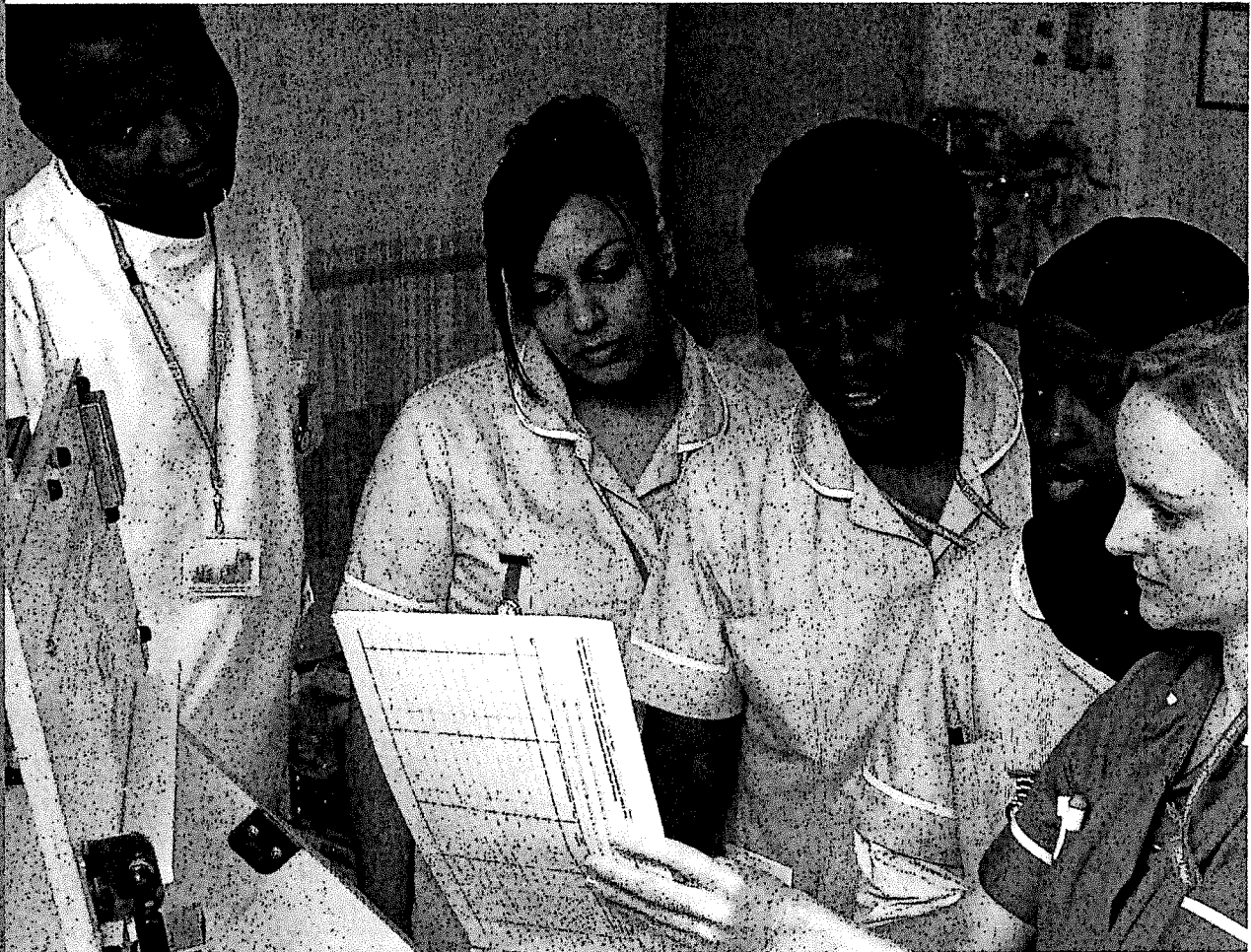


A first class hospital for our community

West Middlesex University Hospital **NHS**

NHS Trust



ANNUAL REPORT 2005-06

Contents

	PAGE
Introduction	1
Highlights of the Past Year	2
Overview from the Chairman and Chief Executive	3
Early Life Services	4
Ambulatory and Short Stay Services	7
Late in Life and Complex Needs Services	12
Services across West Middlesex	14
2005-2006 Financial Commentary	20
The Board	28
Independent Auditors' Report	29



Introduction

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 vision is to become a first class hospital for our local community and to provide high quality care in every way.

2005 to 2006 has been a challenging year for West Middlesex as the Trust has worked hard to improve its services and standards in our three key areas of care:

Early Life Services

Ambulatory and Short Stay Services

Older People Services

This report outlines some of the many improvements that West Middlesex has made in these three key areas and across the Trust. None of these would have been possible without the hard work and dedication of the staff at West Middlesex.

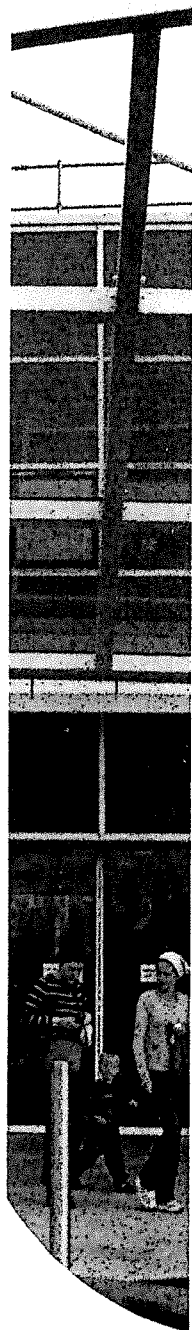
All our work has been underpinned by the Trust's guiding principles and values, together with a serious commitment to working with our local community and to ongoing education for our staff. West Middlesex will continue with this positive and successful approach in the years ahead.

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



Highlights for 2005-2006

Significant decrease in the operational financial deficit for the Trust

Ongoing year on year improvement in infection control rates

Over 98% cases in A&E seen within national targets

Introduction of Red Tray Scheme to improve nutritional standards

Introduction of the Visitors' Charter to set out expectations for staff, patients and visitors in relation to behaviour at the Trust

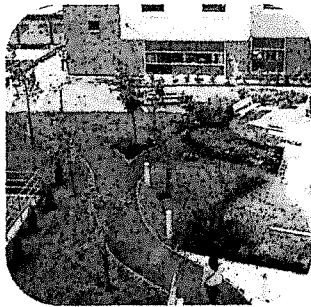
National award for improving the working lives of staff

Continued reduction in mortality rates

Successful cancer peer review which noted a patient survey undertaken by cancer patients in partnership with healthcare professionals at West Middlesex as exemplar practice

Scored 3 out of a possible 4 when rated for the Improvement Standard for Children's Services as part of the Standards for Better Health

Charter Marks for both Maternity Services and the Sexual Health Clinic



Overview from the Chairman and Chief Executive

SUE ELLEN, CHAIRMAN

The past year at West Middlesex has been one mixed with achievement and the identification of areas in which we must still make improvements. We have continued to strive to claw back our in-year financial deficit and have done so with success. For the financial year 2005-06, we overspent by just £1.4million – a huge improvement on past years. Because of past deficits carried over from previous years (£7.6million), the accumulative debt for 2005-06 was reported as £9million.

Our infection control team continue to work hard and set good practice, to bring down year on year figures for infection and MRSA. This is an area that the team will continue to work on in the future.

In our assessment against both new and existing national performance targets, we had mixed results. We continue to achieve the national targets for cancer services; chest pain; time spent in A&E; cancelled operations; booking and supporting patient choice; a reduction in the numbers of emergency admissions; successful implementation of a no smoking policy across the hospital as well as participation in audits and compliance with NICE.

Where weaknesses have been identified, we have already started work on addressing these. Examples include a new programme – the Red Tray Scheme – to ensure that the most vulnerable patients receive the nutritional levels they need at meal times, and, a full and thorough review of all patient communications, which is currently underway.



A handwritten signature in cursive script that reads "Sue Ellen".

GAIL WANNELL, CHIEF EXECUTIVE

The past year has really signified the next transition in West Middlesex's development. We have a dedicated staff, a fantastic new facility with a great deal of state of the art technology and a real sense of community. By bringing this all together, we are looking at ways of providing an even better service for patients at the hospital. As part of the ongoing work to make West Middlesex an even better place to come to work and a better experience for patients and visitors, staff representatives from a number of different work areas have been working with the management team to develop a plan that will take us into the next stage of our improvement journey. We recognise that there are still areas that need improvement and for that reason, we are putting in place our 'Breakthrough Plan'.

In addition, services in the Trust will be organised into three core sections: Early Life Care, Ambulatory and Short Care Stay, and Older People & Complex Care Services. All of these are underpinned by a very strong education, training and development ethos at the Trust.

Through staff and management working together, we hope to offer a more effective and efficient service for patients, ensuring they receive the highest quality of clinical care, without having to spend unnecessary time at West Middlesex. We have also been looking at ways of communicating more effectively with the broader community; with GPs and health practices; with patient groups; with spiritual leaders and other important community representatives. By putting in place a clear plan with real and achievable targets to improve the patient experience, we believe that we can deliver a service of even higher quality, meeting and exceeding more national targets and further reducing the historical deficit that has plagued us and our reputation over several years. This can only come through a united effort with one common goal: to put West Middlesex at the heart of our community.

We thank all staff for their hard work and dedication over the past year, and trust that they will continue to work with us to achieve all our goals.



A handwritten signature in cursive script that reads "Gail Wannell".

Early Life Services



Maternity Services

The Maternity Services at West Middlesex hold the prestigious Charter Mark Award, given by the Government in recognition of excellent service in the public sector. This is the third time that the hospital has been awarded the Charter Mark which means that the trust has held this award continuously since 1997. West Middlesex completed the annual validation process in February 2006. The award is in recognition of the hospital's high performance standards, user consultation and choice, value for money, user satisfaction and putting things right.

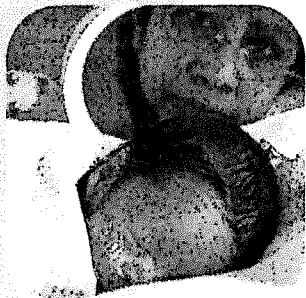
The Maternity Services based at West Middlesex offer the full range of midwifery, obstetric and special baby care facilities. They also provide postnatal care at home to those who have chosen to deliver in other hospitals, and antenatal and intrapartum (labour and delivery) care to women living in other areas who choose to deliver at West Middlesex.

The Queen Mary Maternity Unit provides all inpatient services, having 38 ante/postnatal beds, eight delivery rooms, an obstetric theatre with recovery/high dependency facility and a Special Care Baby Unit (SCBU) of 12 cots. The adjoining Queen Mary Women's Health Unit accommodates consultant antenatal and gynaecology clinics, ultrasound scanning and the day assessment unit. During 2005-06 there were 3,400 births at the hospital.

Clinical guidelines are updated frequently so that recommendations based on the latest national and international research and audit data are quickly implemented in practice. The Maternity Service achieved Clinical Negligence Scheme for Trust risk management standards at level 2 in December 2005, scoring 100 per cent in all standards. Achievement of these standards demonstrates that the service maintains the expertise of its staff to provide safe practice, and has systems in place to learn from mistakes and near misses through investigation of adverse incidents and complaints.

In 2006 the hospital also took part in a survey – Creating, Building and Sustaining Maternity Excellence in North West London – conducted by the Institute of Reflective Practice. This showed that the West Middlesex has the highest rate of satisfaction amongst mothers and staff in North West Thames. The hospital is also proud of its Young Mothers Antenatal Group. The team who support teenage parents was awarded third place for team of the year by the British Journal of Midwifery Practice Awards in 2005.

The quality of the Maternity Service standards is constantly being audited and improved by staff at the hospital, who take pride in delivering a service which lives up to its motto: 'Safe in our Hands'.





'Working in SCBU I really enjoyed the high dependency of the babies and the close relationships with the parents.'

Catherine Bailey, Childrens' Nursing

'Getting to know the staff on Starlight Ward and feeling part of the team and also interacting with both the parents and the children was definitely my favourite part of working at West Middlesex.'

Sarah Smallcombe, DipHE Nursing 1st Year

Children's Services

All the children's services – inpatient, day care, children's outpatients OPD, the children's home nursing team, all the administrative staff, doctors and managers associated with the service – are now located in one place.

Children who visit West Middlesex for day surgery are now nursed in a dedicated children's unit, Sunshine, with appropriately qualified staff and necessary facilities.

The Children's Services department continue to work closely with the paediatric team in A&E to make sure that patients don't wait more than 4 hours. Children are then admitted to the day unit for further assessment before a decision is taken as to the treatment they need.

Further use of 'Getting Better' patient feedback cards; the use of the parent's forum, as well as suggestion cards specifically for adolescent patients, has enabled us to continually deal with issues as they arise, leading to a better and improved service for all. Through dialogue with patients, written complaints to the department have reduced by 50 per cent – a significant achievement.

There have been a number of significant changes in the children's services at West Middlesex over the past year. Much of the emphasis has been on improving and easing the experience for children coming into hospital and that of their parents.

Over the past year, assessment has taken place in line with the National Framework for Children and 'Every Child Matters'. West Middlesex scored 3 out of a possible 4 when rated for the Improvement Standard for Children's Services as part of the Standards for Better Health. Favourable results were also obtained in the joint annual review of services across the community and inpatients. During 2005-06, West Middlesex also participated in the Child Health Services mapping exercise.

Infection control practices have seen significant improvement. The hand washing score in Sunshine and Starlight wards for 2005-06 was 93 per cent compliance.

Team Development

This year has seen the development of a new Child Protection Co-ordinator post which has been part of the Trust's ongoing commitment to ensure the safety and protection of all children and young people in its care.

Working across all departments and staff groups, the co-ordinator provides training on national standards of child protection and safeguarding which have been developed following the report by Lord Laming into the death of Victoria Climbié in 2003.

In addition we have appointed two new senior Paediatric Doctors to compliment our team, a Consultant who has an emergency care focus and an Associate Specialist with a special interest in urinary tract disorders.





Visit by the Mayor

The Mayor of Hounslow chose to support Starlight children's ward at West Middlesex during his mayoralty. In March he visited the ward and presented ten new TV / DVDs. These were purchased from funds raised through a variety of initiatives including a raffle. They have been put into the ward cubicles and children's outpatient waiting area.

The Mayor has made several other visits to the Starlight Ward to present cheques and other donations, and has been working closely with local businesses to raise money for the ward.

Staff on the ward are extremely grateful to the Mayor for all the work he has done. The televisions have made a big difference to the children staying on the ward, keeping them entertained and taking their minds off what is often a difficult and traumatic time.



Nurse and Midwife Awards

West Middlesex recognises the value of all the hard working and dedicated nurses, midwives, health-care assistants and student nurses who work within the hospital and in community settings.

This year special awards were presented to reward excellence across the spectrum of care for patients, to nurses and midwives of all levels, based on a wide variety of criteria. Twenty winners were announced between West Middlesex and Hounslow Primary Care Trust, all having been nominated by their colleagues and then chosen by a panel of judges including non-executive directors of the Trust, the Patient's Forum and senior managers.

Winners included the Nurse of the Year – Aloysius Zzizniga – a long standing nurse at West Middlesex who trained at the hospital in the 1960s; Midwife of the Year – Tonie Neville, who is not only a practicing midwife but assistant director of Maternity Services; and for Leadership – Siew Koay, a senior nurse in the Special Care Baby Unit.

The event was so successful it is now repeated annually.



Ambulatory and Short Stay Services

Cancer Care and Colorectal Services

During 2005-06 West Middlesex successfully completed a cancer peer review. The review looked at the hospital's compliance against a set of over 1000 detailed measures. The findings of the review were extremely positive, including high compliance with requirements across the board and 100 per cent compliance with intra-thecal chemotherapy services (where chemotherapy is given into the fluid around the spinal cord during a lumbar puncture).

It also noted as exemplar practice, the patient survey undertaken by cancer patients in partnership with healthcare professionals at the hospital. In particular the patient survey conducted by the Cancer Patient Forum patients was commended for sharing with other Trusts. The review team identified strong clinical leadership within the cancer multi-disciplinary meetings and within the cancer management team at the hospital. They also praised the hospital for the positive feedback it receives from cancer patients and their families.

The Solid Tumour Chemotherapy Service, launched in November 2004 in addition to the existing chemotherapy services for leukaemia and lymphoma patients at West Middlesex, celebrated its first anniversary. During the first year the clinic, which treats patients with breast and bowel cancer, was used by over 60 patients. The service offers patients a high standard of specialist care including a personalised service which ensures continuity of care, a comprehensive team approach, pre-planned and pre-scheduled clinical service delivery on days designated for oncology patients and a reduction in unnecessary delays.

Since 1999 West Middlesex has been part of the Cancer Services Collaborate programme which aims to improve the patient's journey for five major cancers – prostate, breast, colorectal, lung and ovarian. Bringing together a number of West London hospitals to work on improving cancer care, the programme has led to fundamental change in booking appointments for treatment from GPs through to specialist referral centres. It also progressed the development of nurse-led services, significantly improving access to care.

Communication and co-ordination of care have improved through patient information based on evidence and hand-held patient diaries. West Middlesex has led the projects in prostate and breast cancer.

This project has resulted in a significantly improved service for prostate cancer patients and has been cited within the NHS Plan as an example of good practice. In addition, the team has developed a patient-held record of tests and information to enhance communication with the patient and between West Middlesex and specialist cancer centres. The system for follow-up appointments has also been developed to reduce the number of visits to hospital, so freeing up clinics to see more patients.

The breast project has also resulted in considerable improvements to the service delivered to patients, including a dramatic reduction in waiting time for routine patients so that all referrals to the breast clinic are seen within 2 weeks; patients are issued with a standard single patient record which is used by all health professionals; waiting times for follow-up appointments for patients with benign breast conditions have been reduced and; new patient information leaflets which were developed in conjunction with patients to provide the right level of information at the right time have been introduced.

Colorectal (colon and rectum) services at the hospital are led by nurses who have extended skills to perform outpatient examinations and flexible sigmoidoscopy (an examination of the rectum and sigmoid colon with a fiberoptic instrument). New innovations have included diary led follow up procedures for colorectal cancer patients which has reduced outpatient clinic appointments and waiting times and 'straight to test' facilities which speed up diagnosis.

Patient satisfaction surveys are conducted on a regular basis to ensure that cancer services maintain a high standard of care delivery. The last survey was conducted in April 2005 and revealed that a 100 per cent of patients were 'very happy' with the service offered at West Middlesex.





'I chose West Mid as I knew it was a very modern busy hospital, with a good teaching reputation. Since I have been here I have found staff at all levels, from consultants to registrars to be very supportive and approachable. I would recommend the hospital to other doctors graduating from medical school.'

Danielle Crawley, House Officer, Cardiology

Medical Assessment Unit (MAU)

The medical assessment unit (MAU) plays an essential role in the hospital, taking pressure off the accident and emergency department, helping to reduce waiting times and ensuring that patients receive the most appropriate treatment. Emergency patients attending A&E, who need to be admitted to hospital, are first brought to MAU. The modern unit has highly trained staff who assess the need for further investigation and provide the necessary initial treatment. The close links with other multi-disciplinary teams, including physiotherapists, occupational therapists, social workers and bed managers together with intermediate care teams help facilitate rapid patient discharge/transfer from the unit. There is a dedicated MAU pharmacist and routine phlebotomy and ECG services are available.

After assessment, a decision is made to either discharge patients directly home or admit them to specialist wards for further treatment. Communication in the form of a typed discharge letter is sent to the GP within 48 hours, highlighting important aspects of each patient's hospital admission and future follow-up requirements.

STAFF

This year there has been an increase in training medical staff numbers from three to seven, and also agreement and allocation (from the deanery) of a Specialist Registrar in the new training specialty of 'Acute Medicine'. Formalised training sessions in topics of Acute Medicine have been extended to junior medical staff, and both MAU Senior Clinical Fellows achieved success in completing MRCP examinations first time round.

As regards nursing staff, all nursing posts are held by permanent staff, and there has been 100 per cent retention of staff in the unit. The team sickness record is very good, there have been 100 per cent appraisal records, and staff morale has been excellent. There has also been an education programme in resuscitation and non-invasive ventilation.

Advances in patient monitoring and medicine dispensing include a central venous pressure monitor, a plasma screen for real-time display of patient allocation, and breathing equipment to allow non-invasive ventilation. Many of these have been purchased following generous donations to the Trust. This year has also seen the development of a satellite pharmacy unit; along with input from the ward, pharmacist and technician, this enables rapid and safe dispensing of patient's medications and the facilitation of rapid hospital discharge.

KEY STATISTICS AND TARGETS

There has been an increase in the mean weekly admission rates from 97 to 102 to the unit, and a reduction of patients transferred from the unit to other wards from 66 per cent to 45 per cent, beating the target set. The average length of stay of patients on the unit is now 32 hours, which also exceeded the target. The proportion of discharge summaries e-mailed or posted within 48 hours to patient's GPs was an unrivalled 75 per cent, and this has also led to minimal further medical input being required for clinical coding evaluation.

The flow of patients through the unit has been a major contributory factor in enabling the Trust to easily achieve the national 98 per cent target of patients in A&E being seen and discharged within four hours. There has also been a reduction in the number of recorded complaints directed at the unit.



'I've really enjoyed my placement at the hospital. Having never worked in a hospital before I was surprised how many nursing skills I learnt – including leadership and management skills – within the 3 years of my training.'

Rosemary Masayila, 3rd Year Nursing Diploma



Clinical Imaging

The clinical imaging department at West Middlesex is one of the most technologically advanced in Europe, with a team of eight consultants and over 40 radiographers providing a radiological service to all our stakeholders on a 24-hour basis. Technology available includes:

- ☒ Digital X-ray (the first of its kind in the UK)
- ☒ Multi slice CT scanner
- ☒ 4 ultrasound machines
- ☒ Multi resonance imaging (MRI)
- ☒ Mammography service
- ☒ Barium procedures
- ☒ Comprehensive digital picture archive

The service is fully digitised so that as soon as images are taken, they can be transferred directly onto computers and viewed at any workstation or PC throughout the Trust. For patients, this means a much shorter wait for results and diagnosis. The clarity of the images also leads to greater accuracy of diagnosis. Should a second opinion be deemed necessary, images can be sent to anywhere in the world, so long as the relevant equipment is available at the destination it is being sent to.

Inpatient Surgery

West Middlesex University Hospital's inpatient surgery is carried out in a state of the art operating department managed by a modern matron and staffed by 73 people including recovery staff. Operations carried out include general surgery, urology, trauma, orthopaedics, podiatry, oral surgery, ear nose and throat surgery and colorectal surgery.

Patients undergoing inpatient surgery stay in one of the three surgical wards at the hospital. Richmond Ward deals with elective surgery, Syon 1 with emergency procedures and Syon 2 predominantly with orthopaedic work. During 2005-06 over 9,496 procedures were carried out and a further 6,285 procedures were carried out as day cases.

As such, the service offers patients a much quicker, more stress-free and less invasive service than the traditional X-ray or scanning department. A full body CT scan, for example, takes just 30 seconds. Images are available almost immediately and diagnosis is therefore much quicker. This can mean as little as 15 minutes is spent in the department by a patient.

Service Developments this year include:

1. One stop paediatric hip scanning and one stop haematuria (blood in urine) clinic, which means that these patients can have their consultation and diagnostics, and follow up consultation, all in the one visit to the Trust.
2. CT angiography service. Patients now have a less invasive test, which takes less time and provides more diagnostic value than the previous service.
3. Out-sourcing of CT on-call night service. Previously, consultants had to take the day off following night calls, which resulted in loss of clinical sessions. With the out-sourced service, there is now no disruption to the following day.
4. Introduction of an additional breast screening session.
5. Successful cancer peer review of imaging services.

Amongst other things, all of the above have contributed to the Department continuing to deliver a fast, efficient and quality service to all our patients and referrers.

Following a successful pilot of a surgical assessment unit there are plans to provide a six-bedded unit on Syon 1 from Autumn 2006. This will be similar to the Medical Assessment Unit where patients are turned around within 48 hours.

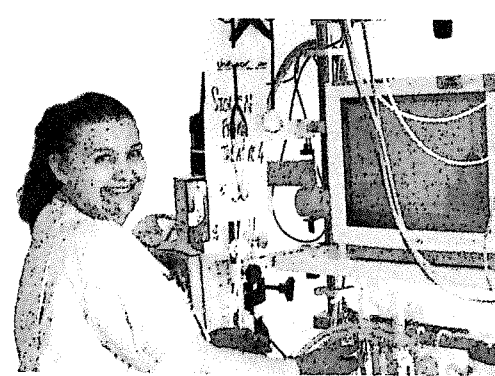
The Trust has met all prescribed targets for waiting times during 2005-06. With almost no exception, waiting times have been brought down to less than six months and this position has been maintained since October 2005. Over the coming 18 months the hospital will be working to continue reducing these waiting times.

In addition, West Middlesex's work in central admissions enables patients to book operation dates that suit them, allowing them to plan their hospital appointment around their lives and not the other way round.



'The room to improve yourself and the support that is given to you in realising your ambitions at West Middlesex is amazing.'

Cassandra Dunstan, Student Nurse seconded to the Critical Care unit



Critical Care

The past year has seen major enhancements to critical care services at West Middlesex, with additional investment in beds, new services and improved working practices.

The Critical Care unit has been reconfigured to accommodate four High Dependency beds. After an extremely successful recruitment campaign, the unit became operational in May 2005 with the Critical Care team now working across the Intensive Therapy Unit (ITU) and High Dependency Unit (HDU). The senior nursing team within ITU and HDU also work within the Critical Care Outreach service which makes the West Middlesex an attractive place to work as it allows staff to develop and practice advanced clinical skills.

This year also saw the introduction of a new Critical Care Outreach Service to support both patients on ITU and HDU, as well as patients on general wards who are in need of a higher level of care than would normally be possible. The team consists of senior critical care nurses and doctors from the anaesthetic department. The Service therefore acts as a buffer by providing care in the general wards to prevent unnecessary admission of patients to critical care. The service runs daily and results in sick patients being identified early and then receiving appropriate intensive therapy which may then preclude their need for transfer into the critical care unit. The Service also facilitates safe, early and appropriate step down of patients from Intensive Care or High Dependency to the acute wards.

Importantly, these major improvements have been made without impact to the existing service. Recruitment to the Outreach team was done incrementally to ensure that there was effective induction and training of all new staff.

Additionally, following an intensive training programme ITU, HDU, Coronary Care and one of the general wards are now able to support patients who require Non-Invasive Ventilation (NIV) with support from the Outreach Team.

This initiative has also helped in bringing down the length of stay for major elective surgery by ensuring that nutrition is commenced promptly and that pain relief is optimal. The changes themselves have already lead to a significant decrease in transfer rates from West Middlesex to other hospitals and an almost entire end to cancelled surgery due to lack of beds.

In addition to these overall changes, a major project has also been started to improve the data collected from critically ill patients. This will ensure that West Middlesex is ready to efficiently implement payment-by-results next year and to analyse trends in disease and outcomes.

The Critical Care unit is a committed member of the North-West London Critical Care Network. This group meets on a multi-disciplinary basis to share best practice around the region, recently initiating a training scheme for doctors and nurses transferring ventilated patients from unit to unit by ambulance.



'The atmosphere created by the staff makes the West Middlesex Hospital a relaxing and enjoyable place to work and learn.'

Daniel Edwards, 3rd Year student nurse

'I love taking advantage of extra learning sessions and seeing other clinical areas. My aim is to qualify and to continue learning with a view to possibly specialising in cardiology.'

Lara Huttenga, 1st Year student nurse



Sexual Health Clinic

West Middlesex University Hospital Sexual Health Department holds the coveted Charter Mark – the UK Government's national standard for excellence in care and services.

The range of services offered by the sexual health team is vast and varied. It is not just about prevention and cure; it is also about engagement with the local community.

Over the past year, the sexual health team has set up a client information folder. This feeds back results of surveys and audits about the service, explaining and highlighting ways of making things better. It also provides a useful insight into access to the service, complaints, management of resource and areas that need further improvement.

BE WIZE is a young person's sexual health clinic. The clinic offers direct access to sexual health information on a walk-in basis, after school hours. Posters and the logo for the service were designed by local students as part of their GCSE art project.

A comprehensive range of services is provided to patients who are HIV positive. These include welfare rights, counselling, HIV therapy adherence support and shiatsu massage. A specialist midwife is also on hand to support pregnant women who are HIV positive.

The whole team has seen the introduction of a new IT system, with aim for the future to work in an entirely paperless office.



Outpatients

Over the past year we carried out a wide-ranging 'workforce review' and have now started to implement the review's conclusions. Although this is in its early stages, benefits include colleagues taking increasing ownership for their roles as well as improvements in customer care. West Middlesex will continue to keep the implementation under review over the coming year.

A major achievement over the past twelve months has been the reduction of waiting times across all specialities from 17 to 13 weeks. This milestone is testament to the hard work of medical, nursing and non-clinical staff across the Trust in improving the patient experience and health outcomes.



Late in Life & Complex Needs Services

Older People Services



The Care of the Elderly Department is based in the Marjory Warren Medical Centre named after the national pioneer of Geriatric Medicine. The team, over the past year 2005-06, comprised three full time Consultant Geriatricians, supported by two Specialist Registrars, seven more junior doctors and three Specialist Nurses – one each for stroke, heart failure and older people.

The Marjory Warren Medical Centre is divided up into two separate wards: Crane and Kew. Crane is a 32-bed specialist ward for acute medical care. Kew is a 14-bed stroke unit, supported by a team of specialist neuro-rehabilitation therapists. Rehabilitation is also carried out in Kew Ward and this is run by the Integrated Assessment and Rehabilitation and Discharge Service.

The philosophy of the whole department includes holistic assessment of older people with acute physical illness, accurate diagnosis and treatment, multidisciplinary working, and an adequate trial of rehabilitation where necessary. The aim is to utilise intermediate care services where stay is prolonged. Specialist care is also provided for stroke victims and heart failure patients of all ages based on the latest research and guidelines.

Effective and safe discharge planning to return people to their own homes wherever possible is the ultimate aim of the centre. Following a successful pilot plan of a Discharge Coordinators post on Syon Suite, we now have 3 Discharge Coordinators in post. The Team's efforts have led to the number of delayed discharges being reduced over the past twelve months.

If curative treatment is not possible, every effort is made to ensure comfort, dignity and good basic care. Communication with patients and their carers and teaching and training are seen as priorities. Multidisciplinary teaching sessions are held on the stroke unit and at a joint academic meeting with old age psychiatry.

Ten clinics are held per week, including one held by the stroke specialist nurse, two heart failure clinics and general clinics for the elderly. In the Rehabilitation Centre on the ground floor of the Centre for disabled patients, Parkinsonian patients and those with unexplained recurrent falls referred by GPs are assessed in a multidisciplinary setting with the Community Rehabilitation Team. Domiciliary medical assessments are provided at the request of GPs.

An advisory liaison service is provided to the orthopaedic ward for medical management of patients with femoral fractures. A well-developed specialist service is provided to cardiology, and a referral service operates with other general medical and surgical teams and old age psychiatry.

Development of ortho-geriatric liaison and falls services is currently underway. October 2005 saw the opening of a new 14-bed rehabilitation ward, which is planned to increase to 22 beds in October 2006. A more organised system of specialist care of elderly patients in general medical beds with outreach multidisciplinary meetings is under discussion.

An expansion to the acute stroke unit is planned as well as an increase in the numbers of Consultants.

Developments in the Rapid Assessment Diagnosis and Treatment for the Elderly (RADIATE) team include the recruitment of an Occupational Therapist and a Community Psychiatric Nurse. RADIATE has also extended its hours, with the service now operating between 0800 and 2000, 7 days a week.

In the community, our Specialist Nurse for Older People has been actively involved with the Asian Gymkhana in Hounslow, furthering the Trust's aim to engage with all sectors of our community. West Middlesex continues to work with Hounslow & Richmond Social Services and there has continued to be Consultant Medical input at both the Hounslow & Richmond Continuing Care panel meetings.

'Doing my placement in the Endoscopy unit with a very supportive mentor has made me realise I'd like to help future students and patients. I would like to explain what is done in Endoscopy and better prepare the patients who are undergoing the procedures.'

Zibusico Ncube, 2nd Year Student Nurse



Working with Patients

West Middlesex works with a number of patient groups across the Borough. An example is the excellent work with the Hounslow Pensioner Forum.

The Hounslow Pensioners' Forum provides a high level of contact with the elderly population in the hospital's catchment area. Membership is free and open to all elderly people in the borough and as a result, the group is one of the most active pensioners' groups in London, embracing as it does many ethnic minorities as well as the indigenous population. The Forum also has considerable influence amongst pensioners in the greater London area, as it is a senior organisation in the London pensioner's movement.

As would be expected the members show a great deal of interest in both local and national affairs, and in particular in the provision of health services. This has helped the West Middlesex Hospital to

establish a close dialogue with the group and there is considerable support amongst the members for the work at the hospital, as well as a respect and appreciation of staff. This support has enabled West Middlesex to establish a form of consultation which is unique in that it provides the hospital with direct contact with actual users of services where views and opinions can be freely expressed on either side.

In November 2005 Yvonne Franks, Director of Nursing and Midwifery, was invited by the group's executive committee to attend a general meeting of members where she answered numerous questions on providing health care in the hospital. The meeting covered a fairly broad area of work and was considered very successful by the sixty pensioners present. There are indications that consultation in this form could well become a regular feature with this group.



The Red Tray Scheme

West Middlesex introduced a new system to help improve the nutritional care of its patients. The Red Tray project helps nurses easily recognise patients assessed as being at risk of malnutrition.

Those categorised as being high risk, are served meals on red trays, which contrast to the standard trays. This provides a visual indicator to nursing staff to ensure that these patients are provided with the individual support they may require at mealtimes.

Patients are assessed according to their weight, appetite, ability to eat, stress factors and the existence of pressure ulcers or wounds. The results of the assessment help the nurses to identify whether a patient is at risk of malnutrition.

Patients that are already malnourished upon admission or who may be as a result of their treatment will be considered 'at risk'.

Nurses provide assistance appropriate to the patient, ranging from recording food eaten, to actually helping patients to eat their meals. Red trays are not removed by domestic staff until instructed by a nurse.

The scheme aims to help meet national targets to improve the nutritional care of patients and has been praised in the National Institute for Clinical Excellence (NICE) annual report.



Services across West Middlesex

Visitors Charter

West Middlesex this year launched its first Visitors' Charter. The Charter is the culmination of efforts by both the West Middlesex University Hospital Patient & Public Forum and the Trust itself to establish clearer guidelines for both members of the public and West Middlesex staff as to what can be expected from one another and what is acceptable behaviour.

It is hoped that the guidelines for both staff and patients or visitors to the Trust will lead to greater respect, a more efficient treatment process and a safer environment in which to work and visit.

As well as referring to matters such as noise, courtesy and keeping visitors informed, the Charter also addresses visiting hours, interruptions during visits and meal times. In keeping with the hospital hygiene policies, it also covers infection control.

It is important for both patients and staff that there is a level of expectation as to what is acceptable behaviour.

Staff want to be able to work in an effective and efficient way, without fear of verbal and physical abuse. Likewise, patients and their relatives should receive the respect they deserve, whilst receiving efficient and effective care.

Working with our partners

West Middlesex works with a number of key partners some of which are featured below, all of who help enhance the quality and type of care patients receive. We value all these relationships and see them as an integral part of the support offered to all patients and their families.

THE MULBERRY CENTRE

In August 2005, The Mulberry Centre, West London's walk-in cancer support and information service became a charity in its own right with its own board of Trustees. Since opening its doors in July 2001, The Mulberry Centre had been a charity of the West Middlesex. Although the centre was always responsible for its own fundraising, independence from the Trust will make it easier for them to seek donations. Whilst patients will not have seen an obvious change to the way they access support from the centre, it aims to introduce new services such as homeopathy and nutritional advice and to raise their profile within the local community.

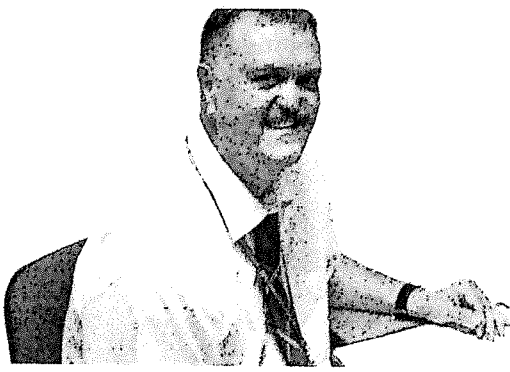
PATIENT & PUBLIC INVOLVEMENT FORUM

The Patient and Public Involvement Forums (PPIF) are here to make sure the public is involved in decision-making about health and health services. The Forum comprises local people and has statutory powers to ensure its voice is listened to. Forum members actively participate in key Trust Committees. During this year the, PPIF conducted reviews of outpatient services and the hospital environment, which included cleanliness. In addition the Trust engaged the PPIF on a number of key issues including hospital services and improvements.

LOCAL AUTHORITY OVERVIEW & SCRUTINY – STANDING PANELS

Through a series of scrutiny panels, Local Authority Councillors and members of the local community work together to make recommendations to local decision makers, such as NHS Trusts, for improvements or alternative ways of working. During this year senior representatives of the Trust attended a number of meetings of the Committee's of the London Borough of Hounslow & Richmond where NHS Finances & Performance, Hospital Acquired Infections and working relationships with Patient & Public Involvement Forums were reviewed.





Name: Baz Gard

Course: Advanced Skills Counselling and Psychotherapy

Age: 51

Year of Study: Ongoing

Experience at West Middlesex: 12 Year Patient Care

Favourite aspect of West Middlesex: Dealing with and resolving concerns at local level and raising standards in patient care

Aims: To manage PALS and promote the service effectively by improving our service and focus

Infection Control

West Middlesex Hospital has a dedicated integrated infection control team made up of two microbiologists and three specialist nurses. The team is responsible for monitoring standards and for managing the risk of infection for patients, visitors and staff alike.

Since the beginning of 2005 the hospital participated in the 'Clean your Hands' campaign, part of a national initiative to promote the use of alcohol hand-rub among staff, with a high profile poster campaign and involvement of patients. Other measures taken by West Middlesex Hospital to ensure good infection control include:

- Mandatory infection control training for clinical staff, updated annually
- Availability of a number of hand basins on each ward
- Disinfection rubs at the end of each bed
- Regular hand hygiene audits

A strict cleanliness policy – and campaigns such as 'Clean your Hands' – have led to a third successive drop in the number of reported cases of MRSA. West Middlesex treats around 15,000 inpatients each year. The MRSA rate is exceptionally small, however the Trust continues to work to reduce further the cases reported.

MRSA lives completely harmlessly on the skin and in the nose of about one third of people. For most, it is not a serious condition, but it can cause infections in patients who have other illnesses, such as diabetes, or wounds resulting from surgery. MRSA generally responds to certain antibiotics, which may need to be given intravenously.

MRSA is a problem that has been recognised for the past 20 years and is managed in hospitals like any other infectious condition.



Practice Plus Award

West Middlesex was one of the first Trusts to achieve the Improving Working Lives Practice Plus status when it was assessed in 2005.

The Improving Working Lives Standard is a blueprint by which NHS employers and staff can measure the management of human resources. Organisations are kite-marked against their ability to demonstrate a commitment to improving the working lives of their employees.

The independent assessors' report highlighted a number of areas for praise, including the 'robust' learning and development programme, and the Trust's work on promoting equality and diversity. Staff involvement and communications was described as 'really good'.

The action taken following the annual Staff Attitude Survey contributed significantly to the Trust achieving the Improving Working Lives Practice Plus status. Examples of the changes made following last year's survey included:

- Improving access to learning and development
- Providing better feedback through appraisals
- Promoting zero tolerance of bullying and harassment and setting up a harassment advisor network
- Improving staff benefits



Name: Theresa Broderick

Course: NVQ L3 Admin

Age: 46

Experience at West Middlesex: The whole hospital environment is new to me

Favourite aspect of West Middlesex: Working as a ward clerk

Aims: To be the best ward administrator in the whole hospital



Library and Knowledge Service

Following a visit by the Health Libraries and Information Confederation, the Patricia Bowen Library and Knowledge Service was this year awarded the highest level of accreditation – level 3. The library is one of only two to receive this level of accreditation.

The scheme is a peer-reviewed programme designed to assess and accredit health care library services across the NHS. The accreditation was conducted by a panel of three external assessors, who, in addition to examining documentary evidence relating to the library service, also had the opportunity to meet senior Trust management, library stakeholders and library users.



Long Service Awards

Rumbles restaurant played host to a party in November in celebration of long service and commitment.

Employees with 10, 15, 20, 25, 30, 35 and 40 years continuous service with the Trust were invited to the celebration; each was presented with a bouquet of flowers, a badge and certificate. Those with an impressive 25 years service or more were presented with a Dartington Crystal Picture Frame.

Our employee of the year, Cannie Smith, Care Assistant on Syon Ward was presented with a £500 cheque by Gail Wannell, Chief Executive, and Sue Ellen, Chairman for her excellent work attendance record and, more importantly, her helpful and caring attitude which positively impacts on patient care.



Pharmacy

The past year has seen improvements in dispensing times as the pharmacy at West Middlesex continues to implement the Service Improvement Plan. At the start of the Service Improvement Plan, an average outpatient dispensing time lasted between 45 minutes to an hour. Since implementation, however, the pharmacy team have now successfully achieved an average outpatient dispensing time of 15 minutes – all the more impressive when set against an increased annual workload of 15 per cent.

The pharmacy department has also been working hard to roll out the re-engineered medicines management systems across the hospital. West Middlesex is already beginning to see the immediate and knock-on benefits of the roll out, ultimately leading to a reduction in patient delays and overall improvement in the patient experience. A targeting of resources at the Medical Assessment Unit is of particular note, as this has resulted in a reduced average waiting time for discharge prescriptions of less than twenty minutes.

On one Critical Care ward, the time spent by nursing staff administering medicines has fallen from 70 minutes to 50 minutes per round, enabling staff to spend more time focussing on other important aspects of patient care. The number of 'missed doses' has also been reduced as medicine needs are identified earlier.

A 'Patient Experience Survey' was conducted over July 2005, which directly informed the service improvement plan where appropriate. The survey showed that patients are generally more satisfied with waiting times at the outpatient pharmacy as 65 per cent of those who had previously attended had waited less time on this occasion. The professionalism of our staff and commitment to patient care was further evidenced in the survey's finding that 80 per cent of patients found pharmacy staff 'helpful and polite' or 'very helpful and polite'.



Working with local GPs

Over the past eighteen months, the IT applications department has been working to produce an electronic discharge summary. The process wasn't easy, with rules around security of electronic information and confidentiality of patient care that had to be approved across the Trust and with GPs.

The new system, which is now in place, will replace the old process of manual hand-written discharge summaries. These were produced by a doctor detailing the patient's condition, the medication they should be taking as part of their recovery, and any other necessary information that the patient or GP would need. The new electronic system still contains the same information but greatly speeds up the discharge procedure for patients.

As part of the development of the new system, the team worked closely with the Primary Care Trust to assure GPs that West Middlesex is meeting all their needs.



Sharing information

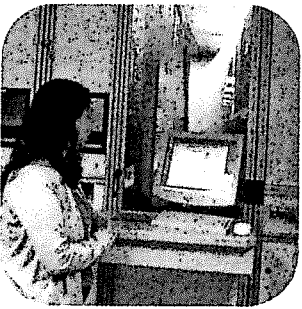
West Middlesex is pleased to report on the improvements made throughout the Trust over the past year in Information Governance (IG). The Trust's Information Governance Manager has been mapping all the information shared with other organisations to ensure it is managed in a secure and confidential way. This has involved working with the London Borough of Hounslow, Hounslow Primary Care Trust and the West London Mental Health Trust who have all now signed up to an Information Sharing Protocol, governing the way in which the four organisations will share information.

The Trust is assessed on IG through the submission of an annual IG toolkit score, which counts towards

the overall performance assessment of the Trust. With the improvements made in 2004/05 the Trust submitted a score of 76 per cent and is currently on track to achieve the target score for 2005-06 of 90 per cent.

With the emphasis in IG on patient confidentiality, there are now leaflets and posters throughout the Trust telling patients how all staff are bound by confidentiality and legislation such as the Data Protection Act 1998.

All new staff to the Trust are given IG training as part of their Corporate Induction by the Learning and Development Team, who train staff as part of their weekly team meetings.



No Smoking Policy

For the past year, West Middlesex has been a smoke free environment, with strict no-smoking rules in and around the hospital. Feedback from staff, patients and visitors on the ban continues to be positive. The only place smokers can now light up is in one of four dedicated smoking shelters around the site.

West Middlesex is working with Hounslow Primary Care Trust to help support and give advice to smokers wanting to give up. They provide information on the wide range of nicotine replacement therapies available as well as useful tips on how to handle the withdrawal from smoking, making giving up easier and more successful.

The service is ongoing and provides help and support throughout the process of stopping smoking through weekly clinics.

Last year over 1,200 local people were helped in their quest to quit smoking and make a positive change to their health. Benefits to stopping smoking include saving money, improving your looks and feeling fitter and healthier – not to mention an increased life expectancy.

Smoking is the biggest single cause of ill health and premature death in this country. The West Middlesex University Hospital Trust is doing everything it can to promote the no smoking message. As an NHS employer, we have a duty to our staff and patients to protect them from the health hazard that smoking represents.

West Middlesex is now looking at introducing a complete smoking ban.

Travelling to West Middlesex

In a bid to get fit, reduce stress and congestion, and help the local environment, the Travel Plan offered staff at the Trust half price cycle training with a fully qualified Hounslow Borough instructor.

Working alongside South West London Transport Conference, 'Walk to Work Week' encouraged staff to record their daily steps as part of a regional challenge. Entrants were equipped with a pedometer and a record sheet with a grand prize of £50 of highstreet vouchers and the chance to qualify for entry into the regional competition for the person recording the most steps.

On site, new traffic calming measures were introduced in October. These include a SLOW DOWN road sign in the 10mph zone and the addition of speed humps, as well as repainted pedestrian crossings. The security around Hepple Close will also be improved. Unauthorised access points will be closed off and improved lighting and CCTV installed in more vulnerable areas.

Other new developments have seen improved motorcycle parking facilities, more cycle racks installed and the redevelopment of the parking and recreational areas at the front of Majory Warren.



The Chaplaincy

The Chaplaincy team provides a valuable service of support to a wide range of people at West Middlesex – patients, their friends and relatives and staff. The team is there for people of all faiths and beliefs.

The team is relatively small and they work extremely hard to ensure that they visit each ward as much as possible. In addition, a large number of people are seen privately at the Multi-Faith Centre at West Middlesex.

A survey carried out this year amongst staff revealed just how much the Chaplaincy service is valued at West Middlesex. Questionnaires were sent out to a random selection of hospital staff.

Awareness of the Chaplaincy team was universal amongst respondents with well over 90 percent confirming that they knew where to find the Multi-Faith Centre and how to contact a Chaplain. Some 93 percent said that the Chaplaincy team and Multi-Faith Centre were important to them, and almost half said they accessed the service on a regular basis. In a ringing endorsement and well-earned boost for the Chaplaincy team, all respondents rated the service as 'good' or better, with over fifty per cent rating it as 'excellent'.



Events at West Middlesex

West Middlesex has held several events which have been well attended by staff and visitors. During 2006 the Trust held a lifestyle event in the atrium of the hospital, giving both staff and members of the public the opportunity to learn more about a wide variety of areas such as

weight management, exercise and healthy living. Members of staff were on hand to give individuals advice and support, with cholesterol testing particularly popular. The hospital atrium was also the venue for a carol concert during the festive season.



2005-2006 Financial Commentary

The West Middlesex University Hospital NHS Trust set a budget for the financial year 2005-06 of £106 million. During the financial year, we worked hard to live within this budget, but ended having overspent by £1.4m.

Under the current NHS financial framework, our accumulated deficits of £7.6m (from previous years) are added to the £1.4m from 2005-06 and consequently we reported an overall deficit of £9m within our 2005-06 annual accounts.

Our in-year deficit of £1.4m was driven to two main factors:

- A shortfall in our budgeted income of £0.2m: caused by delays in the transfer of work from Ashford hospital £0.7m, which was offset by other activity increases £0.5m.
- A shortfall against our cost reduction target of £1.2m; caused by our inability to close the expected number of beds, due to increasing activity levels and increasing numbers of patients with long lengths of stay. Our plans to improve theatre utilisation were also only partially implemented in year.

The Trust achieved its target External Financing Limit for the year, with the aid of £13.2m of brokerage. This brokerage is currently expected to be repaid over 2006/10. However, the cash position of the Trust is expected to improve with the generation of surpluses on our income and expenditure account in future years, and following the successful implementation of our breakthrough plan. The Trust's poor financial standing throughout the year meant that we were forced to restrict payments to both our NHS and non-NHS creditors, preventing us from achieving our Better Payments Policy target of 95 per cent of bills (in both value and volume) paid within 30 days.

The Trust under spent its Capital Resource Limit by £1.5m. £0.8m of this was required to reverse the overshoot in 04/05 relating to the North side land sale adjustment. The remaining under spend related to ongoing projects at the year end. All of the funding for this has been deferred and will carry over into 06/07.

FINANCIAL BREAKTHROUGH

Over the last three years we have made significant progress on our underlying financial difficulties. Quality has been at the heart of our improvement journey and we have worked hard to ensure all our improvements to services are sustainable and effective: However, in many areas we still have to realise the full benefits from our actions, both in quality and financial terms. As we move into the next stage of our improvement journey our latest initiatives will support the changes already carried out, whilst helping to breakthrough our remaining financial difficulties.

A plan has been drawn up by clinicians, nurses, managers and the executive team at West Middlesex to take the Trust forward. Ultimately, we hope that this will put the Trust in a strong position for achieving a breakeven position in 2006/07.

Our plan includes:

- Improving patient flow through the Trust so that patients are treated in the most appropriate way
- Re-structuring the way we provide services to ensure that our theatres and wards are used as efficiently as possible
- Adopting best practice from across the NHS and beyond – so that our services are provided in the most appropriate way
- Deriving the full benefits from recent workforce reform and the new contractual arrangements
- Outsourcing some services which continue to cause bottlenecks, delays and frustration
- Greater provision and availability of management information to ensure services are run as efficiently as possible
- Developing new services and opportunities to ensure that the continuing financial viability of the Trust

STATEMENT OF INTERNAL CONTROL

The Trust's Statement on Internal Control is set out in the full annual accounts, copies of which are available from the Director of Finance.

Financial Information

Income and expenditure for the year ended 31 March 2006

	2005-06 £000	2004-05 £000
Income from activities	92,517	99,013
Other operating income	10,600	8,408
Operating expenses	(109,771)	(110,201)
OPERATING SURPLUS (DEFICIT)	(6,654)	(2,780)
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	0	1,129
SURPLUS (DEFICIT) BEFORE INTEREST	(6,654)	(1,651)
Interest receivable	162	125
Interest payable	0	0
Other finance costs – unwinding of discount	0	0
Other finance costs – change in discount rate on provisions	(57)	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	(6,549)	(1,526)
Public Dividend Capital dividends payable	(2,475)	(2,465)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(9,024)*	(3,991)

* The Trust's in-year financial performance for 2005/06 was a £1.4m deficit.

Under the government's Resource Accounting Budgeting system of accounting the organisation must carry forward deficits from previous years, and incorporate these deficits in each year's results until surpluses are achieved that will pay back the deficit from previous years.

Therefore the £9.0m deficit for 2005/06 is made up of an in-year deficit of £1.4m, a £4.0m deficit carried forward from the previous year and £3.6m of repayable financial support received in previous years.

Financial Information Continued

Balance sheet as at 31 March 2006

	31 March 2005-06 £000	31 March 2004-05 £000
FIXED ASSETS		
Intangible assets	175	1
Tangible assets	86,112	84,284
Investments	0	0
	86,287	84,285
CURRENT ASSETS		
Stocks and work in progress	1,306	1,265
Debtors	7,213	12,793
Investments	0	0
Cash at bank and in hand	296	299
	8,815	14,357
CREDITORS: Amounts falling due within one year	(6,863)	(19,896)
NET CURRENT ASSETS (LIABILITIES)	1,952	(5,539)
TOTAL ASSETS LESS CURRENT LIABILITIES	88,239	78,746
CREDITORS: Amounts falling due after more than one year	0	0
PROVISIONS FOR LIABILITIES AND CHARGES	(960)	(1,201)
TOTAL ASSETS EMPLOYED	87,279	77,545
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	27,367	11,365
Revaluation reserve	52,001	49,317
Donated asset reserve	142	153
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	7,769	16,710
TOTAL TAXPAYERS EQUITY	87,279	77,545

Signed:



(Chief Executive)

Date: 15th September 2006

Financial Information Continued

Statement of total recognised gains and losses for the year ended 31 March 2006

	2005-06 £000	2004-05 £000
Surplus (deficit) for the financial year before dividend payments	(6,549)	(1,526)
Fixed asset impairment losses	0	(6,879)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	2,774	25,459
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	0
Defined benefit scheme actuarial gains/(losses)	0	(22)
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	(3,775)	17,032
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	(3,775)	17,032

Financial Information Continued

Cash flow statement for the year ended 31 March 2006

	31 March 2005-06 £000	31 March 2004-05 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	(3,193)	1,633
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	162	125
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	162	125
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(3,226)	(5,503)
Receipts from sale of tangible fixed assets	0	18,129
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	(3,226)	12,626
DIVIDENDS PAID		
	(2,475)	(2,465)
Net cash inflow/(outflow) before management of liquid resources and financing	(8,732)	11,919
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of current asset investments	0	0
Sale of current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(8,732)	11,919
FINANCING		
Public dividend capital received	20,002	13,010
Public dividend capital repaid (not previously accrued)	(4,000)	(22,210)
Public dividend capital repaid (accrued in prior period)	(7,273)	(2,719)
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies*	0	0
Net cash inflow/(outflow) from financing	8,729	(11,919)
Increase/(decrease) in cash	(3)	0

Financial Information Continued

Senior Managers – Remuneration report

Name and title	2005-06		2004-05	
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)
	£000	£000	£000	£000
Sue Ellen – Chairman	15 - 20		15 – 20	
Gail Wannell – Chief Executive	110 - 115		105 – 110	
Simon Marshall – Director of Finance & Performance	85 - 90		85 – 90	
Janet Baldwin – Medical Director	55 - 60	65 – 70	55 – 60	65 – 70
Yvonne Franks – Director of Nursing & Midwifery	65 - 70		45- 50	
Alison McIntosh – Director of Acute Care	75 - 80		65 – 70	
Nina Singh – Director of HR	65 - 70		65 – 70	
Peter Gill – Director of IM&T	65 - 70		30 – 35	
Shan Jones – Director of Family & Sexual Health	65 - 70		55 – 60	
Celia Golden – Non Exec Director	0 - 5		5 – 10	
Sean Hughes – Non Exec Director	0 - 5		5 – 10	
Salim Vohra – Non Exec Director	0 - 5		5 – 10	
Andrew Daws – Non Exec Director	5 - 10		5 – 10	
Stephen Clark – Non Exec Director	5 - 10		5 – 10	
Luke De Lord – Non Exec Director	0 - 5		0 – 0	
Nicholas Gash – Non Exec Director	0 - 5		0 – 0	

Celia Golden, Salim Vohra and Sean Hughes left the Trust on 31st October 2005

Luke De Lord and Nicholas Gash were appointed as Non Exec Directors of the Trust on 1st November 2005

Peter Gill has been Director of IM&T for the whole period of 2005/06

Financial Information Continued

Senior Managers – Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2006 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2006 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Gail Wannell							
Chief Executive	0	70000	22500	75000			
	- 2500	- 72500	- 25000	- 80000	346000	303000	35000
Janet Baldwin	2500	127500	42500	140000			
Medical Director	- 5000	- 130000	- 45000	- 145000	810000	717000	75000
Yvonne Franks							
Director of Nursing & Midwifery	2500	55000	17250	65000			
	- 5000	- 57500	- 20000	- 70000	320000	251000	63000
Alison McIntosh	2500	35000	10000	45000			
Director of Acute Care	- 5000	- 37500	- 12500	- 50000	192000	146000	42000
Shan Jones							
Director of Family & Sexual Health	2500	47500	15000	55000			
	- 5000	- 50000	- 17250	- 60000	276000	217000	54000
Nina Singh	0	22500	7500	25000			
Director of HR	- 2500	- 25000	- 10000	- 30000	112000	95000	14000
Peter Gill	0	25000	7500	30000			
Director of IM&T	- 2500	- 27500	- 10000	- 35000	110000	89000	19000
Simon Marshall							
Director of Finance & Performance	0	5000	2500	10000			
	- 2500	- 7500	- 5000	- 15000	40000	24000	15000

Financial Information Continued

Management costs

Management costs:		£000
Management costs		4,307
Income		101,861
Better Payment Practice Code		
Better Payment Practice Code - measure of compliance	Number	£000s
Total Non-NHS trade invoices paid in the year	27,457	33,966
Total Non-NHS trade invoices paid within target	11,402	23,093
Percentage of Non-NHS trade invoices paid within target	41.53	67.99 %
Total NHS trade invoices paid in the year	1,196	21,897
Total NHS trade invoices paid within target	288	7,218
Percentage of NHS trade invoices paid within target	24.08	32.96 %

The 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 26.

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
- Patient Experience Committee – monitors service improvement initiative which improve the patient experience
- Clinical Excellence Committee – monitors corporate objectives relating to the quality of clinical care

Non Executive Directors in post between April 05 to March 06



Sue Ellen, chairman
Previously managing director of BUPA Health Services. Currently non executive director of a number of health and financial services companies. Lives in Kew.



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



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



Nick Gash
Previously a National Director of the National Union of Students. Currently a freelance consultant in the education and voluntary sectors. Lives in Brentford.



Luke de Lord
Finance expert with considerable experience in the health sector. Currently leads the public sector arm of accountancy firm Grant Thornton's Project Finance Health Team. Lives in Hampton.



Lesley Regan
Over 25 years clinical experience and is a Professor of Obstetrics and Gynaecology. She is the Imperial College's representative on the Board.

Leavers on the 31st October 2005: Celia Golden, Salim Vohra, Professor Sean Hughes.

New starters on the 1st November 2005: Nick Gash, Luke de Lord. New starter on the 1st April 2006: Lesley Regan

Executive Directors



Gail Wannell
chief executive



Janet Baldwin
medical director



Yvonne Franks
director of nursing & midwifery



Alison McIntosh
director of acute care



Shân Jones
director of family, sexual & ambulatory care



Peter Gill
director of IM&T & service



Nina Singh
director of workforce & development



Simon Marshall
director of finance & performance



Jane Brennan
head of corporate affairs & board secretary

Membership of Board Committees

	Governance	Remuneration	Charitable Funds	Human Resources	Finance sub	Audit	Patient Experience	Clinical Excellence
Sue Ellen		Chair	Chair	Member	Member		Chair	Chair
Stephen Clark	Chair	Member		Chair	Member	Member		Member
Andrew Daws	Member				Chair	Chair		
Luke de Lord					Member	Member		
Nick Gash				Member	Member		Member	

Independent auditors' report

to the Directors of the Board of West Middlesex University Hospital NHS Trust

We have examined the summary financial statements set out on pages 21 to 27.

This report is made solely to the Board of West Middlesex University Hospital NHS Trust, 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 the Board of West Middlesex University Hospital NHS Trust, as a body, 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 the Board of West Middlesex University Hospital NHS Trust, 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 within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

BASIS OF OPINION

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statements' issued by the Auditing Practices Board.

OPINION

In our opinion the summary financial statements are consistent with the statutory financial statements of West Middlesex University Hospital NHS Trust for the year ended 31 March 2006 on which we have issued an unqualified opinion.

KPMG LLP

KPMG LLP

London

13 September 2006

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NHS Trust



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