

Annual Report 2004 - 2005



West Middlesex University Hospital



NHS Trust

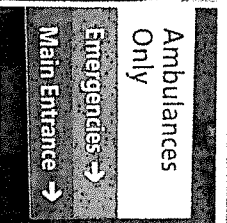
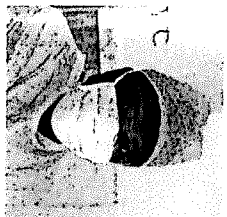


- Our vision is:**
- To be a first class hospital for local people

- 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

West Middlesex University Hospital is a major acute hospital in Isleworth, West London, providing a full range of hospital services to residents of the London Boroughs of Hounslow, Richmond and Twickenham. Our imperative is to meet the changing needs of our local community through genuine commitment to providing high quality care in every respect. This commitment is expressed in our vision, guiding principles and core values, which underpin everything that we do.



Review of the year

4-5

Getting it right for patients

6-7

Improving patient care

8-9

Emergency care

10-11

Planned care

12-13

Family and sexual health

14-15

Support services

16-17

Getting it right for staff

18-19

Looking after our staff

20-21

The board

22-23

Getting it right for the NHS

24-25

Performance summary

26-27

Internal control and governance

28

Auditors' statement

29

Financial statements

30-35



Review of the year

2004/05 was a turning point for West Middlesex Hospital with the completion of the redevelopment. Now in purpose built buildings for the first time in our history, we are in a position to focus all of our efforts around the quality of the care we provide, modernising how we work and capitalising on the benefits of the new facilities and state of the art medical technology.

Following a very challenging period through construction and the inevitable disruption of moving services into new facilities, our staff and patients are settling in to their new surroundings. We have occupied the main building for two years but only completed the move from Northside into the refurbished East Wing and Marjory Warren buildings at the end of 2004. Also as part of the redevelopment, the new Women's Health Unit opened adjacent to the revitalised Queen Mary Maternity Unit.

We have since realised the capital value of the North Side land by selling it to English Partnerships for a housing development which will include affordable homes for public sector workers and first time buyers. This contributed to the funding of the redevelopment.

Financial outcome

We finished the year with a deficit of just under £4million having started the year with an underlying deficit of over £10million, representing a saving of £6million of which £4million was

recurrent. This resulted from improving patient flow through the hospital, reducing length of stay, cutting expenditure on goods and services and increasingly living within our pay budgets. In the current year we have set further challenging savings targets with the aim of working within a balanced budget for the first time in many years, once again without external financial support. We continue to keep management and administration costs to a minimum. Details are shown on page 34.

Meeting our targets

West Middlesex successfully met the new target for seeing and treating patients in A&E within four hours. This rose from 82% of patients at the start of the year to the current 98% which we are still achieving consistently.

Waiting times for patients coming for first outpatient appointments and undergoing routine operations continue to fall. With the exception of four patients who waited more than nine months for an operation we achieved the new Department of Health waiting time targets.

Despite our better performance against the national targets, our financial deficit meant that we were unable to improve on our rating as a One Star Trust.

Pursuing clinical excellence

Clinical excellence is a critical goal if we are to be the patients' hospital of choice. This means providing high quality, safe and effective clinical care in such a way that the patient's journey through the hospital is both efficient and one that they feel good about – minimal waiting times, no unnecessarily long stays in hospital, well organised outpatient services and discharge processes, good communications, a pleasant and clean environment, and respect from staff.



Sue Ellen
Sue Ellen
Chairman

All of these span the whole organisation: how we manage our services, how we measure and record our work, how we behave and how we act to improve quality. They also impact on our efficiency, our ability to live within our budgets and our performance against national measures of quality.



Gail Wannell
Gail Wannell
Chief executive

Pursuing clinical excellence is central to our three year strategy, *Foundations for the Future*, which was launched last year to develop new ways of working internally and in association with other hospitals, GPs and community services. It links closely with the Department of Health's vision for the health service - *Creating a Patient Led NHS* - and with our internal Service Improvement activities. Good progress has been made in many areas but we have some way to go to address weaknesses in how we interact with patients, as highlighted by the Patients Survey reported on page 8.

- Modern healthcare environment following completion of redevelopment
- Consistently met A&E targets
- Improving control of infection
- Top rating for hospital cleanliness
- Retained charter Mark for excellence in maternity services
- Continuing reductions in waits for routine appointments
- Northside land sold as planned
- Reducing mortality rates
- Strengthened clinical leadership
- Reduced temporary staffing through successful recruitment

Getting it right for patients

"We provide a range of emergency, planned and maternity care. Running these services effectively to ensure best clinical outcome for all patients with minimum waiting time and inconvenience requires 100% commitment to the quality of care we provide, continual review of how we work and the impact of new technology and partnership working with other health and social care organisations."

"We don't always get it right but we are making good progress in improving the patient experience."

Janet Baldwin

Medical Director



Improving patient care

The quality of patient care is dependent on many facets of our service, from the highly specialist medical care provided by doctors, nurses and other clinical staff through to cleanliness of the environment, quality of food, how we behave and how we adapt to our patients' expectations. At West Middlesex we have made all of these a priority with the clear aim of providing a service that our patients will choose.

The new performance measurement framework for the NHS is supporting moves to put the patient experience at the centre of how we monitor our work. *Standards for Better Health* has come into force this year with clinical standards as the main driver for improvements in quality. It represents three big shifts:

- putting patients and service users first through more personalised care
- a focus on the whole of health and wellbeing, not just illness
- devolving further decision-making to local organisations

In parallel, we have relaunched *Essence of Care*, which helps us to 'get the basics right' by benchmarking patient care against best practice. Multidisciplinary teams work together to improve in nine core areas, from record keeping to food and nutrition, and privacy and dignity. The resulting data will form part of the information we collect for *Standards for Better Health*.

Responding to patients

The Patients Surveys of the past two years have indicated clearly the areas of our service that are of most concern to patients. While there is a marked increase in the number of patients reporting a clean and pleasant environment, concerns were raised particularly in relation to communication by some hospital staff. We have plans to address these and to work with staff to improve areas of concern.

A new *Patient and Public Involvement (PPI)* strategy has been developed in association with patients who are now working with us on the implementation of our plans. A new Patient Experience Sub-committee of the Trust Board is being established, as is a Patients Panel who will provide a valuable patients' perspective on our work. We also work closely with our *Patient & Public Involvement Forum*, a statutory body of patients who monitor and report on our services.

Improving our practice

The quality of nursing and midwifery is fundamental to our service. We have made real progress in the last year by recruiting to nursing establishments so that patients are cared for by committed and well trained West Middlesex nurses and midwives, with a much reduced dependence on temporary staff. In addition we have invested in our clinical nurse leadership with the appointment of highly experienced senior nurses and modern matrons with the skills and





character to support and develop the nursing teams they lead. More detailed information on our nursing strategy is available in the Nursing Annual Report on the Trust web site.

Controlling Infection

MRSA infection rates at West Middlesex fell by over 10% in 2004/5 compared with 2003/4. While 30 cases is a tiny number out of over 15,000 patients who were treated in the hospital as inpatients, it remains a priority to bring down the rate still further.

We have strict infection control measures which cover procedures such as washing hands between patients, wearing gloves and aprons when treating patients with known infections, and disposing of equipment immediately after use. Hand basins are provided in each ward area and disinfectant rubs are available at the end of each bed. Infection control training is mandatory for all clinical staff and we conduct regular hand-washing audits. We launched the *cleanyourhands* campaign, with a high profile poster campaign and involvement of patients.

An infection control team, made up of microbiologists and two specialist nurses, is responsible for monitoring hygiene standards and for managing the risk of infection for patients and staff alike. We also encourage patients and visitors to adhere to the same high standards when on the wards.



Emergency care

Care for patients coming to hospital in an emergency is the most visible side of our service. Over 80,000 patients come to A&E every year, with conditions varying from serious illnesses and life threatening injuries through to 'aches and pains' which need low level attention.

Pressure on our emergency services is immense, 24 hours a day, 365 days a year, and not just in A&E. It is in patients' best interests to move smoothly from A&E to the wards for ongoing care and then to be discharged home or to other agencies for intermediate or long term care. This requires adequate beds and services throughout the system and good coordination of the patient journey. We have made enormous progress in improving this aspect of hospital activity in the past 18 months, leading to better patient care and the ability to cope with sustained pressure.

We have a *Major Incident Plan* that dictates how we work in the event of a major emergency, in coordination with other emergency services. It was successfully implemented as part of a London-wide response to the bombings on 7th July 2005. It is compliant with *Handling Major Incidents: An Operational Doctrine*.

Healthcare assessment and treatment

It is critical that patients are assessed and treated effectively when they first develop a health problem – before they arrive at hospital, in A&E and during the first few hours of a hospital stay:

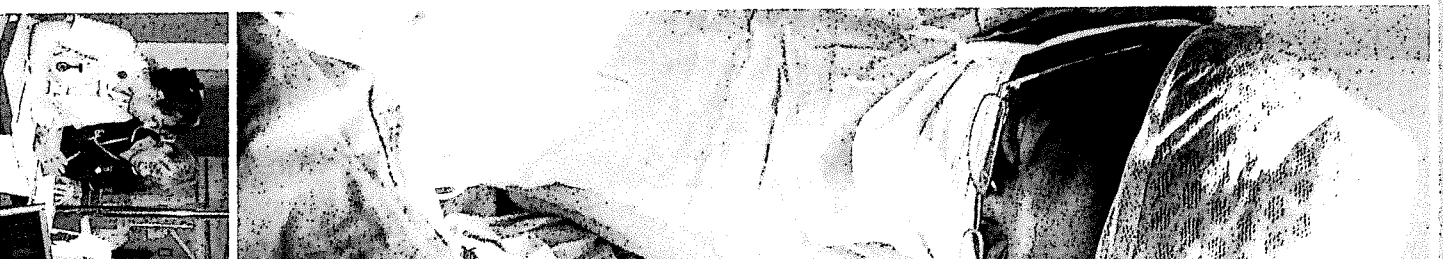
The Emergency Care Practitioner Scheme is being piloted locally. Run jointly by London Ambulance Service, Hounslow PCT and West Middlesex this involves specially trained paramedics who respond to 999 calls for less critical patients who can be treated at home, in a minor injuries unit or a primary care setting rather than in A&E. This reduces the pressure on the ambulance service and the hospital, thereby cutting delays in the system

In A&E we have consistently met targets to reduce waiting times – seeing, treating and discharging 98% of patients within four hours. As well as efficient working in A&E this depends on us freeing up beds on the wards by discharging patients home, to intermediate care, rehabilitation or continuing care as soon as they are fit to leave hospital

Reducing pressure on the system

Patients' recovery is improved if they stay in hospital no longer than they need. The average length of stay for medical patients has reduced by over one day in the last year as a result of a range of initiatives, improving the overall experience and freeing up beds for other patients:

Patients who require admission from A&E receive intensive nursing and assessment in the new Medical Assessment Unit from where they are discharged home or moved to a ward that specialises in their condition





Improving patient care for heart attack patients

Over 150 patients with heart attacks have been treated by our immediate angioplasty programme since its start in 2004, resulting in a 50% reduction in the expected death rate. We have been recognised by the Department of Health as a pilot site for this treatment to be followed by other UK hospitals.



Patients with severe angina previously waited several weeks for emergency treatment. Hammersmith Hospital now offers this on a day case basis with patients returning to West Middlesex for post-procedural care. This has reduced waits to around six days.

We provide specialist nursing in a new 24 bedded dedicated cardiac ward at West Middlesex. This inpatient care is complemented by specialist outpatient services with short waiting times and same-day investigations where necessary.

- For our sickest patients we have opened a four bedded High Dependency Unit (HDU) as well as our existing six intensive care beds
- A new critical care outreach team of specialists provides support for nurses, junior doctors and therapy staff to help prevent and manage deterioration of patient condition on the wards to avoid transfer to HDU
- The Integrated Assessment Rehabilitation and Discharge Service (IARDS) brings together nurses in A&E and on the wards, therapists and social workers to prevent avoidable admissions, reduce time in hospital and provide support so patients return home rather than going into long-term care
- Alongside health and social care organisations across Hounslow and Richmond we are piloting a multi-disciplinary patient-held clinical record which reduces duplication of information gathering from the patient and ensures that nurses, therapists, doctors, GPs, community workers and social workers all have access to up-to-date medical history

Planned care

The majority of outpatients coming to West Middlesex for care and treatment are not emergency cases. We see over 150,000 patients in Outpatients each year following a referral by their GP and subsequently for follow up care. So while the A&E and emergency medical care is the high profile aspect of our service, outpatients and routine surgery are critical areas for the Trust.

Planned routine operations are increasingly conducted as day surgery either in our state of the art theatres or, for some minor cases, in Outpatients. In 2004/5 we performed 10,530 planned operations of which 7,834 were on a day basis. Waiting times for operations continue to fall with most being carried out within six months.

Working in outpatients

We have restructured the staffing of outpatients and appointed to new senior management positions. These plans were reported in last year's annual report and have now reached their conclusion. Outpatients remains a focus for this year and we have set three key objectives for the department in its new guise:

- Further reducing the waiting time between GP referral and first appointment, with the added benefit that increasingly patients can choose an appointment time that suits them
- Improving the service to make it more patient centred, with better communication, better organised and in a pleasant environment

- Enhancing systems to make the process more efficient, which is better for patients and helps us to meet national targets

A key aspect of this is the need to improve our medical records service. As a first step, the department has moved to newly refurbished facilities. Further improvements to the service are a priority for this year. The new hospital was originally designed for fully electronic patient records but nationally there is still a long way to go before this becomes a reality. We are piloting the use of voice recognition for preparing letters to GPs, which will speed up reporting.

Improving patient experience

The NHS aims to give patients more choice in where and when they receive treatment. As well as making it more convenient for them, this supports the development of better services across both Primary Care and in hospital. Where it is better for patients, they will be treated nearer their homes, leaving hospitals to concentrate on more specialist services that make best use of technology, resources and skills that cannot be provided everywhere.

To support this, West Middlesex is working closely with the PCT on booking systems and improved communication of services that will allow patients to make informed choices about the care they need and the ability to book appointments that suit them. In addition, patient choice is a powerful



driver for the improvement in our services in terms of quality, clinical outcomes, access and related dimensions such as the environment and how we behave.

New chemotherapy service

A new West Middlesex chemotherapy service for patients with breast and bowel cancer was launched last year. Chemotherapy is increasingly used for the treatment of solid tumours in conjunction with surgery and radiotherapy.

The new local service was developed with input from the local patients' cancer user forum and means patients no longer need to travel to Charing Cross for this treatment. It also complements the hospital's existing chemotherapy service for leukaemia and lymphoma patients. Macmillan Cancer Relief is funding a chemotherapy nurse and pharmacist. Cancer services at the hospital are complemented by the work of *The Mulberry Centre* which provides invaluable support and information for patients. The centre is funded by charitable donations.

Working closely with therapists

We are working increasingly closely with therapists who practice in the community, particularly physiotherapists who provide care for patients with orthopaedic conditions. This can prevent unnecessary admission to hospital and means that routine care is provided closer to patients' homes.



Sir Trevor McDonald at the launch of the new chemotherapy service



Family and sexual health

Services for women and children are both benefiting from new facilities with the opening of the new women's health unit and the refurbishment of the paediatric wards.

This spring, the West Middlesex maternity service retained its Charter Mark for excellence for the third consecutive time. The continual high standard of service that this reflects is also borne out in the increasing demand from prospective mothers who are choosing to have their babies at the hospital. In 2004/5 we saw a 12% growth to 3,500 births and we have been successful in recruiting new staff to manage this despite a national shortage of midwives. Further planning work is required to provide the capacity for any further growth within our existing facilities.

The maternity service is enhanced further by the dedicated women's health unit which provides gynaecology and ante-natal services.

Patient numbers attending the Sexual Health Clinic continue to grow in parallel with national figures, particularly amongst young people. As well as helping patients with infections, the clinic works closely with Hounslow Primary Care Trust and the Council to implement the national teenage pregnancy strategy to halve the 1998 teenage pregnancy rate by 2010 and reduce the under 16s conception rate.

After just one year, our innovative Be Wize clinic for under 18s has seen an significant increase in the number of young people seeking advice on sexual health in a friendly and non-judgemental environment.

The Be Wize clinic addresses young people's reluctance to seek advice on sexual health and has already received overwhelming endorsement from a survey of its users. The sexual health service is now looking at further increasing awareness of the Be Wize clinic and considering initiatives to reach more vulnerable young people such as children leaving the care system, youth offenders and unaccompanied asylum seekers.

We are building on our links with Feltham Young Offenders Institution, increasing the input of our health advisors to improve sexual health promotion among inmates. Also Feltham healthcare nurses will spend time at West Middlesex to undergo training in sexual health.

Now back in newly refurbished facilities, the children's unit has increased capacity in the 20-bed Starlight inpatient unit and the 8-bed Sunshine day unit for children having more minor treatment or assessment. In addition to these, there is a Home Nursing Service for children, dedicated children's outpatient clinics and a designated children's area in A&E.





Children's care at West Middlesex is closely linked to local community services through the work of the Children and Young People's Strategic Partnership, by which services are jointly planned with health, social care and other external agencies.

Child protection is given a high profile and we continue to work in accordance with the recommendations from the Climbé enquiry. We liaise closely with health visitors and the hospital social work team who visit the unit daily and meet with us formally each week.

Linked to the unit is the *Special Care Baby Unit* with 12 cots including two for short term intensive care. This unit has recently undergone an external review and been commended as a well run unit providing valuable support for staff undergoing specialist training and development. An important step forward has been the appointment of a new advanced neonatal nurse practitioner.

Working closely with maternity, the paediatric service is already conforming with the national ten year *Every Child Matters* plan to improve standards of care.



Support services

The quality of the care we provide is dependent on a wide range of supporting services, varying from administrative functions such as finance, facilities management and IT through to clinical departments such as pharmacy and pathology and direct support for patients through the chaplaincy team and our many volunteers. The latter number some 230, providing invaluable support and dedication in far reaching roles ranging from administrative and nursing support to chaplains. We are extremely grateful for their time and commitment and we are always ready to welcome new volunteers.

Pharmacy
New ward based pharmacy satellites linked to our state of the art central pharmacy are speeding the discharge of patients from the Medical Assessment Unit and one of the critical care wards once they are fit to leave hospital. The satellites are stocked with the most frequently used drugs and have a dedicated pharmacist and pharmacy technician. Medicines are now ready for when patients are discharged and there is more opportunity to advise patients on their use. They no longer have to wait for their prescription or return to collect it later. The ward based service is planned for all wards over the next twelve months.

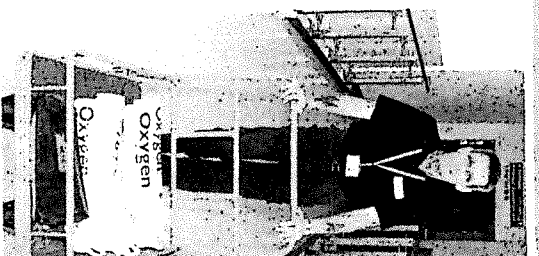
Pathology
Following intensive work with Hammersmith Hospital Trust that provides our pathology

service, we have seen improvements in quality, both in terms of efficient working and accuracy of reports. At the same time, we have seen a 12% increase in demand for pathology tests which puts significant pressure on the service, particularly given the pressure to contain costs within existing budgets.

Chaplaincy
The hospital has now appointed a full complement of chaplains to cater for the principal faiths of the local community, including Sikh, Muslim, Hindu, Christian and Catholic. Patients also have access to representatives from many other faiths and the team plans to develop this further in the coming year.

The Multi-Faith Centre, which is located in the heart of the main building, is an open and welcoming environment that is used equally by people from all faiths on a regular basis, whether to pray or just as a peaceful place for reflection.

Site redevelopment
The redevelopment has seen a transformation of the hospital site, with attractive landscaping, better access and improved security. In the last year we have introduced completely new parking arrangements which have improved facilities for both staff and patients. We have also developed a comprehensive Travel Plan which aims to reduce the impact on the environment by encouraging alternative modes of transport.





PROGRESS TO DATE

The NHS as a whole has committed to a long term programme of investment in Information Technology known as Connecting for Health that will lead to a fully electronic, secure system for recording and communicating clinical information about patients. This will provide clinicians with instant access to patients' clinical history, wherever in the country they need it.

West Middlesex is fully engaged in this 10 year programme but in parallel we continue to develop the capability of our systems to provide better support for clinical care in the short term.

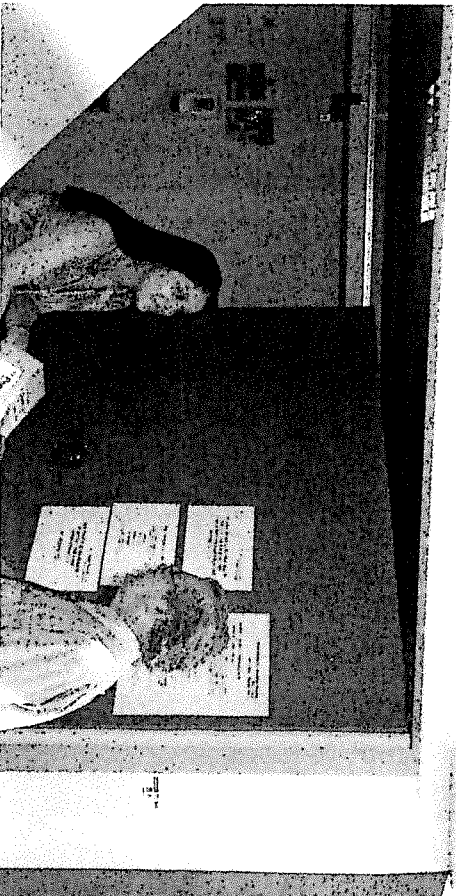
A good example is our new Time Line Viewer, an electronic single page view of a patient's healthcare experience at the Trust including inpatient stays and outpatient appointments, clinical correspondence, radiology results, pathology results and operating theatre notes. This system is available 24 hours a day to any clinician from any PC in the Trust. This is our early realisation of the Electronic Patient Record.

We have also established a secure way of emailing outpatient clinic letters and discharge letters to GP practices in Hounslow. This is a quicker and more cost effective route for sending approximately 150,000 letters per year. Currently some 20 GP practices in Hounslow use this facility and we aim to make this the dominant route for sending all patient correspondence during this year.



 Outpatients Dispensary

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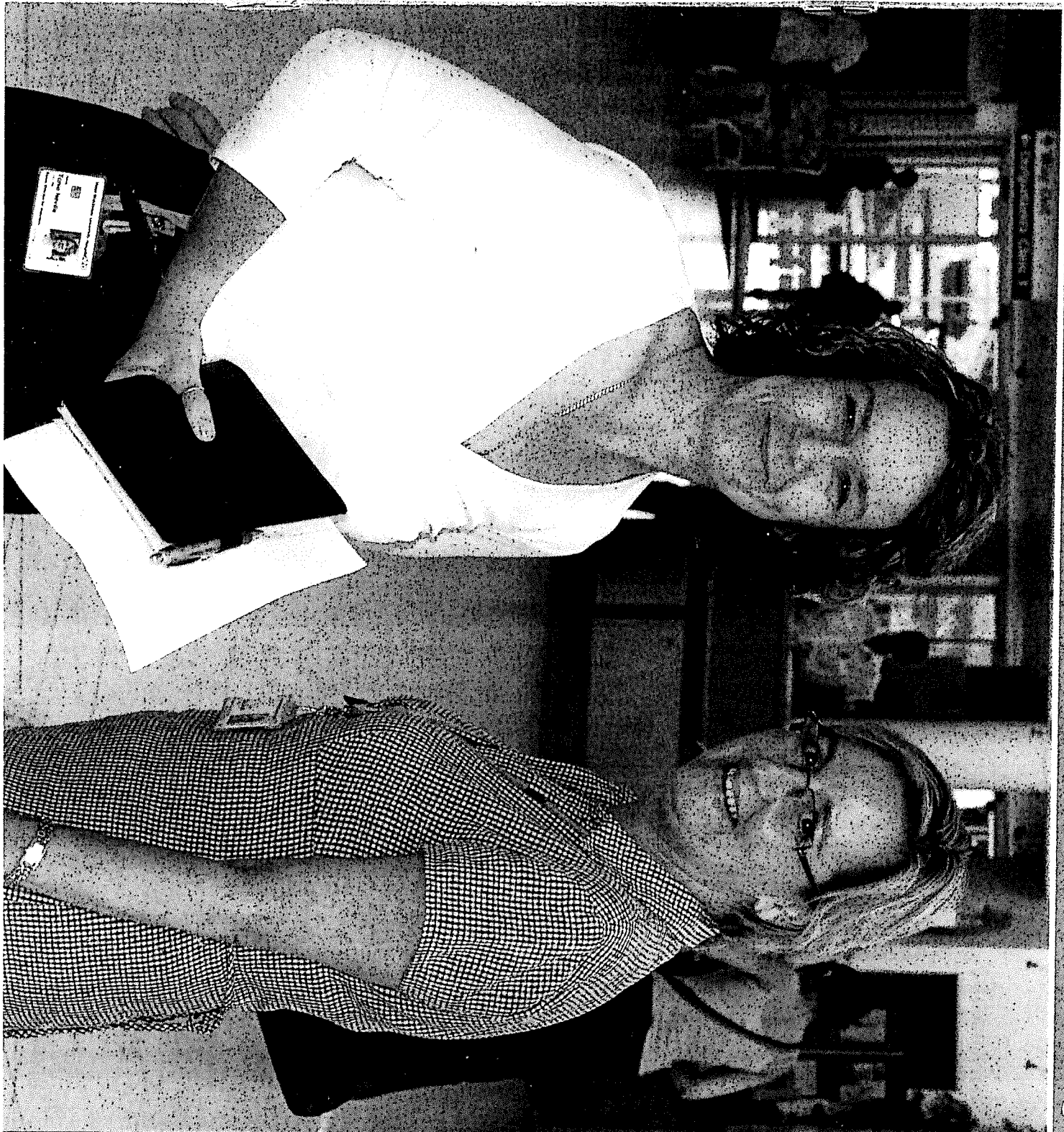
Getting it right for staff

"While new buildings and the latest technology are vital to the service we provide, none of what we have described in the previous pages would be possible without the dedication and commitment of our staff."

We currently employ some 1,600 staff, ranging from surgeons to healthcare assistants, managers to medical secretaries. All our staff contribute to providing the best possible care for our patients – whether it's delivering a baby or ensuring that our wards are spotlessly clean."

Nina Singh

Director of workforce and development



Looking after our staff

Our staff are critical to the progress reported in this annual report. As a public sector organisation and one of Hounslow's largest employers we are fully committed to the support and development of our staff in all respects. As such we aim to become an employer of choice with a particular focus on being attractive to local people.

Improving working lives success

We achieved *Practice Plus* status in a recent assessment by an external *Improving Working Lives* (IWL) team. We received very useful feedback and were praised for the progress we are making. West Middlesex is among the earliest Trusts to achieve *Practice Plus*.

IWL is a broad programme to promote a working environment and culture that supports staff, makes West Middlesex an attractive place to work and helps us to retain staff who enjoy their work and can develop careers at the Trust. This is as much about ensuring adequate staffing and viable working practices as it is about providing training and staff benefits. IWL is a framework for identifying aspects that need addressing by measuring particular elements and by responding to the annual staff attitudes survey. During 2004/5 we made very positive advances in many areas while still having some way to go in others. Significant achievements include:

- Over 30% reduction in vacancies across the Trust

- 100% compliance with the *New Deal* and *European Working Time Directive* both of which aim to reduce working hours
- Staff appraisals up from 43% to 70%
- Reduced use of temporary staff, meaning that patients are cared for by committed permanent Trust employees and saving £1.8million in temporary staff costs

We aim to comply with all Health and Safety legislation. Our performance has improved, aided by developments such as a new incident reporting system. This will change working practices, using electronic reporting both internally and externally to the National Patient Safety Agency. We also aim to train managers for a qualification in *Healthcare Risk and Safety Management*, through the Institute of Occupational Safety and Health.

The staff attitude survey provides valuable insight into staff concerns about working at the Trust and we are taking actions to address perceptions relating to bullying and harassment and long hours working. We are making good progress with *Agenda for Change*, which aims to introduce fair pay for staff based on the principles of equal value and opportunity for any role.

Recognising staff achievement

A powerful driver in the improvement of our services is public recognition of excellence in the work of teams and individuals. As well as *Employee of the Month* and *Team of the Season*, we have



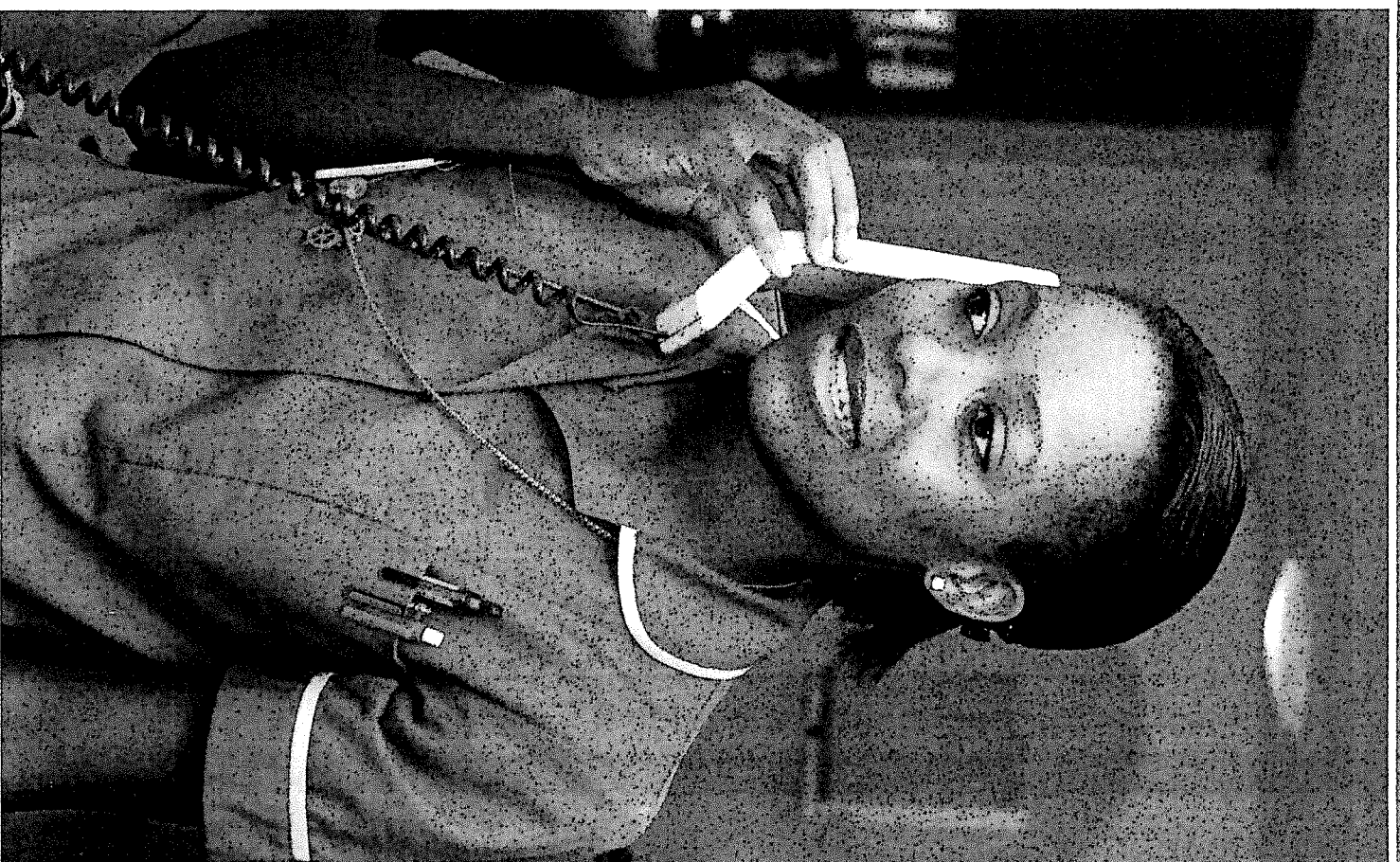
introduced annual nursing awards, coinciding with *International Nurses Day*. Awards are made across a wide spectrum of criteria and prove the strength in depth of our nursing teams and the standards to which we should all aspire to. In its first year the Learning and Development team has made a real impact on staff gaining National Vocational Qualifications and qualifications such as the European Computer Driving Licence.

Improving communications

In 2004 we conducted a review of staff perceptions of communications which has led to the implementation of a new communications strategy. A key element is the development of a network of staff across the Trust who will be invited to play a role in communications, supporting better dissemination of information as well as promoting feedback from staff to senior managers.

Equality and diversity

We promote equal opportunities for all, regardless of disability, gender, race or age. Already our workforce is reflective of the multi-cultural, multi-ethnic population that we serve, with 50% of staff coming from ethnic minority groups. We have published a *Race Equality Scheme*, integrating race equality with working practices in relation to both patients and staff. This underpins our commitment to equal opportunities for staff but also brings awareness and consideration of cultural and racial issues into our services, the development of our facilities and how we behave.



Trust Board

The Trust Board consists of a team of full time executive directors who are responsible for day to day management of the hospital, supported by a chairman and five non-executive directors who bring a valuable external dimension to the leadership and management of the hospital.

There are six board meetings held in public each year. In addition, the board holds regular internal seminars on strategic and operational issues.

The Trust is committed to being open and transparent in all of its work with the public, patients and staff and takes all possible steps to communicate widely and effectively. It has good collaborative relationships with external stakeholders such as the Primary Care Trusts, Social Services, the Overview and

Scrutiny Committees of the boroughs of Hounslow and Richmond and the Trust PPI Forum.

The chief executive, Gail Wannell, was appointed in November 2001. 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 35.

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
- Governance Committee - obtains assurance on all aspects of governance, including clinical, non-clinical and business risks.
- Charitable Funds Committee – oversees the hospital's charitable funds.

- Human Resources Committee – monitors the Trust's HR strategy
- Finance Sub Committee – oversees progress with financial management

To reflect our current priorities we have introduced two new board committees the Patient Experience Committee and the Clinical Excellence Committee

Membership of Board Committees

Governance	Remuneration	Charitable Funds	Human Resources	Finance Sub	Audit
Sue Ellen Chair	Chair	Chair	Member	Member	Member
Stephen Clark Chair	Member	Member	Chair	Member	Member
Andrew Daws Member	Member	Member	Chair	Chair	Chair
Celia Golden Member	Member	Member	Member	Member	Member
Salim Vohra Member	Member	Member	Member	Member	Member

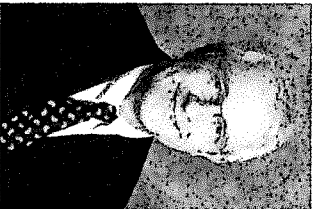
Non-executive directors



Sue Ellen, chairman. Previously managing director of BUPA Health Services; currently non executive director of the Portman Building Society. Lives in Kew.



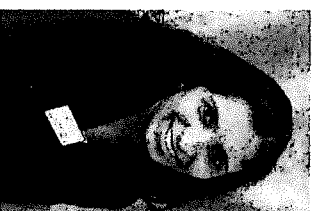
Salim Vohra, deputy chairman. Runs a health consultancy and has a background in environmental public health. Has worked at senior levels in the NHS and the voluntary sector. Lives in Hounslow.



Stephen Clark. Previously a senior civil servant in the Cabinet Office. Trustee for Age Concern Hounslow. Lives in Brentford.



Andrew Daws. Thirty year career in law, currently an independent legal consultant for global law and accountancy practices. Lives in Kew.



Celia Golden. Diversity manager at the London Borough of Hounslow and child protection co-ordinator for the St Michael and St Martin parish. Lives in Hounslow.



Sean Hughes. Professor of orthopaedic surgery at Imperial College London and director of the Institute of Musculoskeletal Surgery. Lives in West London.

Executive directors



Gail Wannell, chief executive



Janet Baldwin, medical director



Yvonne Franks, director of nursing & midwifery



Alison McIntosh, director of acute care



Shan Jones, director of family, sexual & ambulatory care



Peter Gill, director of IM&T & service improvement



Nina Singh, director of workforce & development



Simon Marshall, director of finance & performance



Jane Brennan, head of corporate affairs & board secretary

Four executive directors left the Trust during the year: Winston Weir, Dominic Tkaczyk, Hazel Wallace and Michael Ridgwell.

Getting it right for the NHS

"We are committed locally to our patients and our staff, but we also have a duty to meet national standards in terms of quality of care, performance targets and financial stability.

While these all compliment one another, the measurement of our work in the context of the NHS as a whole, acts as assurance to our patients and staff that our service is what they have every right to expect.

We are also committed to true collaborative working with our strategic partners in health and social care across the sector."

Gail Wannell

Chief executive



Performance summary

Performance ratings

West Middlesex was rated as a one star hospital by the Healthcare Commission as reported in the Review of the Year. This indicates that the hospital is performing as expected in most areas but with a few causes for concern. These pages report on how we are doing in the important measures of finance, waiting times and complaints.

Improved access to services

In emergency care, thanks to the hard work of the A&E team and all staff involved in the care of emergency patients we are now consistently treating or discharging 98 per cent of patients within four hours. Waiting times for outpatient appointments and the vast majority of routine operations were in line with the required national targets. Unfortunately, four patients waited longer than expected for orthopaedic surgery. We achieved this year's target in relation to the cancelling of routine operations at short notice, with only 0.9% of operations cancelled. All ward accommodation is single sex.

Deficit at year end

2004/05 was an extremely difficult year for the Trust with an initial forecast deficit of £10million. Previous

non-recurrent revenue support was withdrawn and the required savings to compensate could not be delivered within the year. Consequently, the Trust reported a £4million deficit for the financial year 2004/05.

The Trust performance against its main annual financial targets is summarised below:

- Failed to achieve breakeven - £4million deficit
- Achieved the External Financing Limit
- Achieved the Capital Absorption Duty during the year by earning 3.4 per cent return on assets employed
- Exceeded the capital resource limit by £834k after the over deduction of the Northside Land sale proceeds by the Strategic Health Authority. This will be reversed in 2005/06

The Trust takes the delivery of its financial duties extremely seriously, and has been working with all parties across the health economy to ensure these can be delivered. We have a recovery plan to repay £7.5m of prior year support and deficits and to allow for the tapering out of £2.5m of non recurring Payment

by Results support over the next two years. Our performance in relation to the Better Payments Practice Code and management costs are shown on page 34.

The recovery plan includes a number of strands to cut costs and to work more efficiently including:

- Implementation of the ten high impact changes and in particular reducing non-elective length of stay in order to release costs through reduced bed usage
- Workforce reform and modernising our working practices
- Procurement savings
- Review of corporate functions and increased use of shared services

Given our financial position we do not expect to invest significantly in service development but continue to work on the reconfiguration of services in order to better meet the needs of our patients. We anticipate our financial pressures extending into the year 2006/07. Our *Foundations for the Future* initiative reported on page 5 reviews our services, how we work and how we plan to address inefficiencies. These are critical to our ability to stabilise our financial position in the future.

Key objectives for 2005/06

Ensure high quality, safe, evidence based, responsive clinical services

Sustain and continuously improve the emergency pathway

Achieve an in-year balanced budget for 2005 – 2006

Be the employer of choice in West London healthcare by 2007

Work with patients and partners to develop outpatient services that are the choice of West London residents by 2007

Discharge our duties and responsibilities through the governance structure of the Assurance Framework

Learning from complaints

The number of formal complaints to the Trust fell by 10% compared with the previous year. This may be in part to due to the improved environment of the new buildings plus the early informal resolution of patients' concerns through the Patient Advice and Liaison Service. However, the complexity of formal complaints has increased and it is this that led to a number of cases not being responded to fully within the target 20 working days. Complaints are largely resolved locally but in complex cases we have increasingly sought independent clinical reports and where appropriate have introduced an independent conciliator to help broker resolution.

Specific complaints have influenced a number of initiatives including:

- Training for nurses in how they interact and empathise with older people, in association with Age Concern
- New approach for transferring children with broken legs to other hospitals
- Piloting new hospital gowns to improve patient dignity
- Changing the arrangements for disabled drivers exiting car parks

Complaints 2004 - 2005

Total new complaints received for the year to 31 March 2005	332
Complaints resolved by local resolution	324
Complaints answered within 20 working days	81%

Internal control and governance

Each year the chief executive must submit to the Department of Health a signed statement that the Trust has a system of controls and assurances in place to show that its business is conducted openly, honestly and safely.

This document was approved by the Trust Board, its internal auditors and the Strategic Health Authority in May 2005 and can be viewed on the trust web site or from the Corporate Affairs Department.

The Statement of Internal Control confirms that the Trust uses an Assurance Framework that documents all the major risks, both internally and externally, to which the Trust is exposed and the steps in place to minimise their possible effects. It records the evidence provided to the Trust Board to show where controls are working well and where further improvement is needed. In the past year, significant concerns have been identified and addressed in relation to financial balance, clinical governance and reputational issues.

Clinical Governance

The Trust Board ensures that clinical governance principles, processes and systems are embedded throughout the organisation to provide safe, high quality care.

It participates in a wide-ranging annual clinical audit programme including audit against national service frameworks (NSFs), national confidential enquiries and recommendations of external bodies such as the National Institute for Clinical Excellence (NICE) and Royal Colleges.

The Trust clinical governance development programme was approved by the Strategic Health Authority and the subsequent annual report demonstrated the change and quality improvement arising from it. The report is available on the Trust web site.

During the year the Trust incorporated 'Standards for Better Health' into its clinical governance development programme in preparation for inclusion of the twenty-four core standards in its performance indicators for 2005-2006. We welcome this initiative to give higher priority to clinical quality and safety and are working with our partners towards a robust self-assessment against these standards required for 2005-2006.

Signed

Chief executive officer
(on behalf of the board)
31 July 2005

Auditors' statement

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 on pages 30 to 35. This report is made solely to West Middlesex University Hospital NHS Trust's 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's 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's 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 mis-statements 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 2005 on which we have issued an unqualified opinion.

Signed



KPMG LLP, Chartered Accountants
London, August 2005

Summary financial Statements

KPMG LLP are the external auditors to the Trust, appointed by the Audit Commission. Services provided in 2004/05 relate purely to the statutory responsibilities of auditors under the current Audit Code of Practice and have included review of the financial statements and the Trust's arrangements to ensure the legality of financial transactions and the proper use of resources. The cost of this work was £132k.

The accounts for the year ended 31 March 2005 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. The financial statements 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:

Stephen Higgins
Finance Department
West Middlesex University Hospital
Twickenham Road, Isleworth, TW7 6AF

Financial statements

Income and expenditure account for year ended 31 March 2005	2004/05	2003/04
	£000	£000
Income from activities	99,013	92,287
Other operating income	8,408	9,627
Operating expenses	(110,201)	(99,354)
OPERATING SURPLUS (DEFICIT)	(2,780)	2,560
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	1,129	33
SURPLUS (DEFICIT) BEFORE INTEREST	(1,651)	2,593
Interest receivable	125	151
Interest payable	0	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	(1,526)	2,744
Public Dividend Capital dividends payable	(2,465)	(2,607)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(3,991)	137

Gail Wannell
Gail Wannell
 Chief executive

S. Marshall
Simon Marshall
 Director of finance

Balance sheet as at 31 March 2005

31/3/2005 31/3/2004

	£000	£000
FIXED ASSETS		
Intangible assets	1	4
Tangible assets	84,284	87,206
Investments	0	0
	<u>84,285</u>	<u>87,210</u>
CURRENT ASSETS		
Stocks and work in progress	1,265	1,224
Debtors	12,793	9,310
Investments	0	0
Cash at bank and in hand	299	299
	<u>14,357</u>	<u>10,833</u>
CREDITORS : Amounts falling due within one year	(19,896)	(18,154)
NET CURRENT ASSETS (LIABILITIES)	(5,539)	(7,321)
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>78,746</u>	<u>79,889</u>
CREDITORS: Amounts falling due after more than one year	0	0
PROVISIONS FOR LIABILITIES AND CHARGES	(1,201)	(438)
TOTAL ASSETS EMPLOYED	<u>77,545</u>	<u>79,451</u>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	11,365	27,838
Revaluation reserve	49,317	39,441
Donated asset reserve	153	175
Other reserves	0	3
Income and expenditure reserve	16,710	11,994
TOTAL CAPITAL AND RESERVES	<u>77,545</u>	<u>79,451</u>

Financial statements continued

Statement of total recognised gains and losses for the year ended 31 March 2004

	2004/05	2003/04
	£000	£000
Surplus (deficit) for the financial year before dividend payments	(1,526)	2,744
Fixed asset impairment losses	(6,879)	(313)
Unrealised surplus (deficit) on fixed asset revaluations/indexation	25,459	5,715
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(22)	(21)
Additions/(reductions) in "other reserves"	0	3
Total recognised gains and losses for the financial year	17,032	8,128

Cash flow statement for the year ended 31 March 2005

2004/05

2003/04

	£000	£000
OPERATING ACTIVITIES		
Net cash inflow (outflow) from operating activities	1,633	15,121
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	125	151
Net cash inflow/(outflow) from returns on investments and servicing of finance	125	151
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(5,503)	(14,596)
Receipts from sale of tangible fixed assets	18,129	33
Net cash inflow (outflow) from capital expenditure	12,626	(14,563)
DIVIDENDS PAID	(2,465)	(2,607)
Net cash inflow/(outflow) before management of liquid resources and financing	11,919	(1,898)
MANAGEMENT OF LIQUID RESOURCES		
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow (outflow) before financing	11,919	(1,898)
FINANCING		
Public dividend capital received	13,010	13,366
Public dividend capital repaid (not previously accrued)	(22,210)	(4,096)
Public dividend capital repaid (accrued in prior period)	(2,719)	(7,340)
Net cash inflow (outflow) from financing	(11,919)	1,930
Increase (decrease) in cash	0	32

Financial statements (continued)

Management costs

	2004/05	2003/04
	£000	£000
Management costs	4,010	3,749
Income	106,467	101,307

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMManagementCosts/fs/en

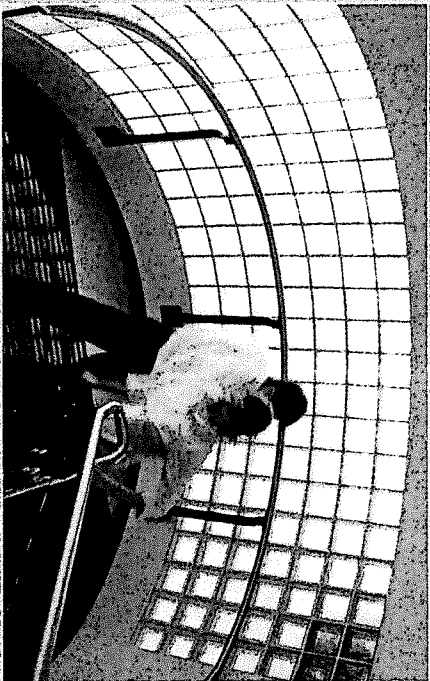
Better Payment Practice Code - measure of compliance

	2004/05	
	Number	£000
Total bills paid in the year	25,971	35,248
Total bills paid within target	14,369	27,503
Percentage of bills paid within target	55%	78%

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

Salary and Pension entitlements of senior managers 2004/05

Name and Title	Salary	Other Remuneration	Real Increase in pension and related lump sum at age 60	Cash Equivalent Transfer Value at 31 March 2005
Sue Ellen - Chairman	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £	£000
Gail Wannell - Chief executive	15-20			303
Winston Weir - Director of finance	105-110		5000-7500	105
Grace Gibbs	45-50		2500-3000	
Janet Baldwin - Medical director	50-55			
Michael Ridgewell	55-60	65-70	17500-20000	717
Hazel Wallace	35-40			
Yvonne Franks - Director of nursing and midwifery	10-15			
Alison McIntosh - Director of acute care	45-50		0-2500	251
Nina Singh - Director of workforce and development	65-70		0-2500	146
Peter Gill - Director of IM&T and service improvement	65-70		2500-5000	95
Shân Jones - Director of family, sexual and ambulatory care	30-35		2500-5000	89
Celia Golden - non executive director	55-60		5000-7500	217
Sean Hughes - non executive director	5-10			
Salim Vohra - non executive director	5-10			
Andrew Daws - non executive director	5-10			
Stephen Clark - non executive director	5-10			
Dominic Tkacyk - Interim finance director	5-10			
Michael Ridgewell left the Trust on 15/10/04				
Hazel Wallace left the Trust on 30/06/04				
Grace Gibbs left the Trust on 31/05/04 after a period of secondment				
Winston Weir left the Trust on 01/11/04				
Dominic Tkacyk was interim finance director between 04/10/04 and 08/04/05				
Shân Jones was appointed director of family, sexual and ambulatory care on 18/10/04				
No benefits in kind were paid to the above directors in 2004/05.				
Non-executive directors do not receive pensionable remuneration				
The Cash Equivalent Transfer Value (CETV) of pension scheme benefit is an actuarially assessed transfer value.				



West Middlesex Lymington Hospital
Maldenham Road

Isleworth
Middlesex
TW7 6JF

Major switchboard 020 8999 2121

www.eor.nigdi.sandhospitals.nhs.uk