist oncology training, then worked as a surgical ward sister before moving into nursing management. She joined University College and The Middlesex Hospital as Director of Nursing in April 1993, was appointed as the Trust's Chief Nurse & Director of Quality in 1994 and is currently the Vice Chair of the CELEC Education & Training Consortia. In addition to her leadership role with nurses and midwives, she is now at the forefront of the Trust's clinical governance and risk management programmes.

- Governor, National Society for Epilepsy



Helen Chalmers

Helen Chalmers became Finance Director in September 1999. She qualified as a Chartered Accountant with Ernst and Young in Australia. Helen has experience of a wide range of NHS organisations, having worked at Islington Health Authority, North West Thames Regional Health Authority and Sussex Ambulance Service. Prior to joining UCLH she was Director of Finance and Business Planning at the London Ambulance Service.

- Honorary Treasurer, Healthcare Financial Management Association
- Member of Transitional Branch Executive,
- Member of CIPfA Health Panel
- Member of National Health Service Litigation Authority Policy Advisory Group

David Wragg

David Wragg was Director of Finance until September 1999

- Manager, Norwich Systems and Accounting (NSA) Ltd.
- Shareholder in NSA Ltd
- Partner works for UCL Hospitals



Professor Anthony Goldstone

Professor Goldstone has been Medical Director of the Trust for seven years. He has been a consultant for over 23 years and set up the Bone Marrow Transplant Unit at UCH which he has directed since its inception. In recent years he has been Clinical Director of both Clinical Haematology and Cancer Services. His main clinical interests are in dose escalated therapy with transplantation for leukaemias, lymphomas and myelomas. He is currently President of both the British Society for Blood and Bone Marrow Transplantation and the British Society for Haematology. He has recently been awarded a personal chair in Haematology at University College London.

- Gives lectures & chairs academic meetings on behalf of Pharmaceutical Companies
- Medical Advisor to CHAI Lifeline – cancer charity
- Meets with Pharmaceutical Companies to discuss research projects
- Shareholder, Cambridge Antibody Technologies
- Scientific Advisor to Wyeth Pharmaceuticals
- Medical Advisor to BUPA and PPP on cancer



Peter Burroughs

Peter Burroughs became the Development Director for the New Hospital in July 1998. He has worked in the NHS for 38 years, 17 of these as a finance director in three major London teaching hospitals. He came to University College / Middlesex Hospitals in 1992, as Director of Finance, and has overseen the new hospital development. He is also the financial advisor to UCL Hospitals charities, which provide substantial benefits to patients and staff.

- Treasurer, University College London Hospitals Charities

Associate Directors



Tonia Ramsden

Acting Chief Executive since May 2000
Director of Medical, Cancer & Womens' Health Services



Ron Calvert

Director of Surgical & Specialist Services



Helen Gordon

Director of Human Resources Management



Prof Allyson Pollock

Director of Research & Development



Dr Clare Fowler

Deputy Medical Director



Dr Mike Shipley

Deputy Medical Director



For more information or additional copies of this report contact:

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Vezey Strong Wing, 112 Hampstead Road, London NW1 2LT
Tel: 020-7380-9897 <http://www.uclh.org/>

