

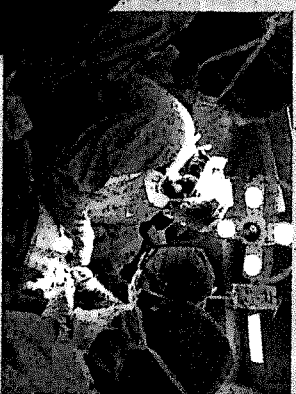
West Middlesex University Hospital



NHS Trust

Corporate Affairs

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Annual Report 2002 -- 2003

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Vision, guiding principles and core values

Our vision is:

- *To be a first class hospital for local people*

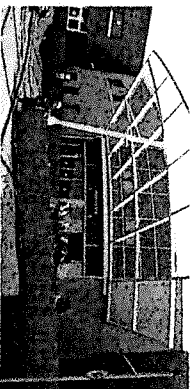
Our guiding principles are:

- *Timely patient care that meets individual needs*
- *Services planned around the patient, in partnership with other organisations*
- *Well-being, recognition and career development for staff*
- *Continuous improvement of services and the environment*

Our core values are:

- *Respect and dignity for all*
- *Involvement of patients in all we do*
- *Openness, honesty and responsiveness*
- *Pride in what we do*

Review of the year



2002/2003 was a highly significant year for West Middlesex Hospital, bringing many successes despite huge pressures on our service, ongoing change in our working environment and preparing for the move to our new hospital building.

This annual report aims to provide a full account of our progress and efforts to achieve our vision to be a first class hospital for local people. In this we are focusing on the quality of patient care, improving the environment for patients and staff, working effectively with our partners in healthcare,

meeting our performance targets and supporting the wellbeing and career aspirations of our staff. The most visible development has been the completion of the new main hospital building, comprising A&E, theatres, clinical imaging, outpatients, pharmacy, wards and critical care departments. After a period of intense work to prepare the building in the Spring, the building opened to patients in May. As well as housing some of the most up to date clinical technology in Europe, it has been designed to allow us to organise our services around patients and their needs. This is a big change from the past where our services were constrained by outmoded buildings that were no longer fit to provide modern day healthcare. This is reported in more detail on pages 14 to 17.

The new building also brings the opportunity to work more efficiently, with less waste and better use of our resources. At a time of immense financial pressure on the NHS this is vital in helping us to provide high quality care for all of our patients. The new hospital is designed to have the equivalent number of beds to previously but we continue to face peaks in demand where resources are stretched. Last year we opened extra beds to cope with this which has resulted in additional cost. We are now seeking to provide the increased bed numbers in the hospital.

We are delighted to report that despite these pressures, the Trust met its main targets, both financial and performance related. The latter include the reduction of waiting times for outpatient



"The new hospital building is a massive improvement for patients and staff"

Dr Raffi Kaprielian
Consultant cardiologist

appointments and planned operations. We were also the first London hospital to achieve the NHS target to treat and discharge or admit 90 per cent of patients from A&E within four hours.

The successes above are the most visible developments, the ones that hit the press. But throughout the Trust we have seen real progress this year. In the Department of Health league tables our performance has improved to a Two Star rating which is recognition of the huge steps we have made in improving patient care since the Commission for Health Improvement (CHI) review in the spring of 2002. We have achieved the top rating for both cleanliness and quality of food, we have won awards for our work in modernising planned care, and secured a second Charter Mark for excellence in our Sexual Health Clinic. We have also completed a reorganisation of how our services are managed. All of these successes are a reflection of the unceasing hard work of all of our staff without whom we could not have achieved any of this. We would like to thank them publicly for their continuing efforts and commitment. We would also like to express our gratitude to Julian Smith, who ably led the board as acting chairman prior to Sue Ellen's appointment.

Patients and the public have also played a role in our development this year. Across the hospital, from individual comments through to becoming involved in 'patient groups' working in specific areas or volunteering, the public provide both insight and resources which are of real value to our service. We are



now working on a more formalised plan for patient and public involvement and expect this to influence how we work over the coming year. Already, insight we have received from members of the public at regular public meetings and the AGM have led to changes in our approach, for example in parking arrangements. The results of the National Patients Survey have indicated that we have some way to go in communicating better with patients, providing adequate information on their treatment and in winning their confidence in our service. This is a priority for the coming year.

We also recognise that we face challenging times for the foreseeable future and there are inevitably teething problems with the new building, just as there are when you move to a new house. But also we are now undergoing the refurbishment of our existing buildings with all of the inconvenience that this causes. We ask all of our patients and visitors to bear with us through this time and to respect the enormous efforts being made by staff to sustain the quality of care that we all expect from the NHS.

Gail Wannell
Gail Wannell, chief executive

Sue Ellen
Sue Ellen, chairman



A better patient experience



A key element in improving the patient experience is the reduction of time that patients wait in A&E, for outpatient appointments and for planned operations.

West Middlesex was the first hospital in London to meet the Government's A&E target for seeing, treating and either discharging or admitting 90 percent of patients arriving in A&E within four hours. In working towards this, all aspects of emergency admission, transfer and discharge were reviewed and new initiatives piloted, such as introducing an additional doctor and closer working between A&E staff and community teams to speed up the discharge process. The joint working between our staff and the health community has enabled us to reach this ambitious target in A&E. It represents significant progress from twelve months ago.

Maximum waits for outpatient appointments were cut to 13 weeks by the end of March 2003 (compared to 21 weeks for the same period last year). Planned operations are now all undertaken within the target 12 months (compared to the 2001/2002 figure of 15 months) and in fact we exceeded this by treating patients within nine months by the end of March. While we would like waiting times to be shorter still, this requires investment in new staff and resources, which will take time to secure. Urgent appointments and operations are given priority and waits are considerably shorter.

experience

We have recently completed a £1.2 million refurbishment programme in the maternity unit. It has significantly improved the physical environment in the department with an emphasis on creating comfortable and calming surroundings for mothers within a family friendly environment. For example there is a new dining area where women can go with their families. There is also a more spacious day assessment unit, improved staff facilities and a new high dependency unit for mothers needing more specialist care. Patients and staff were consulted in planning the project to ensure that the finished unit offers a modern and high quality service and an improved working environment for staff. Work will begin next year on the second phase of the modernisation. This involves linking the maternity

I am absolutely delighted with what we have achieved in the maternity unit - a physical environment that matches the excellent quality of service patients already receive at this hospital."

Tonie Neville

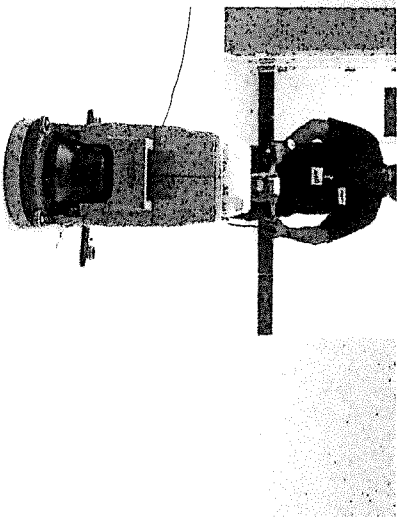
Associate director of midwifery



unit with the gynaecology and antenatal clinics to create an integrated women's unit at the hospital. This work will be completed by summer 2004.

The cleanliness of the hospital is a vital element in the quality of service we provide to patients. Quite rightly this is a closely monitored measure of our performance and we have maintained our 'green light' status, reflecting the progress we have made in this area. It is particularly pleasing in view of our aged buildings, which are very difficult to maintain and keep clean.

Hospital food is also a topic that attracts much attention, and has been a problem in many hospitals in the past. In the most recent inspection by the Government's Patient Environment Action Team, our status improved to 'green light' for the first time. We continue to focus on the quality of food with the intention of maintaining our performance at this top level.



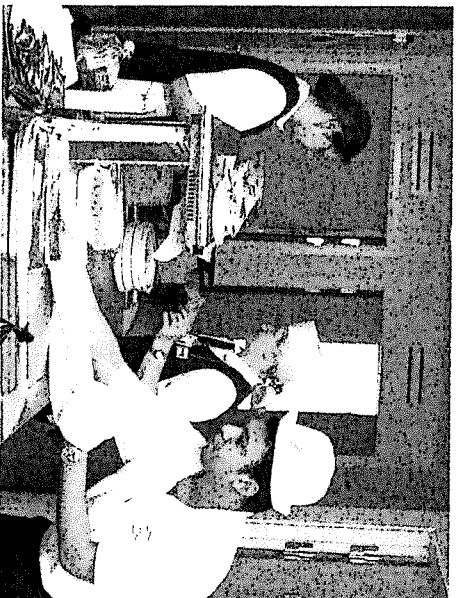
Complaints have directly influenced the following initiatives.

The use of anonymised complaints as case studies in staff training exercises

A steering group to help develop our communication with patients who are dying and with bereaved relatives. The group includes relatives who have previously complained to the Trust

Review of disabled parking

Review and restructure of nursing teams to ensure that we have the right mix of specialist skills for dealing with patients suffering with dementia, Alzheimer's and Parkinson's disease
 Improved procedures and guidance for patients on looking after personal property



The comments, suggestions and complaints we receive provide invaluable insight. We are conscious that patients, relatives and carers view our services from a different angle and sometimes see things we have overlooked. We use this feedback to improve the service we provide. The number of written complaints received by the Trust in 2002/2003 decreased by 24% compared with the previous year. There are several reasons for this, including:

- significant improvements achieved in A&E;
- the establishment of the Patient Advice and Liaison Service (PALS) and its success in helping to resolve patient/relative concerns 'on the spot'.

Complaints 2002 - 2003

Total new complaints received	296
Complaints resolved by local resolution	286
Number of requests for Independent Review	10
Number requiring further action for local resolution	2
Review Panels established	4
Review Panels refused	2
Outstanding Independent Review requests	2
Complaints answered within target timescale	77%



Although there was a reduction in the number of complaints received during the year 2002/2003, the early indicators for 2003/2004 suggest that the number of complaints is likely to increase. Although the opening of the new hospital has provided an excellent new environment and has enabled us to adopt a more patient-centred approach to our work, the move to new surroundings has proved very challenging for patients and staff alike. This is reflected in the number and nature of complaints received in the first quarter of the new financial year. The Trust's performance in responding to formal complaints within national guidelines improved significantly in the year from 58% to 77%. The successful recruitment of new complaints staff in November 2002 contributed to this achievement. We are aiming to build on this success and expect this figure to improve in the current year.

With the substantial changes to services and the site layout over the past year, provision of up to date information for patients has been a priority. In recent months our admissions information has been completely revamped, as has the Trust website (www.west-middlesex-hospital.nhs.uk) which has a wide range of information online.



Improving patient care

In parallel with the more visible developments in the patient environment, we continue to make significant steps forward in the scope and quality of clinical services at the hospital. These range from the application of new technology, to working in different ways that result in improved clinical outcomes for patients. Some of our major developments are described below.

Phase three of the Cancer Services Collaborative (CSC) improvement programme is now underway. This programme is a national scheme introduced to reduce waiting times and provide a greater choice of services for cancer patients. The Trust is focusing on six project areas, which support the requirements of the NHS Cancer Plan to improve the overall patient experience. The programme looks in detail at the lymphoma care pathway, local solid tumor chemotherapy and radiology services as well as:

reducing waiting times for treatment of haematuria (a urine condition) by developing a one stop clinic in Urology;

better management of follow-up appointments for breast cancer patients. This helps reduce the pressure on the breast clinic thereby enabling consultants to see new referrals quicker;

redefining the lung cancer care pathway allowing, in some cases, for an earlier diagnosis.

In March, the Trust successfully bid for funding from the CSC to recruit a cancer service improvement facilitator to help support and monitor progress of the projects. This is in addition to the appointment of a lead cancer nurse last July to develop the nursing contribution to cancer care and play a key role in the strategic development of cancer services at the Trust.

West London's cancer support and information centre, based on the West Middlesex site, celebrated a bumper year in 2002/2003. The Mulberry Centre not only celebrated its second anniversary, but was also named Isleworth charity of the year by the Mayor of Hounslow. Since it opened, the centre has provided over 3,000 counselling and complementary therapy sessions to cancer patients. Although an independent charity, all aspects of the centre's fundraising activity are overseen by the Trust.

The new hospital has been designed to allow a fundamental review of how care for patients is organised. The most significant change is the separation of care for emergency patients from routine or planned care. This helps to ensure that while emergency patients are seen quickly, it does not result in disruption or cancellation of treatment for non-urgent cases. The hospital's work in this area earned it the London Modernisation Board's top award for 'innovation in healthcare delivery' in recognition of the massive improvements made to the planned care service over the last year.



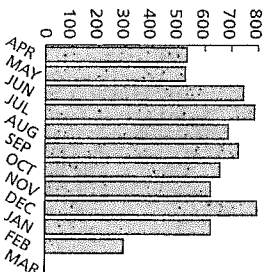
This project has already had a dramatic effect on reducing waiting lists and has greatly increased patient choice. Better use of the booking system means that patients can now arrange their appointments to fit in with their lives and not the other way round which has traditionally been the case.

A key change has been the creation of one-stop outpatient clinics in some specialties to reduce the number of times patients need to visit the hospital. In practice this means that a patient's assessment, diagnosis and treatment is carried out by a small team during one appointment, rather than in separate visits to a number of departments, which may prompt multiple visits to the hospital.

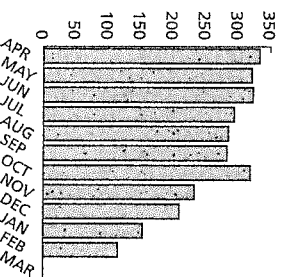
Running in parallel with this is the innovative approach taken to improve routine surgery. A single ward is designated as the Planned Care Unit and is used only by patients needing routine operations. The discharge date is agreed with the patient prior to admission, which has allowed forward bed planning for the first time. As a result, patients are given the freedom to choose a date for their operation that suits them and have the peace of mind of knowing that their operations are unlikely to be cancelled at the last minute. By November we had achieved this year's target of cancelling no more than 10% of routine operations at short notice. By the end of the year, very few patients had their operations cancelled on the day and those that did were all treated within 28 days assuming they were fit for surgery.

Waiting times

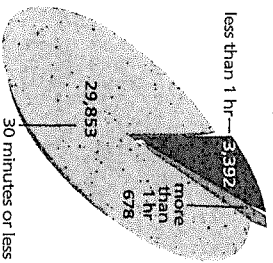
Outpatients waiting 13 to 21 weeks for first consultant appointment



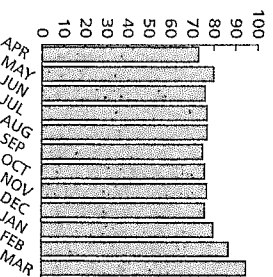
Inpatients waiting 9 months or less



Outpatients seen within 30 mins of appointment time



Percentage of patients seen within 4 hrs of arrival in A&E



The Sexual Health Clinic has won a second Charter Mark Award for the quality of its service. The clinic deals with a range of sexual health issues, including screening and treatment for sexually transmitted infections, contraceptive advice and HIV treatment and care.

The Charter Mark is awarded following assessment of standards across ten different criteria including users' involvement in reviewing and planning services; value for money; courtesy and helpfulness; information and openness; and customer satisfaction.



West Middlesex also holds a Charter Mark for its Maternity Service, which it has held for the past four years.

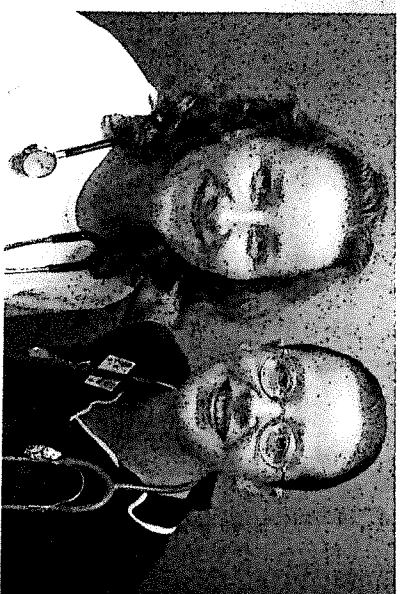
A new consultant cardiologist was appointed at West Middlesex in February 2003. His appointment supports major developments in cardiology. Over the year, Rapid Access Chest Pain Clinics, which provide a one-stop service for patients with suspected coronary heart disease, were established at the Trust. In addition, a new cardiac rehabilitation service was introduced at the start of the year. This service aims to reduce the risk of subsequent cardiac problems and promotes a return to a full and normal life for patients admitted with severe heart conditions.

The London Patient Choice Project has led to significant changes for patients requiring routine orthopaedic operations. The new dedicated NHS orthopaedic hospital at Ravenscourt Park provides an alternative place for operations, which in some cases might reduce waiting times.



Awarded for excellence

Looking after our staff



Having good employment and development practices in place ensures that we have the right people in the right place with the right skills delivering the right care to patients.

In 2002/2003 a new three-year strategy for nursing and midwifery was developed. The strategy, which aims to improve patient care, focuses on four main areas.

Recruitment and retention

Lifelong learning

Delivering high quality nursing and midwifery care

Research and development

The strategy forms part of a multi-disciplinary approach to workforce development and planning.

The hospital continues to actively recruit nursing staff. We have increased the number of experienced nurses to support new ways of working following the move into the new building. We are setting up a new fast track development programme to help address shortages at senior nursing levels. A new role of practice development nurse has been created to support senior nurses and to help junior staff develop their skills while 'at the bedside'. And our first nurse consultant - a new role combining clinical care with service development and consultancy - has been appointed in Rheumatology.

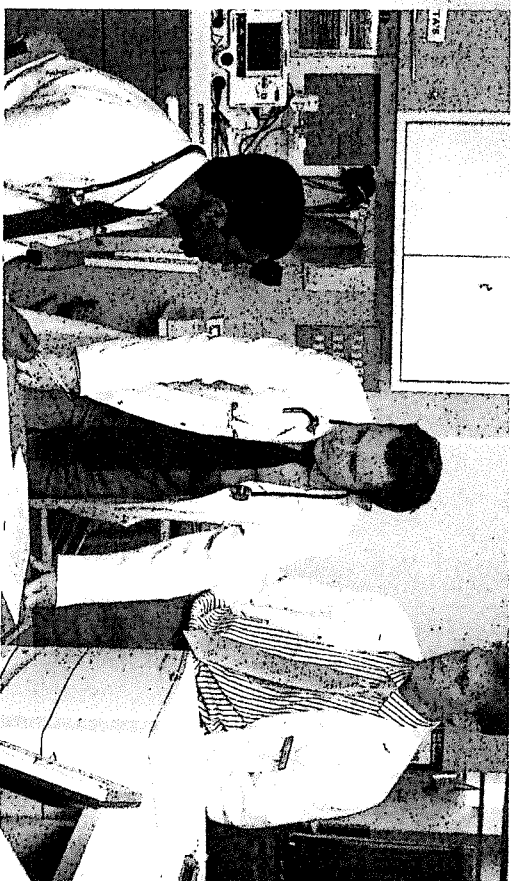
This year, the hospital has supported eight nurses studying for BSc degrees in nursing practice. 'Lessons' take place while providing patient care on the wards, under the supervision of a senior experienced nurse, which gives nurses the opportunity to apply their learning almost immediately. The feedback to date has been very positive and the Trust aims to encourage more nurses to take up this opportunity in the future.

In February 2003, the Trust achieved practice status in Improving Working Lives. This standard requires the Trust to show evidence of organisational action and cultural change that are making real improvements to the working lives of our staff. The Trust's flexible working arrangements and its counselling service were singled out for particular praise during the assessment.

The Trust is proud of the diversity of its staff and recognises the benefits of employing a workforce that reflects the local community. The Vital Connection: An Equalities Framework for the NHS, sets out strategic equality aims for the period 2000 - 2004. The Trust already exceeds the Vital Connection targets for the percentage of staff from minority ethnic groups and women in executive positions - 27% and 47% respectively (targets are 7% and 40% respectively).

Achievements over the year include establishing a Black and Minority Ethnic Network and the introduction of diversity training across the Trust. We also achieved the Employment Services Disability symbol - an initiative which aims to raise awareness of disabilities and encourage good practice in all areas of staff recruitment and development.





The New Deal is a Government initiative that aims to reduce the working hours of junior doctors in accordance with the requirements of the Working Time Directive. At present, 65% of our junior doctors work within the set hours, compared to 47% in March 2002. The Trust is continuing with its bid to achieve New Deal accreditation and has introduced various initiatives to increase compliance.

Our childcare support scheme has been significantly extended this year. The holiday playscheme now opens during half term with staff benefiting from a heavily subsidised daily rate and we have introduced vouchers to reduce the cost of childcare provision for staff with young families. The Trust is also tendering for an on-site nursery, which if successful, will be operational by late 2004.



Over 400 members of staff responded to this year's Staff Attitudes Survey. As a direct result, an action plan is being implemented to tackle some of the issues raised by staff in areas such as training and development, and working conditions.

We have also improved how we communicate internally following a review conducted last year. The Trust's intranet site has been completely revamped and new publications have been introduced to support internal communications at the Trust.

We continue to develop the skills of our staff to support improvements in patient care. This year we have reviewed and updated the corporate induction programme, and increased the number of staff receiving an annual appraisal (over 40% have been appraised this year, compared to 26% last year, and for consultants the figure was 80%). We also introduced new training courses, such as clerical based NVQs, for clinical and non-clinical members of staff.

We have a number of award schemes which recognise individual contributions made by staff, such as our Employee of the Month scheme, which rewards those



who have performed over and above what would normally be required of their role. We also have an award for our longest serving members of staff in recognition of their dedication and commitment to the hospital over the years.



Working in Partnership



Hounslow and Richmond & Twickenham Primary Care Trusts (PCTs) are the local commissioners of acute services - they identify the services needed by the community and where they would be best provided e.g. in hospital or a community setting. The Trust enjoys a close working relationship with these organisations and continually looks for new ways of strengthening this partnership.

Last year's appointment of a joint information management and technology (IM&T) director, led to the creation of a more integrated IT system across both organisations. Electronic communications took a massive step forward as a result, with notable outcomes including the development of electronic discharge letters, results reporting and direct booking from GP surgeries. This software greatly reduces the administrative burden for staff at the hospital and those based in the community. For patients it means less time waiting for appointments and more choice of when and by whom they are seen at the hospital.

The cancer service team reviews and develops cancer services with the PCTs as well as with other acute hospitals. There is regular communication between the organisations, particularly relating to urgent suspected cancer referrals, appropriateness of referrals and informing GPs within 24 hours of a cancer diagnosis.

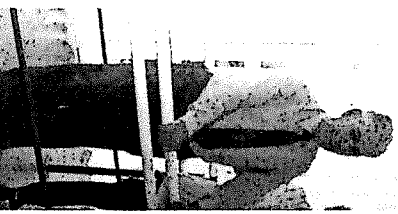
The Trust continues to work with the PCTs to link community and acute hospital care for elderly patients.

Based at the hospital, RADDATE (Rapid Assessment and Diagnosis and Treatment for the Elderly) works with patients aged over 65 to:

- provide nursing, therapy and care support to enable elderly patients to maintain their independence in their home environment;**
- prevent unnecessary hospital admissions;**
- keep the time spent in hospital to a minimum to prevent dependence on long term care.**

The RADDATE team is made up of a broad range of health professionals, including nurses, occupational therapists, physiotherapists, social workers and consultants, and is split into two strands - Community and A&E. The team deals with 80-90 referrals per month and has recently gained additional funding to recruit extra staff to cope with demand. RADDATE also works closely with external organisations, such as Home from Hospital, which is a rehabilitation support group set up by Age Concern.

On 6th April 2003, Ecoverte FM replaced Sodexo as the provider of all estates and hotel services at the Trust. This means that Ecoverte now manages all catering, cleaning, portering, transport, security, laundry and linen, car parks, upkeep of grounds and general maintenance. Many staff in these areas, who were previously employed by either the Trust or Sodexo,





have transferred to Ecover under the agreed legal basis for preserving staff terms and conditions (TUPE).

We are now working closely with Ecover to ensure that all of these services live up to our expectations for the new hospital. The company is contractually obliged to meet high standards and we monitor quality in all areas.

Pathology services for the Trust and local GPs were transferred to Hammersmith Hospitals NHS Trust in July 2002 following a formal tendering process at the conclusion of our five year contract with Quest Diagnostics. The new contract is a joint arrangement covering Ealing Hospital also, bringing an integrated service for pathology across West London. This is in line



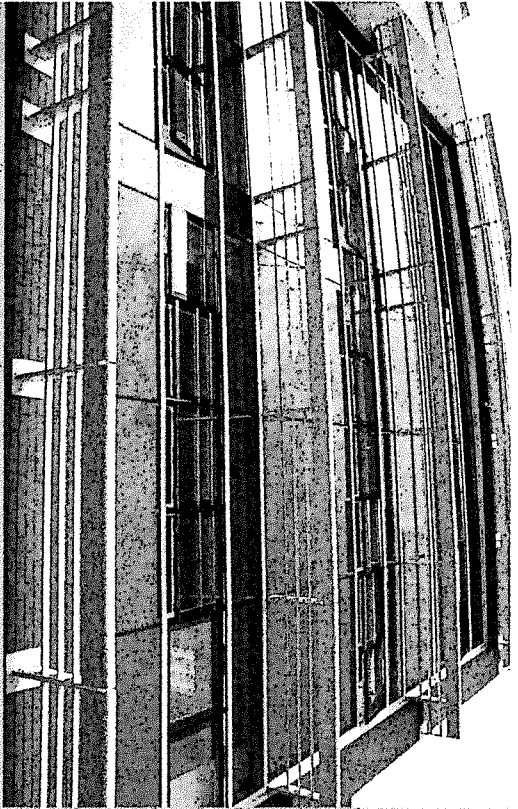
with the Royal College of Pathologists recommendations on the management of pathology services.

The transfer has represented a major change in how we work and has put additional pressure on the Hammersmith service. There have been a number of teething problems associated with difficulty in recruiting staff, IT links for reporting results and the sheer scale of the change in how the service is provided. While recognising the difficulties that this has caused for clinical staff, the majority of the problems have now been recognised and significant progress has been made in ensuring that the service meets the agreed specification. Our top priority is to ensure that patients receive the right treatment at the right time.

All three Trusts are committed to making the new arrangement work to ensure that the quality of patient care is not compromised. This will remain the subject of meticulous scrutiny until such time as all of the outstanding issues are resolved.

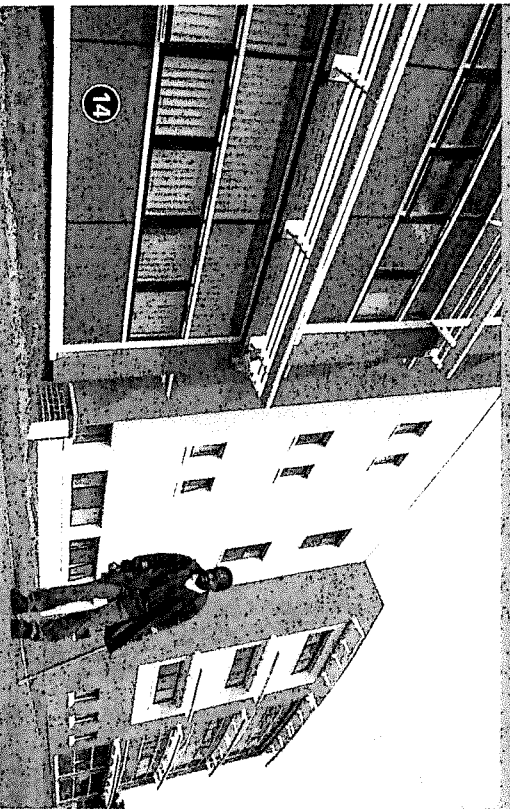
Our volunteers play an important part in the services provided by the Trust. Over the last year the number of volunteers has increased as has the range of volunteer roles within the Trust. For example, a new 'Hospital Welcomers Service' has been established to help visitors find their way round the new hospital building. We are very grateful for the contribution made by our volunteers and are always looking to attract new members to our team. For further details, please contact Karen Dobson, voluntary services manager, on 0208 321 5413.





“When I was walking through the new building I felt proud wearing my ID badge and really felt like I belong. The best bit though was overhearing two elderly women talking about the ‘lonely’ new hospital and how ‘it would almost be a pleasure to be sick in such a nice place.’”

Karrol Aldous
Obstetrics and gynaecology manager



21st Century hospital

In May 2003 the new building at West Middlesex Hospital opened to patients for the first time. Six years in the making, the completion of the new building marked a major milestone in the hospital's £62 million redevelopment, which will transform the hospital from an aged spread out site to a modern compact hospital with critical care at its core. The new hospital comprises A&E, critical care, outpatients, and wards and is home to one of the most advanced diagnostic imaging centres in Europe. Every aspect of the new hospital has been designed around the needs of the patient; from the artwork chosen for the walls to the colour coding of the outpatient departments which makes navigation around the hospital easier for patients and visitors. Work is currently underway on the refurbishment of our more modern existing buildings to bring them up to 21st century standards.

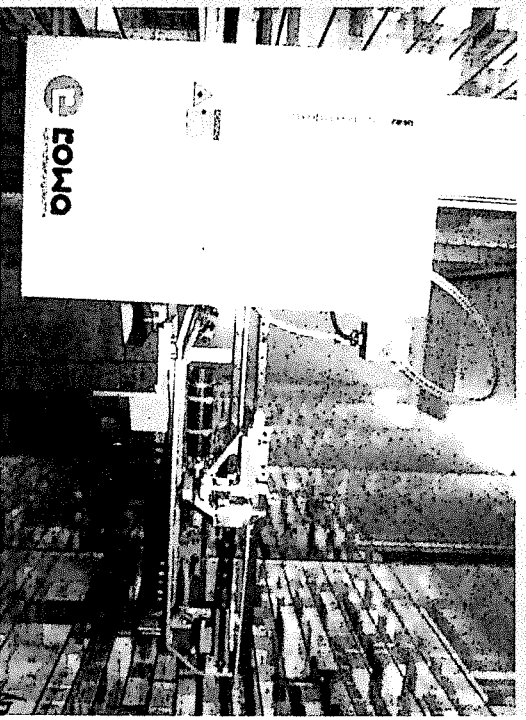
Re-locating the outpatients wards

Once the building had been commissioned in April, we had just three weeks to move all staff, patients and equipment into the new building. The added difficulty for the team responsible for the moves was that this had to be done safely around a fully functioning hospital with minimal disruption to patients and staff. While there have been some teething problems with the new building, the moves were completed within the three week window, which is all credit to the efforts of our staff. We continue to work hard to resolve problems identified as a result of the moves and are supporting staff as they settle into their new areas.

Specialist Critical Care Centre

At the hub of the new hospital is a state of the art dedicated critical care centre kitted out with the latest life saving equipment. This brings together all of our specialist critical care staff who can now focus on the patients that need them most. The centre incorporates:

- Intensive Care** - for patients requiring intensive assessment, treatment and nursing;
- Coronary Care** - for patients with cardiac conditions that require monitoring and assessment;
- Acute Assessment** - the majority of patients admitted through A&E are initially cared for on this unit. Inpatients whose condition deteriorates could be transferred here for more intensive nursing.





Investment in Technology

In parallel with the construction of the new building we have made significant investment in the latest medical technology. The fully digital technology in our clinical imaging department eliminates the need for traditional x-ray film and thus results are produced in seconds, not minutes. A picture archiving and communication system (PACS) provides the technology for these x-rays to be viewed, where authorised, on computers around the Trust or by external consultants for advice on diagnosis. A state of the art robot is used to dispense medicines from the pharmacy, which are then either delivered to the outpatient dispensary in the atrium or sent to another part of the hospital via a pneumatic tube system. Other notable new technologies include:

patient entertainment consoles – providing patients with access to TV, radio, Internet access and phone at their bedside;

state of the art theatres - the new theatres at West Middlesex are some of the most modern in the UK, equipped to provide the best in surgical facilities. For the convenience of patients, booking of operations has been significantly improved by the introduction of a new electronic theatre scheduling system. This gives staff an accurate picture of theatre bookings so patients can be given dates for their operations as soon as the decision to operate is made;



Private Finance Initiative

The hospital is being developed as part of the second wave of the Private Finance Initiative (PFI) in the NHS in which a private sector organisation, Bouyges UK, is responsible for the construction and management of the buildings. Under the PFI scheme, the land remains the property of the NHS, and only NHS doctors, nurses and therapists will provide patient care. The West Middlesex redevelopment is one of the most advanced PFI schemes and as such is seen as a blueprint for future PFI projects.

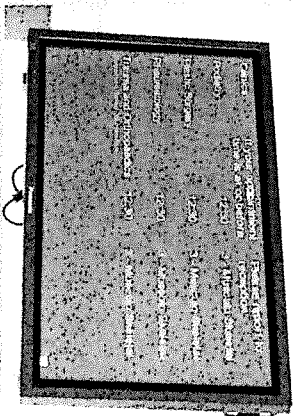
National Audit Office Endorsement

A report on the West Middlesex PFI redevelopment by the National Audit Office highlighted the benefits of PFI in delivering a modern hospital to replace our ageing existing buildings. The Trust had followed guidance from the Private Finance Unit and the Department of Health in respect of all elements of the PFI process including the analysis of costs, benefits and risk. Our scheme has been instrumental in pioneering a new approach to PFI contracts and as such has set a precedent for the future. This was further scrutinised by the Public Accounts Committee of MPs who endorsed the Trust's position.

Further information is available on:

<http://www.nao.gov.uk>

<http://www.parliament.uk/commons/setcom/pachome.htm>



outpatients display screens - similar to an airport, large plasma information screens inform patients when to go to the appropriate reception area for their appointment.

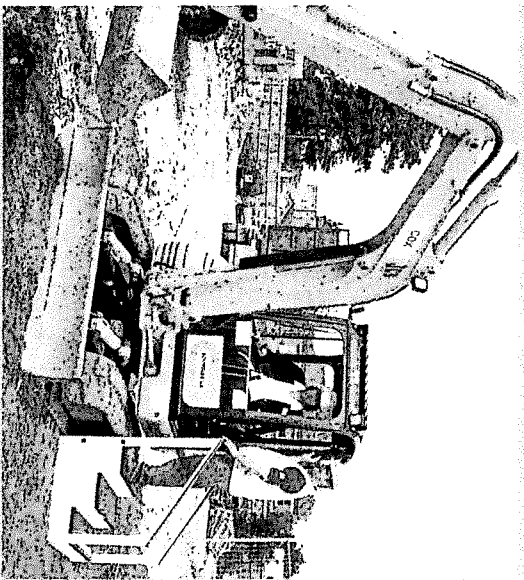
Patient Centred Care

Rather than the traditional method of dividing patients into medical and surgical wards, patients are now cared for in 'suites' based on the level of care they need and not the particular specialty their illness falls within. For example, extremely sick patients are cared for in the critical care centre, regardless of their particular illness, where they will receive intensive nursing from a team of specialists with access to the latest life saving equipment.

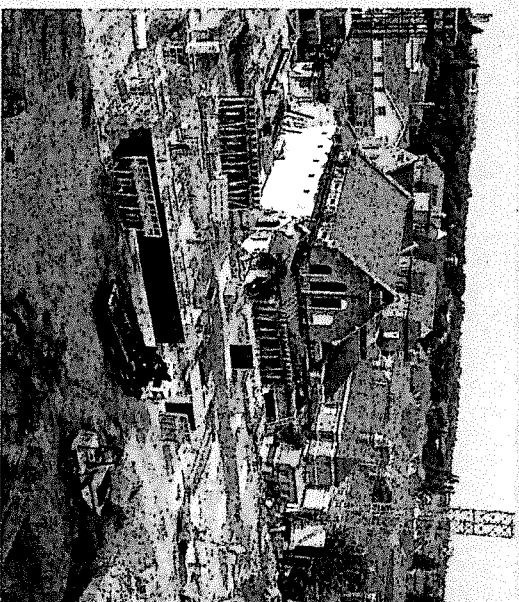
Each suite is divided into two wards consisting of single sex bays of five to six beds and single rooms - guaranteeing better privacy and dignity than ever before. Each of the 60 bedded suites is led by an experienced senior nurse working with a strong team of medical and therapy professionals.



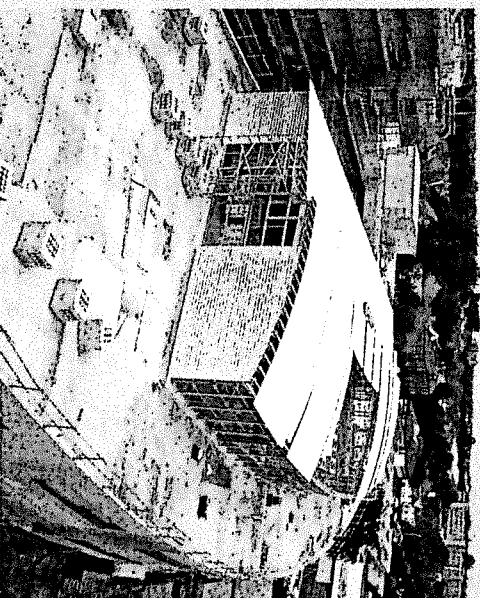
Timeline of the redevelopment



Former hospital chairman Jane Kelly breaks the first ground signalling the start of construction



The old buildings are demolished to make way for the new



The new building begins to take shape

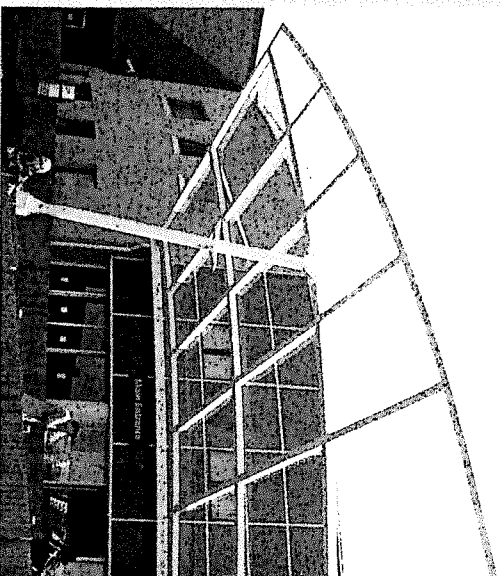


A 'Topping Out' ceremony is held to mark the completion of the outer shell

1997 1998 1999 2000

"The hi-tech bedside entertainment units will go a long way to relieving the boredom while in hospital. The garden areas, café and retail outlets in the main atrium are also a great improvement."

Chris Pyle
Patient



Over 500 people are given a sneak preview of the new hospital at an open day in April 2003

The first patient to arrive in the new hospital, Iris Pharo, cuts the ribbon at the 'First Patient' celebrations in May 2003

West Middlesex Hospital's state of the art building is complete. Work now begins on the next phase of the redevelopment - due for completion next summer

2001 2002 2003 2004

Measuring our financial performance

ERG

West Middlesex, like all NHS Trusts, measures performance on a wide range of criteria including financial results as well as more patient focused

factors such as clinical outcomes, the patient environment and waiting times for procedures and appointments. The latter are reported in earlier pages. In this operating and financial review we summarise the Trust's financial position and report on the business elements of our work.

The Trust operates to strict financial budgets, which are set at the start of the year. These are agreed with the PCTs that commission our services. In parallel with this, our have capital funds available for the purchase of new equipment. While a large percentage of our budgets are spent on the cost of providing clinical care and on staff in particular, we also have significant contracts with outside providers of key services.

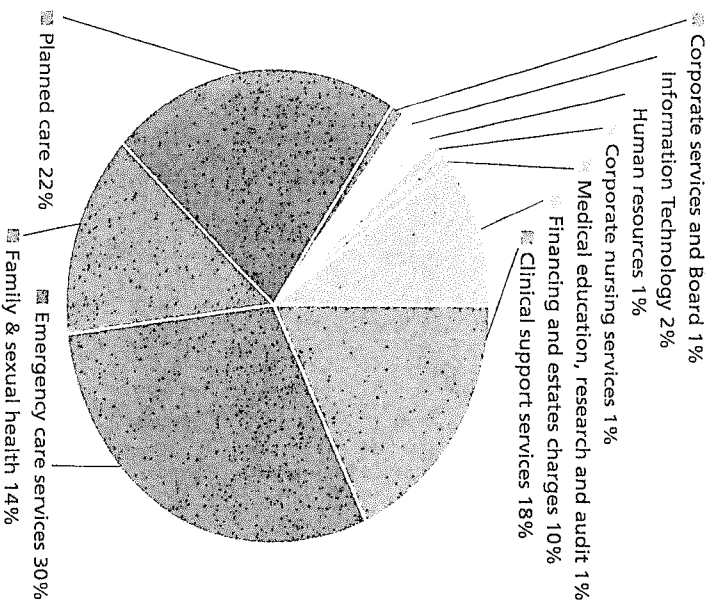
The most significant of these is the contract with Ecovet for the provision of all support services which fall within the Private Finance Initiative contract that governs the new hospital. A second critical contract is that for Pathology Services with the Hammersmith Hospitals NHS Trust, reported on page 13.

The detail of our financial targets is shown in the summary financial statements on page 23. In principle we have to live within our budgets, not allowing expenditure to exceed our income, living within agreed cash limits, paying our trade creditors promptly and minimising our management costs. In 2002/2003, we achieved all of our targets with the exception of payment of invoices in which we fell short by 16%. Details of our performance in relation to the Better Payments Practice Code, directors' remuneration and management costs are all shown on pages 26 and 27.





Percentage of annual spend



working on a long-term review of how services are best provided locally in either hospital or primary care settings. This work may lead to new ways of working, better access to services and improved efficiency.

The Trust was set a cost improvement target of £2.7million in 2002/2003 to reduce the costs of running the hospital. We achieved a £2million reduction largely through flexibility in bed numbers and use of larger, more cost effective wards, tightening up of financial controls and reductions in agency and locum doctor costs. However, we incurred additional costs associated with treating higher than expected numbers of patients. To help balance these costs we secured extra income from the West London Workforce Confederation during the year and borrowed £1.8m from our capital programme.

We received one-off funding for various projects, which will not be available in the future. For this reason, the financial position at the start of 2003/2004 shows a shortfall in the funding required to deliver services at the same level as last year. At the time of publication, we continue to work closely with the PCTs and the Strategic Health Authority to agree adequate funding both this year and for the longer term. In conjunction with the local PCTs, we are also

The Trust invested some £9million in new equipment and improvements to buildings during the year.

This included medical equipment, new scanning machines for the new hospital, information technology, modernisation of the maternity unit and accommodation for junior doctors as well as essential maintenance work. In the coming year, capital investment is likely to total over £12million with particular investment in medical equipment and refurbishment of the former Medical Block and Marjory Warren buildings.



The Trust Board

The Trust Board is responsible for directing and monitoring all aspects of the hospital's management. It consists of a chairman, five non-executive directors and one associate non-executive director who provide a valuable external perspective on the hospital, and a group of executive directors who are full time employees of the Trust. Board meetings take place every eight weeks and are open to the public. In addition, the board holds regular seminars on operational issues.

The Trust believes it is important to be open with the public, patients and staff as the need for change emerges. The Trust's objectives and its work in achieving these are widely communicated to external organisations such as the Community Health Council, PCTs and Social Services.

The hospital is structured in four clinical directorates: emergency care, planned care, family and sexual health and clinical support services - plus directorates of nursing, finance, human resources, information management and technology (IM&T) and corporate affairs.

The chief executive, Gail Wannell, was appointed in November 2001 following a formal selection process. She and all of the executive directors are employed under standard NHS contracts of employment. Rates

of remuneration for executive directors are calculated in line with comparable positions across NHS hospitals. Full details of directors' remuneration are given on page 26.

In September 2002, Sue Ellen was appointed as chairman of the Trust. She took over from Julian Smith who had become acting chairman following the departure of our previous chairman, Jane Kelly, in January 2002. The Trust Board was also joined in July 2003 by a new non-executive director, Stephen Clark OBE.

The Trust Board has a number of committees to oversee procedural and financial management of the hospital. These are:

Remuneration Committee - sets executive salary levels and monitors the NHS pay scheme;

Audit Committee – reviews financial governance and control;

Charitable Funds Committee – oversees the hospital's charitable funds;

Clinical Governance Committee – oversees development of clinical governance policy and its implementation.

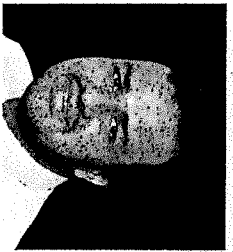
Membership of Board Committees				
	Remuneration Committee	Audit Committee	Charitable Funds Committee	Clinical Governance Committee
Sue Ellen	Chair ③		Chair ①	Chair
Salim Vohra			Member	
Andrew Daws		Chair ②		
Celia Golden		Member		
Sean Hughes				
Julian Smith	Chair ③	Chair ②	Chair ①	Member

- ① Sue Ellen took over as chair of the Charitable Funds Committee from Julian Smith on 9 October 2002
- ② Andrew Daws was a member of the Audit Committee until October 2002 when he took over as chair from Julian Smith
- ③ Sue Ellen took over as chair of the Remuneration Committee from Julian Smith on 1 November 2002

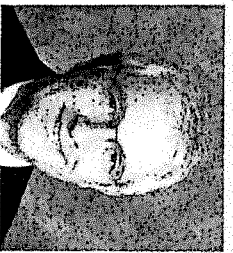
Since the year end in March, there have been a number of changes in the executive team. Mike Anderson will be moving to Chelsea and Westminster Hospital as medical director, Grace Gibbs has accepted a secondment to the Paddington Health Campus and Patricia Wright becomes operations director at Epsom and St Heller NHS Trust. Janet Baldwin will replace Mike as our medical director and we are recruiting replacements for the vacant posts. All four have made a significant contribution to the progress of the Trust and the work of the board. Mike, Grace and Janet have also been particularly involved in the design of the new hospital. We wish them every success in their new posts.



Sue Ellen, chairman, has spent much of her career in health services management and was a managing director of BUPA before her most recent role as managing director of United Racecourses. She worked as a manager in the NHS for seven years before joining BUPA's health services division. Sue also has broad experience of consumer businesses having been a non-executive director of Asda Group plc and currently the Portman Building Society. She lives in Kew.



Salim Vohra, deputy chairman, is a doctoral researcher at the London School of Hygiene and Tropical Medicine exploring public perceptions of environmental health risks and stakeholder involvement. He is currently undertaking consultancy work in health impact assessment. He has worked extensively in the voluntary sector, delivering community based services in welfare, education and advocacy in both London and Lancashire. Salim lives in Hounslow.



Stephen Clark OBE has worked extensively in the public and voluntary sector. For eight years he was a councillor for the London Borough of Hammersmith and Fulham, and he is currently a trustee for Age Concern Hounslow and chair for the Association for Cultural Advancement through Visual Art. Stephen has spent over 30 years in Central Government, predominantly in senior posts for the Ministry of Defence and the Cabinet Office. Stephen lives in Brentford.



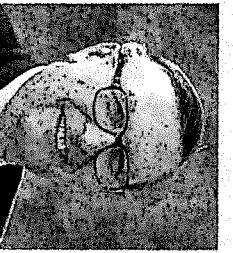
Andrew Daws is a law graduate, with over 30 years experience of law, business and finance, having qualified as a solicitor in 1967, and specialised in company and commercial law. Since 1997, he has been an independent legal consultant advising on strategy and marketing at some of the world's leading law and accountancy practices. Until recently, he sat as a member of the Ethics Standards Board which regulates the accountancy profession in the UK. Andrew lives in Kew.



Celia Golden works for the London Borough of Hounslow as the diversity manager in the Chief Executive's Directorate. Previously, she was head of Business Development and Regeneration for a national company. Celia was also head of 'Business Competitiveness and Employment' in the London Borough of Ealing. Celia is also the child protection coordinator for the parish of St Michael and St Martin and was a founder member of an Asian Women's Refuge. Celia lives in Hounslow.



Sean Hughes is professor of orthopaedic surgery at the Imperial College London. He also holds the position of chairman and divisional head of surgery, anaesthetics and intensive care in the faculty of medicine and is medical director at Ravenscourt Park Hospital. He specialises in spinal surgery and undertakes research into spinal diseases. Sean, who lives in West London, is a keen athlete and completed this year's London Marathon in just over five hours.



Julian Smith, associate director, retired from the main board of W H Smith Group plc after 40 years service. In a career that spanned the breadth of sales and general management roles, his most recent responsibilities were in corporate affairs, community relations, political liaison and educational support. Since retiring, Julian has worked with a number of charities including Education 2000, Book Aid International and Various Church and Education Charities. He lives in Barnes.



Gail Wannell
Chief executive



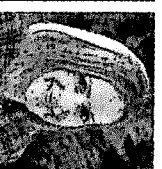
Grace Gibbs
Director of nursing and midwifery



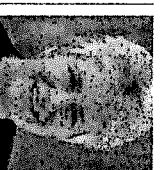
Mike Anderson
Medical director



Winston Weir
Director of finance and clinical support services



Patricia Wright
Director of planned care



Janet Baldwin
Director of family and sexual health



Hazel Wallace
Director of emergency care



Peter Gill
Director of IM&T (joint post with Hounslow PCT)



Nina Singh
Director of human resources



Jane Brennan
Head of corporate affairs and board secretary

Non-executive directors

Executive team

Statement of internal control

The Board is accountable for internal control. As accountable officer, and chief executive officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

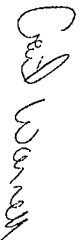
The actions taken so far include:

- the Trust has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed;

- Governance
- Financial Management
- Risk Management

As accountable officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of

Signed



Chief executive officer
(on behalf of the Board)
31 July 2003

Clinical Governance
Since the Commission for Health Improvement report last year, we have made significant progress in our clinical governance arrangements. These have been recognised by the Strategic Health Authority and are reported in more detail in the clinical governance annual report, available from the Trust website or from the Trust management offices.

Risk Management
We have introduced a new Risk Management Strategy to promote better co-ordination of clinical and non-clinical risk management activities. We are now seeking to engage with Hounslow Primary Care Trust to develop an integrated approach to risk management.

Risk management cuts across all domains of clinical governance and indeed across all activities. Under the management of a new associate director for governance and risk management who was appointed in October 2002, the strategy helps contain, predict and manage risks to the Trust and to guide our decision making.

Working alongside the risk management department, directorate based risk facilitators have been established. In particular they play a pivotal role on issues such as serious incidents, clinical governance, controls assurance and the preparation of risk registers and risk management plans.

Health and safety issues are jointly monitored and managed by the Risk Management, Health & Safety and Occupational Health departments that work closely together and make up the Health & Safety Committee. Their work is reported in the Risk Management and Health & Safety Annual Report, which is available from Trust management.

Controls Assurance
The 21 controls assurance standards provide a framework for internal control. Within this, corporate governance brings together all of risk management, financial management and corporate standards.

Following the reassessment of the Controls Assurance Standards for 2003, we continue to show year on year improvement since the standards were introduced in November 1999. This shows a gradual increase in the Trust's performance across all of the criteria from 54% in year 2000 to 76% as at May 2003.

Summary financial statements

Introduction

The accounts for the year ended 31st March 2003 have been prepared by the West Middlesex University Hospital NHS Trust under Section 98(2) of the National Health Service Act 1977 (as amended by Section 24(2) of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

West Middlesex Hospital gained Trust status in 1992 and provides all the services associated with a major acute hospital.

The financial statements below are a summary of the information contained in the full accounts. A copy of the full accounts can be obtained by sending a full-sized A4, self-addressed envelope with the request to:

Renuka Umauthan
Associate Director of Finance
West Middlesex University Hospital
Twickenham Road
Isleworth
TW7 6AF
Telephone: (020) 8565 2549

Independent Auditors' Report to the Directors of West Middlesex University Hospital NHS Trust on the Summary Financial Statements:

We have examined the summary financial statements set out below on pages 24 to 27.

This report is made solely to West Middlesex University Hospital NHS Trust Board, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to West Middlesex University Hospital NHS Trust Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than West Middlesex University Hospital NHS Trust and West Middlesex University Hospital NHS Trust Board, as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2003 on which we have issued an unqualified opinion.

Signed

KPMG LLP
Chartered Accountants
London
August 2003

Financial Targets

These accounts report on our financial performance during 2002/2003 and evaluate the Trust's performance against the statutory financial requirements imposed by the NHS and Community Care Act 1990. NHS Trusts are required to:

- manage within the approved External Finance Limit (EFL);
- meet the Capital Absorption Duty by earning 6% return on average assets employed;
- manage Capital expenditure within the approved Capital Resource Limit;
- achieve break even position, by matching income and expenditure, during the year.

The Trust achieved the following.

- Managed cash resources within its External Financing Limit of £3,818K
- Met its Capital Absorption Duty by making a return of 6.4% on capital
- Contained capital expenditure within its Capital Resource Limit of £2,898K

The Trust made a deficit of £779K on its income and expenditure during 2002/2003. This deficit, which is retained and carried to reserves, was largely caused by significant increased costs in the Emergency Services Directorate. Activity levels in A&E increased in 2002/2003 as the Trust responded to increased NHS Plan targets around four hour waits in A&E. However, this improved performance and patient throughput was not entirely funded by our commissioners.

The 2002/2003 deficit of £779K will have to be recovered from financial recovery plans and our local PCT during 2003/2004. This will form part of our significant projected net overspend this year. In 2002/2003 the Trust received some £7.4million of non-recurrent funding which will not be available in 2003/2004. With the partial funding of the double running costs associated with redeveloping the hospital site, the Trust has also experienced increased expenditure in service areas. The Trust is working very closely with the local PCT and the North West London Strategic Health Authority to formulate a financial recovery plan to secure the finances of the Trust.

Summary financial statements

Income and expenditure account for the year ended 31 March 2003	2002/03		2001/02	
	£000	£000	£000	£000
INCOME FROM ACTIVITIES				
Continuing operations	81,943		71,613	
OTHER OPERATING INCOME	11,049		9,715	
OPERATING EXPENSES:				
Continuing operations	(89,895)		(78,057)	
OPERATING SURPLUS (DEFICIT)				
Continuing operations	3,097		3,271	
Exceptional gain: on write-out of clinical negligence provisions	0		3,491	
Exceptional loss: on write-out of clinical negligence debtors	0		(3,491)	
Cost of fundamental reorganisation/restructuring	0		0	
Profit (loss) on disposal of fixed assets	0		186	
SURPLUS (DEFICIT) BEFORE INTEREST	3,097		3,457	
Interest receivable	149		410	
Interest payable	(1)		0	
Other finance costs	0		0	
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	3,245		3,867	
Public Dividend Capital dividends payable	(4,024)		(3,864)	
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(779)		3	

Gail Wannell

Gail Wannell
Chief executive

Winston Weir

Winston Weir
Director of finance

Balance sheet as at 31 March 2003	31/3/2003		31/3/2002	
	£000	£000	£000	£000
FIXED ASSETS				
Intangible assets	7			10
Tangible assets	72,984			64,223
CURRENT ASSETS				
Stocks and work in progress		713		724
Debtors		13,815		7,416
Investments		0		0
Cash at bank and in hand		291		283
CREDITORS: Amounts falling due within one year		14,819		8,423
NET CURRENT ASSETS (LIABILITIES)		(19,959)		(12,993)
NET ASSETS LESS CURRENT LIABILITIES		(5,140)		(4,570)
CREDITORS: Amounts falling due after more than one year		67,851		59,663
PROVISIONS FOR LIABILITIES AND CHARGES		0		0
TOTAL ASSETS EMPLOYED		(472)		(339)
FINANCED BY:		67,379		59,324
CAPITAL AND RESERVES				
Public dividend capital		21,287		22,505
Revaluation reserve		34,465		24,796
Donated asset reserve		196		224
Government grant reserve		0		0
Other reserves		0		0
Income and expenditure reserve		11,431		11,799
TOTAL CAPITAL AND RESERVES		67,379		59,324

Cash flow statement for the year ended 31 March 2003

	£000	2002/03 £000	2001/02 £000
OPERATING ACTIVITIES			
Net cash inflow from operating activities		9,053	8,387
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE			
Interest received	149		410
Interest paid	(1)		0
Interest element of finance leases	0		0
Net cash inflow/(outflow) from returns on investments and servicing of finance		148	410
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets	(8,995)		(4,739)
Receipts from sale of tangible fixed assets	0		15,436
(Payments to acquire)/receipts from sale of intangible assets	0		0
Net cash inflow (outflow) from capital expenditure		(8,995)	10,697
DIVIDENDS PAID		(4,024)	(3,864)
Net cash inflow/(outflow) before management of liquid resources and financing		(3,818)	15,630
MANAGEMENT OF LIQUID RESOURCES			
Purchase of investments	0		0
Sale of investments	0		0
Net cash inflow (outflow) from management of liquid resources		0	0
Net cash inflow (outflow) before financing		(3,818)	15,630
FINANCING			
Public dividend capital received	6,122		0
Public dividend capital repaid (not previously accrued)	0		(12,525)
Public dividend capital repaid (accrued in prior period)	(2,267)		(3,060)
Loans received	0		0
Loans repaid	0		0
Other capital receipts	0		0
Capital element of finance lease rental payments	0		0
Cash transferred from/to other NHS bodies	0		0
Net cash inflow (outflow) from financing		3,855	(15,585)
INCREASE (DECREASE) IN CASH		37	45

Summary financial statements

Statement of total recognised gains and losses for the year ended 31 March 2003

	2002/03	2001/02
	£000	£000
Surplus (deficit) for the financial year before dividend payments	3,245	3,867
Fixed asset impairment losses	(243)	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	10,323	14,067
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	55
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(28)	(105)
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	13,297	17,884
Prior period adjustment	0	0
TOTAL GAINS AND LOSSES RECOGNISED IN THE FINANCIAL YEAR	13,297	17,884

Management costs

	2002/03		2001/02	
	£000	% of total income	£000	% of total income
Income	92,367		80,703	
Management costs	3,495	3.78	3,291	4.08

This cost information is collected using the Audit Commission definitions for management costs. The Trust has complied with the NHS guidance on pay increases for senior managers in accordance with Nigel Crisp's letter to Trust CEOs on 11th April 2002.

Better Payment Practice Code - measure of compliance

	2002/03		2001/02	
	Number	£000	Number	£000
Total bills paid in the year	37,631	39,118	35,165	32,615
Total bills paid within target	29,658	33,752	34,275	30,983
Percentage of bills paid within target	78.81	86.28	97.47	95.00

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

Salary and pension entitlements of senior managers

Name and title	Age	Salary (bands of £5000)	Other remuneration (bands of £5000)	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2003 (bands of £5000)
Chairman		£000	£000	£000	£000
Sue Ellen	54	10-15	nil	nil	nil
Chief executive					
Gail Wannell	42	90-95	nil	2.5-5.0	15-20
Non-executives					
Julian Smith	70	5-10	0-5	nil	nil
Celia Golden	Withheld*	5-10	0-5	nil	nil
Sean Hughes	61	5-10	nil	nil	nil
Salim Vohra	34	5-10	nil	nil	nil
Andrew Daws	60	5-10	nil	nil	nil
Executive directors					
Winston Weir	36	70-75	nil	0.0-2.5	0-5
Grace Gibbs	Withheld*	65-70	nil	0.0-2.5	15-20
Mike Anderson	51	40-45	75-80	0.0-2.5	40-45
Simon Allard	47	25-30	55-60	7.5-10.0	30-35
Hazel Wallace	60	15-20	45-50	0.0-2.5	15-20
Janet Baldwin	53	35-40	65-70	0.0-2.5	30-35
Richard Young	60	20-25	45-50	2.5-5.0	40-45
Patricia Wright	42	20-25	40-45	0.0-2.5	10-15
Nina Singh	38	50-55	nil	0.0-0.25	5-10
Peter Gill	34	20-25	nil	0.0-2.5	5-10

The chairman post was occupied by Julian Smith (acting chairman), in the first five months and then by Sue Ellen for the remainder of 2002/03.

Simon Allard and Richard Young, both left the executive directorship during 2002/03.

Hazel Wallace and Patricia Wright were the two new executive directors appointed during 2002/03.

There were no benefits in kind, golden hellos or compensation for loss of office.

*Withheld means that the consent to disclosure has been withheld.

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www.west-middlesex-hospital.nhs.uk