

annual report
2006-07

Welcome

West Middlesex University Hospital is an award-winning major acute hospital based in Isleworth, West London. We provide a full range of services 24-hours a day, seven days a week, 365 days a year to local people from the London Boroughs of Hounslow and Richmond Upon Thames.

We have 1,600 Trust staff plus 400 staff working with our partners, Ecovert FM. Through their hard work and dedication the needs of our community are met night and day, supporting our vision to become a 'First Class Hospital for our Community'.

The guiding principles on which we base everything we undertake 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

And 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

Key Achievements for this year include:

- Commendation by the Healthcare Commission for our children's services
- Being one of only two hospitals in the country to receive a Charter Mark for our Maternity Service - this being held now for the tenth consecutive year
- A Charter Mark for the Sexual Health Services
- Praise for cancer care in the West London Cancer Peer Review
- 'Good' standards in cleanliness and food reported by the Patient Environment Action Team (PEAT)
- Launch of the new website
- Opening of planned orthopaedic surgery
- Launch of a Disabilities Equalities Scheme



If you would like to receive this report in a language or format of your choice please contact pals.service@wmuh.nhs.uk or on 020 8321 6261.



Introduction

The past year has been a demanding one for the West Middlesex University Hospital. In spite of the significant financial challenges we faced, we made real progress to improve the patient experience by reorganising the way we work, introducing new services and investing in new equipment and staff.

The hospital has an excellent reputation for innovation and service improvement, but for this to be part and parcel of our day-to-day lives we need decision making to be as close to the front-line as possible. This year we have reorganised our core services into three business units: Early Life Care, Acute Care, and Late in Life. Each is supported by non-clinical business units, such as Finance, Human Resources, Information, and underpinned by the Trust's very strong education, training and development ethos. Our task in the year ahead is to provide the clinical leaders and managers of the new clinical business units with the right information to help them run their services to best effect, and to support them in their new roles.

Not only are we proud of our performance, we were delighted to receive accolades from external organisations. An extremely positive review of our many services for people with cancer by the Cancer Review Team; both the maternity and sexual health departments being awarded a coveted Government Charter Mark - the Queen Mary Maternity Unit holding this for the tenth consecutive year. The NHS London Endoscopy Review reporting that 'The patients and General Practitioners of

Hounslow are fortunate in having such an excellent service.' Our children's services being praised for their excellent care in the Healthcare Commission Annual Health Check. A fantastic achievement for all involved.

There were also some noteworthy achievements of individuals; Consultant, Dr Binoy Bhattacharyya, was awarded an MBE in the Queen's New Year Honours list for his services to medicine. Specialist Stroke Nurse, Ahlam Wynne was the first ever winner of the Excellence in Stroke Care Award from the Stroke Association, and Nurse Consultant Diane Home, was awarded the Healthcare Champion Award from the National Rheumatoid Arthritis Society.

Set against this context we were concerned that the national NHS survey of inpatients reported a disappointing picture of how patients felt about aspects of our services. Our failure to always pay enough attention to communication was amongst the issues highlighted. We take this important feedback very seriously and have started work to improve the patient experience. We launched our Serious About Standards initiative, to ensure that we consistently provide high quality care by getting the basics right;

often the most important aspects of care for patients but ones that can get lost in our high-tech world.

We are extremely proud of our University status and continue to build on our reputation as a centre of excellence; training doctors, nurses, radiographers, pharmacists to name but a few. Learning and development is a very important part of life at West Middlesex. The hospital has an accredited NVQ and ECDL Centre and last year gained accreditation for good practice in the employment of disabled people and launched our Disabilities Equalities Scheme.

We faced serious financial pressures during the year but impressive work has taken place to achieve a challenging savings programme in excess of £5 million. Well done to all staff for your part in this success story, achieved while continuing to improve the quality of care we provide to our patients.

We invested £1 million in nursing staff this year, which amounts to an additional 35 nursing posts. At the same time we have saved over £700,000 through improved rostering and reducing the use of agency staff. Areas that received significant investment during the year were A&E, Maternity and the

Rehabilitation ward to ensure that we are able to meet increasing levels of demand for these services.

Looking forward to the year ahead, the main organisational challenges will be seeing patients promptly and specifically meeting targets relating to A&E and the 18-week pathway. By December 2008 all patient journeys from GP referral to treatment will be complete within 18 weeks. Service improvement work on making the best use of beds will also be important, as well as a programme known as "Releasing Time to Care", which aims to increase the amount of time staff have for direct patient care.

This is exciting work, as are our plans to secure the long-term future of the hospital by expanding some of our most popular services to enable more local people to use them. Already over the past year we have seen an increase in the amount of planned orthopaedic surgery undertaken at the West Middlesex, and it is this kind of progress and expansion we hope to see more of with a broader range of services in the coming months.

There is a huge amount to look forward to in the coming year, and while there will also be challenges, we have no doubt that the level of enthusiasm, motivation and passion for delivering top class health care amongst the whole team here at West Middlesex will ensure that we achieve our goals.

And finally... as ever, we are very well supported by our volunteers without whose loyal service we would be unable to provide many important patient support facilities and networks, so a big thank to you all. We would also like to take this opportunity to thank Gail Wannell, Chief Executive, who left the Trust in November 2006 after 5 years of dedicated service.

And last but not least, we want to express our gratitude to our staff for all their hard work and commitment during the year. Working with them during the coming year we are confident that we have a shared vision, the skills and dedication to make West Middlesex the **'First Class Hospital for our Community'**.



Sue Ellen
Chairman



Tara Donnelly
Chief Executive



Healing Hands sculpture in the Atrium



Accident & Emergency

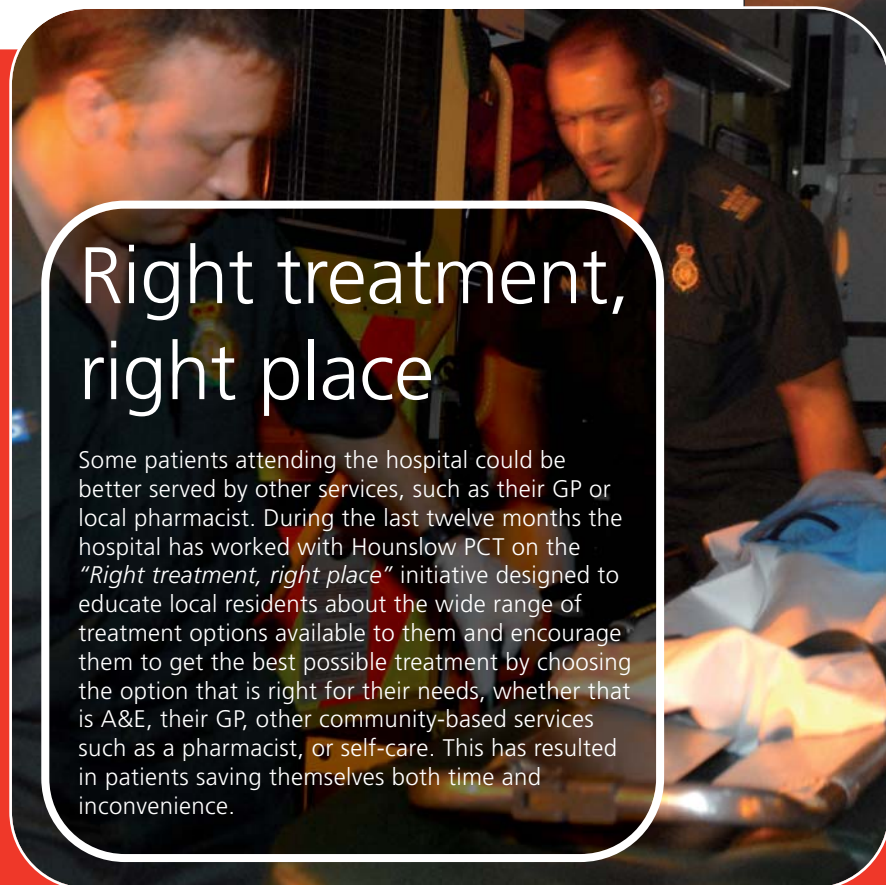
00:00

It is midnight in the A&E Department and while many people are settling down to a good night's sleep, the medical emergencies keep on arriving at the hospital.

Care for patients coming to hospital in an emergency is the most visible side of our service. Last year the department treated around 90,000 patients, an average of nearly 250 people every single day, almost a third of them children. Tonight, Edith has been brought in by ambulance following a fall down the stairs at home. The highly skilled and dedicated team of doctors and nurses assess her condition promptly,

give strong pain relief to make her more comfortable before she is quickly taken through to Clinical Imaging to see if there is a break.

Over the last three years we have seen a 20 per cent increase in the number of patients coming through our doors. Despite this we cared for 97.3 per cent of patients within four hours, against a target of 98 per cent.



Right treatment, right place

Some patients attending the hospital could be better served by other services, such as their GP or local pharmacist. During the last twelve months the hospital has worked with Hounslow PCT on the "Right treatment, right place" initiative designed to educate local residents about the wide range of treatment options available to them and encourage them to get the best possible treatment by choosing the option that is right for their needs, whether that is A&E, their GP, other community-based services such as a pharmacist, or self-care. This has resulted in patients saving themselves both time and inconvenience.

Porters

Portering staff have a key role to play in the smooth running of services at the hospital. Duties include delivering all in-coming and out-going mail - around 40,000 items per month; moving patients between wards; transporting blood and other samples around the hospital and to the pathology laboratory; cleaning and waste disposal; taking patients to and from the operating theatre, between A&E and Clinical Imaging, as well as delivering medical records safely to their destination.

01:00

01:30

02:00

Chaplaincy

12.30

Ali has been at West Middlesex for 48 hours following a serious stroke, and is showing signs of deterioration. Having kept a bedside vigil since their arrival, his family seek support and comfort from the chaplaincy team at West Middlesex.

A family, faced with a very sad and unexpected situation, might struggle to find answers to some of the questions that they have. The chaplains are called to numerous situations like this and are used in a variety of ways, to offer religious, spiritual and pastoral support

when people are worried about things like illness, dying and bereavement, life changes, emotional hurts and relationship difficulties. The chaplains are available around the clock to let people talk, to listen in confidence and to pray with anyone if it is wanted.



Given the fact that West Middlesex is situated in a multi-cultural area, the chaplaincy team is made up of

representatives of each faith, ensuring that the local population is well-represented.

West Middlesex Memorial Garden



Last year a garden was opened to provide a quiet, relaxing environment for visitors and staff.

For many people, attending hospital, especially to visit very ill relatives, can be a stressful and difficult time. By offering somewhere people can sit in peace and reflect, visitors are able to have a break from the hospital ward without having to go too far from their loved ones.

Critical Care

01:00

The most seriously ill patients at West Middlesex need round-the-clock care, with experienced clinical staff on hand to look after them.

Critical Care is made up of the Intensive Therapy Unit (ITU) and High Dependency Unit (HDU) where the most seriously ill patients in the hospital are cared for. The patient to staff ratio is one-to-one in ITU and two patients to one nurse in HDU. This high level of care continues throughout the night, to patients such as Usha who had major emergency surgery the previous day and needs help to breathe.

A whole range of state-of-the-art equipment is used within Critical Care, to support and monitor every organ in the human body. In the past year, we have increased

the number of patients the unit can look after and in the year ahead plan to grow further so that we can care for up to eight patients within ITU and six within HDU. This means more care locally for the most seriously ill, such as Usha, and her family who visit daily, as she recovers.



12:00

02:30

03:

Maternity

02:00

Unlike other wards, night-time on the Queen Mary Maternity Unit can be just as busy as during the day. At 2.00am precisely baby Riley is born and enjoys his first cuddle from mum Frances who is overjoyed - and somewhat relieved - as she puts him to her breast to feed.

Over the past few years the popularity of the maternity unit has grown significantly, resulting in a record number of 3,867 births last year, both in the unit and at home. With its great reputation and coveted Charter Mark, the unit offers women and their partners round-the-clock support, living up to its motto, 'Safe in Our Hands'. Due to the rising birth rate and an increasing demand for our services, we have started work to expand the facilities we offer to ensure that maternity care is available to all those who wish to use it. We hope to create a midwife-led birth centre during the year ahead.

The prospect of giving birth is often daunting, so staff are always on hand to answer questions and generally support both mums-to-be and their partners through the whole experience. The department prides itself on being focused on the needs of parents and offering them a positive experience of bonding with their new baby.

After the birth, staff are there to give new parents all the help and assistance needed to feed, change and bath their baby, with care continuing once they return home.



The Queen Mary Maternity Unit is currently working towards becoming the first hospital in London to reach stage one of UNICEF's baby friendly status that will demonstrate our commitment to supporting mothers to breastfeed.



The Special Care Baby Unit

The Special Care Baby Unit (SCBU) provides special cots for babies born from 28 weeks onwards. The SCBU at West Middlesex has 12 cots, two of which are designated for high-dependency care. Over the coming year this will increase to 16, to better match our birth rate. Specialist equipment includes regular monitoring equipment, open and closed incubators, piped air and oxygen.

Parental involvement and support are key aspects of the work of the SCBU and a special parents' forum has been established to facilitate this.

Charter Mark

The Queen Mary Maternity Unit is one of only two hospitals in England and Wales to be awarded the prestigious Charter Mark Standard for its services in 2006/07. This is the tenth consecutive year the unit has held this award. The Charter Mark is the UK Government's national standard for excellence in customer service.

00

03:30

04:00

Mortuary Services

03:00

Victor, an elderly gentleman with uncontrolled diabetes, was brought into to A&E earlier in the evening and has sadly passed away. Sometimes thought of as a mild condition, the London Borough of Hounslow has the 6th highest rate of deaths due to diabetes in the capital.

The state-of-the-art mortuary at West Middlesex is run by two mortuary technicians. The mortuary staff cares for the bodies of all patients who pass away during their time at the hospital.

Operating 24 hours a day, the mortuary team provide

dignified end of life services to patients and their relatives at the hospital. They also help others within the hospital and local community in their work - junior doctors, HM Coroner's officers, pathologists, GPs, clergy and other specialist agencies.

The mortuary is responsible for recording all the details of the bodies it receives; liaising with the funeral directors; assisting friends and relatives; helping police to formally identify a body; and carrying out post mortem examinations to ascertain the cause of death.

Visiting

The relatives' area is separated from the rest of the mortuary and has its own entrance, so that friends and relatives are not disturbed. Relatives are given time and space to say goodbye to their loved ones in as comfortable environment as possible, which is paramount to West Middlesex.

The mortuary technicians can provide informal counselling if they feel relatives need it, and are specially trained to deal with grief.

The mortuary technicians have a close relationship with the local funeral directors, so that they can provide a helpful and efficient service to relatives who are often, understandably, caught up in their grief at these times.

Essential Linen Supplies

04:00

It is still early, but already logistical planning for the day ahead is well under way. Having the correct amount of linen in the right place at the right time is essential for a busy hospital such as West Middlesex.

Ensuring the hospital has enough linen to cope with the everyday needs of all wards, A&E, Outpatients and in the operating theatres is a major undertaking. Linen is taken away each night and cleaned, with clean supplies delivered to the hospital linen room between 4 and 5 am every morning.

Key Facts:
1.2m pieces of linen
per year
5,000 pieces for
theatre per month





Security

04:30

The security staff are carrying out one of their regular patrols. They have an important role to play in ensuring the safety of staff, patients and visitors, especially during the night when there are fewer people around.

A total of eight security guards patrol the hospital, in various shifts over 24 hours. An open public

space such as a hospital and its grounds means that the job needs skilled security staff, trained in all aspects of security services, from the control and restraint of aggressive people, to wheel clamping inconsiderately parked vehicles. The team attends between 50 and 60 incidents a month, the majority of which happen in A&E.

Dealing with violence and aggression

Assaults on NHS staff are the third most common injury after falls and needle injuries. Thankfully the numbers at the West Middlesex are relatively low but we have seen a rise in the number of incidents of verbal abuse during this year. We take all incidents extremely seriously, working closely with the police as necessary as we are committed to ensuring our staff have a healthy and safe working environment. We monitor all incidents on a regular basis and issue warning letters to patients and visitors whose behaviour is deemed to be unacceptable.



Clinical Imaging

05:00

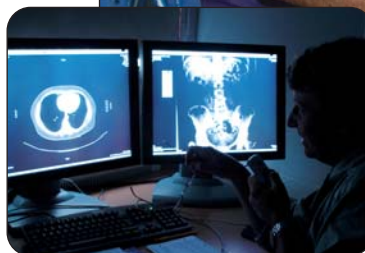
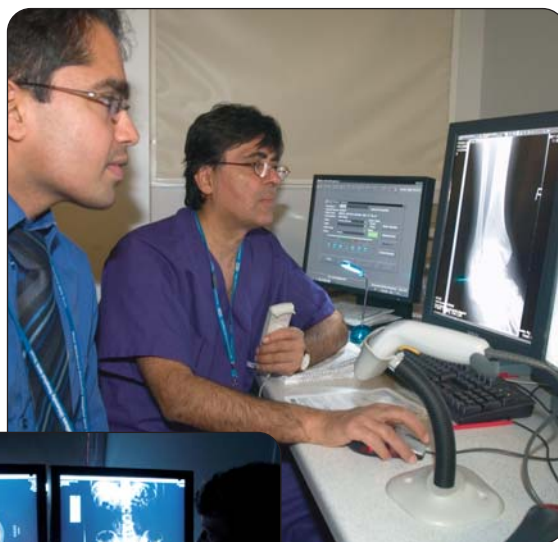
Nikki is taken to clinical imaging who perform a CT scan to check for internal injuries following a fall, having attended the A&E department.

The Clinical Imaging Department has a broad remit, carrying out ultrasound scans, multi-slice computerised tomography (CT) scans and digital radiography (X-ray) pictures. The department plays an integral part in the diagnostic process.

Housing one of the most technologically advanced clinical imaging departments in Europe, the service that the department offers is fully

digitised which means that scanned images can be sent directly to computers located in the department and around the hospital. Diagnosis time is greatly reduced, as patients do not have to wait for X-rays to be processed. Consultant radiologists have access to the digital images at any time of the day or night, thereby avoiding delays in the patient receiving a diagnosis.

Aside from scans or X-rays to detect broken bones or internal injuries, the mammography service, multi resonance imaging (MRI scanner) and the CT scanner are also used for the early detection of cancer.



The Clinical Imaging Department's emergency CT workload has gone up by 578 per cent since 2000. Not only has the department been able

to sustain this monumental increase in workload, but it has also slashed waiting times.

This is partly due to the cutting edge technology but mainly due to the dedicated staff, whose enthusiasm, hard work and professionalism knows no bounds.

05:30



Pathology Laboratory

05:30

The pathology team are responding to an urgent request for test results that has come through from the Medical Assessment Unit team who are trying to diagnose Sadhu, who came into hospital limp and feverish in the early hours of the morning.

The need for round the clock diagnosis of a patient's illness is supported by an on-site, rapid response laboratory which deals exclusively with urgent requests, while the balance of non-urgent work is processed at an off-site laboratory.

The Pathology service is currently provided by the Hammersmith Hospitals under a joint contract. A team of highly skilled consultant pathologists, employed by the West Middlesex, leads the service providing expertise to

the clinical teams in the diagnosis and treatment of a wide range of routine and complex clinical conditions.

In addition, our pathologists provide a number of specialist services. The haematologists are directly responsible for patients with leukaemias, anaemias and coagulation (clotting) disorders. The chemical pathologist has a clinic that specialises in lipid (cholesterol) disorders and the microbiologists are active in the critically important area of infection control and hospital antibiotic policy. The histopathologists work with surgeons and physicians, placing expert microscopic diagnosis in the clinical context in order to determine treatment plans. The department also trains medical staff in each of these areas.



Pathology and IT

We are working to introduce a new computerised system which will improve the patient experience and the accuracy of information, by enabling clinicians to order tests and look up patient results electronically. The system will be integrated with GP surgeries, which will further improve patient care and reduce wastage through the elimination of duplicate testing by clinicians in the community and in hospital practice.

Key Facts

- **Approximately one million samples are tested each year in the pathology laboratories.**
- **Over 10,000 units of blood are cross-matched each year in the blood transfusion laboratory.**
- **Seven out of 10 patients who attend the hospital or their GP will have pathology tests done to assist in making a diagnosis or monitoring treatment.**





Catering for our staff and visitors



06:00

Breakfast is being prepared for staff, visitors and patients. 'Rumbles' is the main restaurant at West Middlesex and is dedicated to providing balanced, nutritious meals for staff and visitors from breakfast, lunch and dinner, through to being on hand for a quick mid-shift snack.



Preparation for breakfast begins in the kitchens early, around 6am, ready for serving to begin at 7.30am, which is a busy time as hospital staff are leaving and arriving for their shifts. The Trust's partner, Ecovert FM, runs the restaurant and catering services and works closely with the hospital

team to ensure that the needs of staff are being met. With around 2,000 members of staff on site, that's a lot of cereal, sausages and salad!

Key Facts

- 42,000 staff meals
- 66,000 hot drinks
- 25,000 sandwiches



Cleaning & Waste Disposal Services

06:30

Keeping everything clean and tidy at West Middlesex is a 24-hour job. West Middlesex comprises 11 wards, nine surgical theatres, the maternity unit and ancillary areas, with an internal floor area of 44,000 square metres and domestic staff are important members of the ward team.

West Middlesex attains high standards for cleanliness against national criteria, consistently scoring 95 per cent or above. In 2006 under the

National Patient Safety Association's (NPSA) assessment we were pleased to have scored a 'good' rating.

Clinical and domestic waste have to be disposed of in different ways, and the hospital has a simple colour coding system to ensure the right waste goes to the right place. It is treated under strict environmental controls monitored by the Environmental Agency. Over 1,000 tonnes of domestic

waste and 240 tonnes of clinical waste are disposed of each year.

Clinical waste requires much more careful handling than domestic waste, and West Middlesex is **one of only three hospitals** in the UK to have its own clinical waste treatment plant, which uses microwaves to treat the waste and make it safe for landfill disposal. All other waste that cannot be microwave treated is incinerated.

07:00

07:30

08:00

Information Technology Services

07:00

IT services maintain the information systems in the hospital 24 hours a day, allowing patient records to be stored, shared and updated.

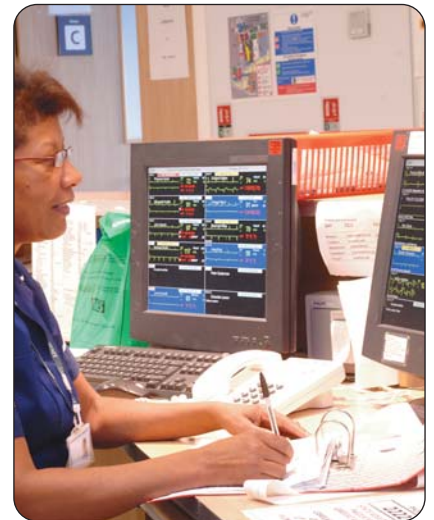
IT services have the vital role of providing constant support for West Middlesex and the patient information database. Information is inputted onto the system 24 hours a day allowing details to be stored on a patient's medical history and ongoing treatment.

The department closely supports clinical care, as an electronic database allows for information to be accessed throughout the hospital, ensuring the best possible treatment for patients. All clinical imaging (X-rays and scans such as ultrasound and CT), are now carried out electronically, which means that results can be viewed on a computer anywhere within the hospital immediately and an early

diagnosis made. Being able to retrieve results, images and reports swiftly means that patients do not have to have tests repeated.

During the night, clinical letters from the outpatient department and discharge letters for patients who have been in hospital are electronically despatched to the patient's GP.

This electronic correspondence allows information to be sent more efficiently and accurately than the post, and ensures that our local GPs are fully informed of their patient's progress.



General Surgery

07:30

Three weeks ago, Aisling found a lump in her breast. Following rapid diagnosis, today she comes into the day surgical unit for the lump to be removed. She is having her surgery this morning, so arrives at 7.00 to prepare for her operation.

The general surgery department deals with a range of planned and emergency surgery from surgery for bowel and breast cancer, as Aisling is having, to dealing with the need for emergency surgical

care such as appendicitis or abscess removal.

Last year we performed 12,000 planned operations, 75 per cent of them on a day case basis in our state of the art theatres. Waiting times for planned surgery have continued to fall with most being carried out within 12 weeks.

With advances in technology, an increasing amount of keyhole surgery is now performed. Over the last year, we introduced keyhole surgery

for laparoscopic hernia repair, mostly for day case patients, which has proved popular as patients benefit from spending less time in hospital and from faster recovery times.

Over the coming year we plan to improve access to our surgical teams by running more outpatient clinics within the local community. In addition we will be making changes to our day surgery unit in order to undertake more surgery in this way further reducing waiting times for all operations.



Shift Changeover

08:00

After a busy night, the staff on all wards head home for a well-earned rest as the day shift arrive, refreshed and ready for the challenges of the day ahead. The shift changeover, which happens three times each day, is not just a matter of some people leaving and fresh staff taking over. It involves bringing the incoming team up to speed on everything that has gone on in the past 12 hours – essential in the effective treatment of patients.

Having the right number of staff available with the right skills on each shift is essential. In 2006 a new computer system, Careware, was introduced which helps each ward to plan their staffing levels more effectively. This has resulted in reducing the amount of money the hospital spends on temporary staff and enabled the hospital to invest more in its own staff, which ultimately improves the quality of patient care.

Discharge Lounge

08:30

Tilak is ready to go home and while his medicines are prepared he waits in the discharge lounge for his family to collect him.

In 2006 we opened a discharge lounge for patients who are ready to leave but are waiting for transport or medicines to take home. The movement of patients to the discharge lounge allows beds to be available at an early point in the day so that patients coming in for an operation or being admitted from A&E can do so without delay.

Medical Assessment Unit

09:00

At 9.00am sharp the consultant physician rounds begin in the Medical Assessment Unit (MAU) and first seen is Tom, who was admitted at 6.00am.

The MAU is a key step in the patient journey, where their condition can be reviewed and the appropriate next steps decided. Rounds give consultants, doctors, nurses, pharmacists and support workers the opportunity to see each patient individually, to assess their condition and to make sure that their treatment



is correct and alleviating their symptoms.

Following the ward rounds, the team makes decisions as to what course of action needs to be taken, and requests for further tests, scans or specialist opinions are made, if possible by

11.00am, meaning that the majority of procedures can be completed the same day. This is a vital part of ensuring patients are treated as efficiently as possible and their stay in hospital is reduced to a minimum.

The Radiate Team

The Radiate Team is a specialist group of therapists, social workers and senior nurses working closely with MAU. They help support earlier discharge where there are social care needs which can be provided in the community. This allows patients to return home as soon as possible, with any care or extra help they may need organised for them, allowing them to recuperate in more familiar surroundings.

09:00

09:30

10

Children's Services

09:30

Morning in the Children's department is all about getting ready for the day ahead. Some children are getting ready for surgery, others for tests and for Bakshi it is about breakfast and then school in the ward classroom.

Services for children at the West Middlesex include the children's ward, the day care service, children's outpatients and a specialist Accident and Emergency section. A special adolescent room was opened in 2006 to provide older children with facilities of their own. It offers a greater degree of privacy, and is equipped with magazines, a television, play station and music.

All staff working within the children's services at West Middlesex are specially

trained to work with young people. In addition to its clinical staff, the unit employs play specialists, as well as supporting two teachers.

The whole multidisciplinary care team, including nurses, doctors, child protection officers and social services come together to discuss the treatment and care for each young patient on the ward that day.

For children undergoing day surgery – the most common is an ear, nose or throat procedure - this is when they will be helped into their gowns, given medication and talked through what is going to happen by one of our carefully trained play specialists. As well as day surgery, some children will be preparing for tests or scans.



Starlight Ward School

West Middlesex supports Hounslow Education Authority in ensuring that young patients staying in Starlight Ward can continue their education whilst in hospital. The two ward teachers are on hand Monday to Thursday during term time, and deliver the whole curriculum from nursery to year 11, providing a welcome distraction for children who are perhaps rather nervous about being in hospital.

Healthcare Commission Ratings

An independent improvement review by the Healthcare Commission last year placed West Middlesex's children's services in the top 25 per cent in the country.

The review looked at the provision of child-friendly services in hospitals across the country, giving an overall rating for the service and then individual scores for six specific areas of care. The quality of care offered by West Middlesex's children's service was rated as **'good'**, with only three other London hospitals, two specialist hospitals, being rated higher.

West Middlesex received the highest mark, an **'excellent'** rating for its inpatient care; emergency care, the specialist children's facilities within A&E, walk-in centres and short-term assessment units; and day care.



10:00

The Hospital Board

10:00

The Board of Directors meet to discuss some of the latest important issues affecting the hospital.

The Board is made up of six executive directors, a Chairman and five non-executive directors, all working towards ensuring that West Middlesex attains its vision of becoming the first class hospital for our community and providing high quality care.

The Executive team consists of the Chief Executive and Directors of the hospital who are responsible for the day-to-day running of the organisation. The non-executive Directors bring their independence and specialised expertise to the Board, providing the necessary checks and balances to ensure the effective governance of the organisation.

As well as the ongoing development of services at the Trust, the Board makes key policy decisions on matters such as the workforce, finances and performance.

Board meetings take place every eight weeks and are open to the public. The Trust Board has a number of committees which were reorganised this year to provide greater scrutiny over the governance arrangements and to oversee the procedural and financial management of the hospital.



The Board

Chair, Sue Ellen

Sue has been a Director, both Executive and Non-Executive, of a diverse range of companies in the healthcare, retail, leisure and financial sectors. Past appointments include Managing Director of BUPA Health Services and Managing Director of United Racecourses. She is currently a Director of the Portman Building Society, PruHealth and St John Ambulance, and lives in Kew.

Committees: Remuneration (Chair), Charitable Funds (Chair), Clinical Excellence (Chair).

Non-executive Director, Stephen Clark

Stephen has worked extensively in the public and voluntary sector, spending over 30 years in central Government, predominantly in senior posts at the Ministry of Defence and the Cabinet Office. He is currently the Chair of Age Concern Hounslow and lives in Brentford.

Committees: Breakthrough Committee (Chair), Remuneration (member), Audit Committee (member), Clinical Excellence (member).

Non-executive Director, Andrew Daws

With over 40 years experience of law, business and finance, firstly as a City solicitor and then as a consultant on strategy and marketing, Andrew is now a Trustee of The Stroke Association and Hon. Secretary of Richmond CVS, he lives in Kew.

Committees: Audit Committee (Chair), Breakthrough Committee (member).

Non-executive Director, Nick Gash

Nick is a public affairs and policy consultant working with a range of clients in the private and voluntary sector. He has a background in management in the voluntary sector having been the Director of the National Union of Students until 2004. He lives in Brentford.

Committees: Audit Committee (member), Breakthrough Committee (member), Remuneration (member).

Non-executive Director, Lesley Regan

Professor Regan has over twenty five years' clinical experience and is a Professor of Obstetrics and Gynaecology, currently serving as Deputy Head of Surgery, Oncology, Reproduction and

10:30

1

The Board cont.

Anaesthesia at the Imperial College Faculty of Medicine, based at St Mary's Hospital, Paddington.

Committees: Audit Committee (member)

Non-executive Director, Luke de Lord

Luke is an experienced healthcare management consultant who has worked in the UK and abroad for 20 years. He provides advice to healthcare clients on a wide range of strategic and financial issues. Luke recently joined Finnermore Management Consultants from Grant Thornton UK LLP where he led the Project Finance Health Team, providing financial advice to Trusts and PCTs on NHS capital developments. Luke is a local resident and has used the West Middlesex Hospital since early childhood.

Committees: Audit Committee (member), Breakthrough Committee (member).

Executive Directors

Tara Donnelly - Chief Executive

Andrew Winning - Medical Director

Alison McIntosh - Deputy Chief Executive

Shan Jones - Director of Modernisation

Simon Marshall - Director of Finance & Performance

Yvonne Franks - Director of Nursing & Midwifery

Nina Singh - Director of Workforce & Development

Janet Baldwin - Medical Director until August 2006

Peter Gill - Director of IT until May 2006

Gail Wannell - Chief Executive until November 2006

Hospital Support Groups

10:30



Both the Diabetes Support Group and the Upbeat Support Group have their displays and stands up in the main hospital reception providing advice to visitors and patients as they pass.

West Middlesex works with a number of support groups, representing different conditions and diseases. Each has a vital role to play in supporting the clinical treatment a patient receives. In every case, whether it is a disease such as cancer, heart disease or diabetes, or an event like the birth of a child, the groups – Upbeat, Diabetes, Mulberry Centre, NCT – to name a few, all provide advice, friendships and someone to talk to.

The Upbeat Heart Support Group has been running for 12 years and is designed to give patients and carers an opportunity to hear from a cardiac patient who has first hand knowledge of heart disease. The support group also visits the cardiac wards and distribute cardiac packs containing information from the British Heart Foundation, and the North West London Cardiac Network, which supplement the information already provided by the Cardiac Teams.

Since 2006, the Diabetes Support Group has been on hand in the hospital. They provide booklets and information about diabetes, outlining who is at risk, detailing the symptoms and complications, and how living a healthy lifestyle can help avoid or delay developing diabetes.

Both groups aim not only to help patients and families but also to raise awareness of the prevention of illness to the general public passing through the hospital.



10

11:00

11:30

Gastroenterology

11:00

Clinics are well underway and the morning list is already half way through. On average around 200 patients will be treated in this department each week.

The Gastroenterology team deal with the prevention, diagnosis and treatment of conditions affecting the gastrointestinal tract (involving the oesophagus, stomach, intestines and colon), pancreas and liver.



A team of consultants, doctors in training, specialist nurses and administrative support provide comprehensive outpatient and inpatient services for general gastroenterology and liver disease.

Specialist clinics are run for liver conditions and inflammatory bowel disease, including ulcerative colitis and Crohn's disease, and there is a dedicated outpatient department and endoscopy unit for day case procedures.

Waiting times

A focus on reducing waiting times has delivered excellent results. In 2004 our routine waiting times for endoscopy were nearly six months. In 2005/6 the endoscopy improvement project has reduced waiting times for all procedures to six weeks and urgent cases are investigated within two weeks. 95 per cent of patients expressed satisfaction with their waiting times.



Praise indeed

A report by the Strategic Health Authority praised West Middlesex Endoscopy Unit, concluding that *'The patients and General Practitioners of Hounslow are fortunate in having such an excellent service.'*

Acknowledging the high quality service and low waiting times, the report stated that the design and modernity of the facility, as well as the proximity of the unit to outpatient clinics helped provide an excellent service.

In particular, communication with the patients by the unit staff was identified as a strong element of the service provided.

Health Records

11:30

The Health Records department is ensuring that all the outpatient clinics have the records they need for the appointments the following day.

Health records are a critical part of the running of a hospital, and so written procedures are essential in ensuring consistency and continuity. The Health Records team handles thousands of patients' medical records a week, with a dedicated team of 34 to ensure inpatient and outpatient records are sent to the right clinics in time for appointments and consultant rounds. This includes providing notes for clinics held at other hospitals.

In May 2006, the Trust started using the Casenote Tracking System (CRT). This system allows staff to track the movement of all casenotes electronically and quickly and easily locate where a particular set of notes is at any one time. An individual bar code is printed and attached to the front of each casenote and a scanner is then used to track all movements and read the location of the casenote.

Key Facts

- 12,000 casenotes are provided for outpatient appointments per month
- 1,500 casenotes are provided for inpatient appointments per month
- 125,000 casenotes are kept in the libraries on site

12:00

12:30

1

Stroke Care

12:00

The Stroke Care Multidisciplinary Team meeting begins, allowing the team to discuss the status of patients in the stroke unit. Winston is one of the patients being reviewed.

The Stroke Unit Multidisciplinary Team (MDT) meeting occurs every Wednesday after the conclusion of a thorough ward round by the stroke consultant, team of doctors,

stroke specialist nurse and nurse in charge when the team discuss the progress of every patient on the ward. The MDT team also includes therapists and social workers.

The Stroke Ward has six acute care beds and eight rehabilitation beds. Certain patients will require further rehabilitation and the team will make arrangements for their onward transfer after discussion with the patient and carers.

Some patients, such as Winston, will be making good enough progress that they will be able to return home. Preparations will then be made to ensure they, their carers and their family have all the

required information and support so that they are able to fully recuperate at home. A therapist on the MDT will make a decision as to whether the patient will require follow up home visits.

Stroke Therapy

12:30

Therapists are carrying out treatment on the stroke unit to aid the rehabilitation of the stroke patients.

As soon as patients are admitted to the stroke unit they are assessed for their therapy needs and the relevant course of treatment is started.

An occupational therapist (OT) will assess the patient's ability to do functional activities, analysing the motor and cognitive components. OTs assess postural management and provide a wheel chair to those patients who require it. Personal goals are set with the patient in order to gauge their

progress through the rehabilitation programme.

A patient may have breathing difficulties and therefore require immediate physiotherapy to help them and ensure they are comfortable and breathing independently. The therapist will assess how the stroke has affected the patient physically. This therapy begins in the hospital and continues after the patient has been discharged to another rehabilitation centre or at home.

The patient may also require immediate attention from a

speech and language therapist who will assess their swallowing and suggest ways to make eating and drinking safer and more comfortable.

A dietician is also on hand on the ward. Their priority is to

treat those patients that are being fed by tube and ensure they are meeting their nutritional needs. They will also assess patients in more stable conditions to offer advice on their dietary needs in helping prevent further stroke.



13:00

13:30

14:00



13:00

It is lunchtime and patients are being delivered their choice of meal. For those, such as Marion, who find it hard to feed themselves help is on hand.

Food and nutrition is a key area of hospital care and one that West Middlesex takes very seriously. Numerous studies have shown that with good nutrition, patients recover from illness quicker, suffer fewer complications, are discharged from hospital

faster and generally feel better in themselves.

Ensuring good patient nutrition is the responsibility of the nutrition group, which is made up of staff including dieticians, consultants, nurses, and staff from Ecovert FM, our partners who provide the hospital meals. The hospital has introduced a range of changes to improve patient nutrition and is now a national leader on improving this area of patient welfare.

Examples of this include the 'Red Tray Scheme' that was

Patient Nutrition

introduced in April 2006 at the hospital. This is a means by which the patients who have been assessed as being at risk of becoming malnourished, or in need of help at mealtimes can be easily identified so they receive additional help or support. Marion has a red tray and is given help to eat her meal. The scheme was recognised as an example of good practice by NICE (the National Institute for Clinical Excellence) in a recent report on patient nutrition. In November 2006, West Middlesex launched 'Protected Mealtimes' a scheme, which ensures that patients are able to eat meals in a more relaxed

environment, uninterrupted by treatments and assessments. Last summer, a team of mealtime volunteers were trained to support those who need help at mealtimes. Patients benefit from not just physical help, but also support and encouragement at a time when they might feel 'down' or 'off' their food.

If you would like to volunteer for this or any other service and would like more information, please contact the voluntary services manager by email volunteers@wmuh.nhs.uk or on 020 8321 5413 or write to him at the hospital.

Maintenance

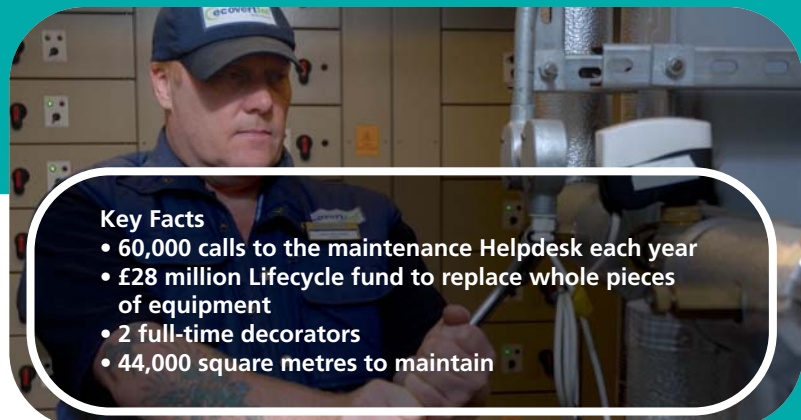
13:30

The hospital maintenance team are carrying out some routine checks on one of the hospital lifts, whilst one of the corridors on the second floor is getting a lick of paint.

Maintenance is a 24-hour job, and with 44,000 square metres of hospital, there is always something to be taken care of, from changing a light bulb, sorting out the heating or

fixing a window blind.

Work has to be carried out to comply with statutory requirements, and the Disability Discrimination Act is just one of the laws with which West Middlesex must ensure it complies. In conjunction with Hounslow Disability Network, the Trust undertook a full survey of the Hospital in 2006 to highlight areas where



Key Facts

- 60,000 calls to the maintenance Helpdesk each year
- £28 million Lifecycle fund to replace whole pieces of equipment
- 2 full-time decorators
- 44,000 square metres to maintain

facilities were compliant with the Act and identify areas where work was still needed. This included assessing access ramps and improvements in disabled toilets, lowering light-pull cords, providing lower level signage around the building and the refurbishment of several lifts, which will cost upwards of £250k over four years.

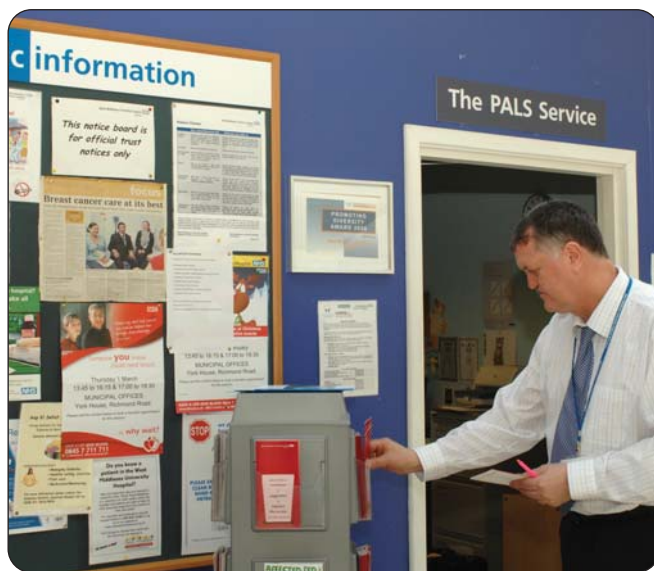
Just like the Forth Bridge the hospital has a continuous programme of redecoration and with such a large area to cover the hospital employs two full time painters. The Ecovert FM maintenance team is also responsible for the Hospital's general grounds and gardens, window cleaning, pest control and litter picking.

00

14:30

15:00

Patient Advice and Liaison Service



14:00

Jessica, who has been at West Middlesex for a while following a serious illness is preparing to go home, and the PALS team has gone to see her for feedback on her stay.

Patient Advice and Liaison Service (PALS) is a completely confidential service which aims to help improve the hospital's services to patients. During 2006/07, the team handled just over 2,000 enquiries.

Based next to the main hospital reception desk, the PALS team includes many

dedicated volunteers and can be contacted from Monday to Friday 8am – 4pm on 020 8321 6261 or e-mailed at PALS.service@wmuh.nhs.uk. PALS staff listen to concerns and queries about patients' experiences in the hospital and help resolve problems quickly on their behalf. The team note comments and suggestions on how to continue improving the hospital services and make recommendations accordingly. They provide information about the hospital's complaints process and offer support in making a formal complaint.

PALS can also arrange for patients to meet the members of staff who are responsible for their care. They can accompany patients to consultations and meetings and where appropriate, liaise with other organisations on patient's behalf. If it is needed they can also arrange for an interpreter or help put people in touch with other support services outside the hospital.

Learning and Development

15:00

An afternoon training session on Advanced Life Support Skills is underway, providing an opportunity for staff to develop their knowledge and expertise even further.

West Middlesex is a hospital where lifelong learning is a priority for all staff and students, whatever their job or background. The Learning and Development department have a range of programmes,

providing learning opportunities varying from training for medical students, degrees for nurses and midwives or risk management training, through to computer training, as well as skills for life, such as literacy and numeracy.

During the last twelve months nearly 100 per cent of staff received some form of training, and a recent staff survey conducted by the Healthcare



Commission showed that training and development was one of the areas that staff rated

most highly about working at the West Middlesex.

16:00

16:30

17:00

Rehabilitation

16:00

Richard was admitted to the hospital following a serious rugby injury. Following orthopaedic surgery, he is working with staff to develop a plan that will help him get back on the rugby field.

The Rehabilitation Ward was opened in September 2006. Its function is to provide patients with the opportunity to recover from their injury or illness in a dedicated therapeutic environment.

Treatment focuses on promoting independence in everyday activities such as walking to get around their home, washing, dressing, preparing meals, accessing leisure facilities and engaging in activities through the local community. The team work closely with each patient to provide an individual and holistic treatment programme, including exercise.

On arrival on the ward, the multi-disciplinary team assesses each patient and together they set short and long- term goals. These are reviewed weekly with the patient and they are actively encouraged to take responsibility where possible for their rehabilitation. This empowers patients and encourages a sense of wellness and 'can-do' attitude to their treatment and future.

Before discharge, an occupational therapist might choose to make a further assessment to gauge what the patient is able to do at home. Suitable help and equipment can then be provided through strong links with the community rehabilitation services.



Pharmacy

16:30



Pharmacy staff are putting together prescriptions for patients coming from outpatient clinics.

The hospital pharmacy operates throughout the day providing both inpatients and outpatients with the medicine they require. With 50 staff it is well equipped and fully computerised with a robot that helps automate the drug collation process and keeps waits down.

The pharmacy has dedicated clinical staff who conduct ward rounds, distribute medicines and monitor patient prescriptions to ensure they are safe, legal and cost effective. Patient safety is paramount and pharmacists ensure that drugs are not being prescribed in a combination that could be dangerous for the patient.

The morning pharmacy ward rounds coincide with the conclusion of the consultant rounds, ensuring that patients that are being discharged are supplied with all of the medicines and information that they require to take home with them.

The 'green bag' scheme, introduced by the pharmacy two years ago, has been a huge success. It actively encourages patients to bring the medicines they are taking at home when they come into the hospital. This allows the pharmacists to examine the medicines the patient is currently using and ensure not only that they are appropriate, but that they do not supply unnecessary additional medicine that is not needed by the patient.

In 2006/7 approximately 260,000 medicines were dispensed.



17:00

17:30

18:00

Orthopaedics

17:00

It is 5pm and Harminder, the final planned orthopaedic surgery patient, is being wheeled out of the operating theatre. He has had a replacement knee fitted and is going to the dedicated six-bed unit on Syon 2 ward to recover.

The hospital re-instituted planned orthopaedic surgery in November 2006, which supports the emergency orthopaedic surgery, which the hospital already provided. On average, the hospital treats nine people every week for joint replacement surgery.

The clinical, nursing and administrative teams work hard to provide patients with a seamless service from pre-assessment, through to discharge. Patients can book operation dates that suit them, allowing them to plan their hospital appointment around their lives.

The orthopaedic team provides a comprehensive service for minor and major fractures of the upper and lower limbs. Elderly patients with fractures to the hip are given priority for surgery in order to facilitate a

speedy recovery and help prevent a lengthy stay in hospital.

Four weeks prior to surgery patients are invited to attend a pre-assessment clinic to ensure they are fit for surgery, and a pre-operative therapy session to prepare for mobility after surgery. As there is strong evidence to suggest that patients who smoke will take longer to recover after their operation, the pre-assessment team therefore provide support to help patients quit before coming into hospital.

Inpatient surgery is carried out in a state of the art operating department managed by a modern matron and staffed by 73 highly skilled staff. The theatre features a 'Laminar Flow' system, which is of particular benefit to orthopedic patients. The system changes the air 22 times per hour, in order to prevent infection.

Sexual Health Services

18:00

Staff are coming to the end of a busy day, with just the last few remaining patients waiting to be seen.

The West Middlesex Sexual Health Clinic is open to all. No GP referral is necessary and there are a number of walk-in clinics for those who have concerns about their sexual health and want swift reassurance. A young people's clinic, as well as two evening clinics, is also on offer.

The services provided include

screening and treatment of sexually acquired infections; management of other genital problems and infections; emergency contraception; HIV testing, medical care and support services; hepatitis screening and vaccination; general counselling and sexual health advice, including distribution of free condoms and lubricants; family planning and support and screening following sexual assault or rape.

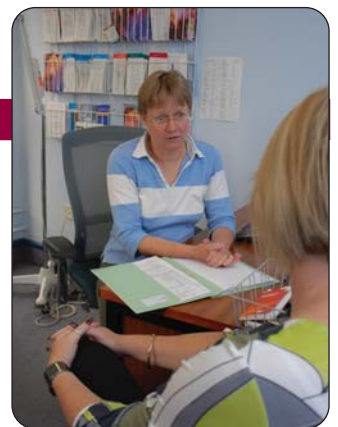
The Sexual Health Department is renowned for its clinical

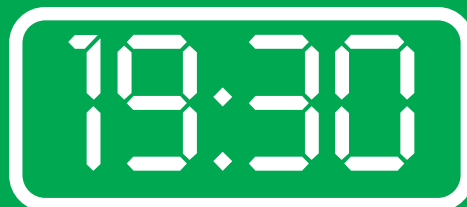
excellence and quality of service for clients in all aspects of sexual health. It has held Charter Mark status awarded in 1999, 2002 and 2006 and was highly commended by the Commission for Health Improvement in 2002 for notable practice.

One of our most popular clinics is Be Wize, a clinic purely for young people up to the age of 18. Young people can come to the clinics for impartial, practical advice and guidance on any matter of their sexual health that is troubling

them. This clinic is open on Mondays and Wednesdays from 3.30pm - 5.00pm.

For adults early evening clinics give people with busy lives an alternative time to speak to a sexual health specialist. All consultations and treatments are free, including any prescription medicine, and many clinics are on a walk-in basis, so appointments are not always necessary. The service is absolutely confidential.





Non-Invasive Ventilation

19:00

Good news - Usha, who has spent the past three days on a ventilator to help her breathe - has made enough progress to be moved onto non-invasive ventilation. She is now sitting up, enjoying a cup of tea and talking to her daughter on Osterley 2 ward.

West Middlesex is able to care for patients who still require some assistance with breathing on a number of wards in the hospital. This treatment has many advantages for the patient, who does not need a tube placed in the airway, avoiding complications that can arise. This form of ventilation is often used

to avoid the patient needing to be placed on a ventilator in ITU or when the condition improves, as in Usha's case.

Other patient benefits include improved patient comfort, as most people are able to eat drink and communicate, and there is a reduced need for sedation medication.

An outreach team has trained staff in the Medical Assessment Unit and Osterley 2 Ward to be able to use non-invasive ventilation with patients, and the team is now training staff working with the Accident and Emergency Department.

Marble Hill Ward



19:30

As staff carry on with patient observations and prepare for the night ahead, patients such as Arthur have finished dinner and are receiving their evening hot drink. Arthur goes for hot chocolate.

Marble Hill Ward is an assessment unit for the treatment of elderly patients. They then remain on the ward for ongoing assessment before returning home or being directed for further treatment elsewhere.

The additional investment in the ward over the last year has boosted staff recruitment, and streamlined the assessment process which is now more nurse-led and includes nurses from the ward going out onto other wards to assess whether patients are suitable for transfer onto Marble Hill.

Everyone has benefited from these improvements. We are seeing better management of beds, better communication between staff, and a general raising of the profile of the Marble Hill Ward. These changes have been good for staff morale – indeed, staff on the ward were nominated for the team of the year at this year's nursing awards but most of all we are delivering a high standard of care to patients, helping to shorten the amount of time that they spend in the hospital.

Patient care has also been helped by the introduction of formal matron's rounds, which are used as a way of, amongst other things, getting direct feedback from patients about their care. Talking and listening to patients is an essential part of providing good quality care and the matron's ward round makes patients feel happier as they are given time to have their concerns listened to.

MBE for Dr Bhattacharyya

Consultant Dr Binoy Bhattacharyya was awarded an MBE for his services to medicine in the Queen's New Year Honours list.

Dr Bhattacharyya, who has worked at West Middlesex for 26 years, specialises in General Medicine and Care of the Elderly. He is highly respected as a clinical teacher and has contributed greatly to the teaching of undergraduate and postgraduate doctors. He has been a role model for generations of junior doctors and is well respected by his peers. Within the hospital he is a respected source of wisdom and advice.



20:00

21

Infection Control



20:00

A hand hygiene inspection is being carried out by the infection control team.

Acquiring an infection whilst at hospital is of concern to us all. Here at West Middlesex our infection control team, made up of two microbiologists and three specialist nurses is responsible for monitoring standards and for managing the risk of infection for patients, visitors and staff alike.

Infection control training is mandatory for all staff working in clinical areas including portering and domestic staff, and is updated annually to include additional examples of best practice and to feed back on infection rates and audit results.



The team also runs regular hand hygiene and cleanliness inspections in all areas of the hospital. The Trust has an antibiotic policy, which has recently been revised based on the best new evidence, to minimise the use of antibiotics which can promote incidents of C. difficile. Ward pharmacists and medical staff from the infection control department monitor compliance.



Clean Your Hands Campaign

Last year the team submitted an entry in the 'share your straplines' competition as part this campaign and were chosen as the overall winner. This has now been developed into a poster, which has been used by the 'Clean Your Hands Campaign' in all general hospitals throughout England and Wales. The award winning strapline was "What do your patients say about you?"

20:30

21:00

21:30

Major Incidents

20:30

The A&E team have been put on stand-by for a serious incident; a major accident has taken place on the M4 involving a number of casualties. At present, the exact extent of the injuries is unknown.

When a major incident occurs, such as the tragic M25 coach crash in January 2007, the hospital is immediately put on alert and puts in place plans to deal with the possible influx of injured people. During 2006 the hospital was put on alert three times and on the fourth received patients from a major motorway incident. The Trust

has a major incident plan which is fully compliant with the requirements of NHS planning guidance issued in 2005.

Close liaison with the London Ambulance Service (LAS), police and Strategic Health Authority, amongst others is crucial to any response. The hospital's major incident team coordinate the response with LAS by judging what capacity will be needed within the hospital.

Once the hospital is given notice of a potential serious incident, the A&E department is closed to all new admissions unless they are deemed life



threatening. Elsewhere within the hospital plans are set in place to ensure departments are as ready as possible to receive patients from the incident. This may include postponing routine surgery to ensure that theatres are available for emergency surgery and preparing as many ITU and

HDU beds as possible.

The hospital's control centre which oversees the whole process are kept apprised of the number of casualties and treatment plans enabling the hospital to manage the care to patients and carers effectively.

Library and Knowledge Centre

22:00

Tessa, a doctor in training, has headed to the Patricia Bowen Library to get an hour of study done whilst she has the opportunity.

As a teaching hospital, West Middlesex has a well-established library that is open to all staff and GPs. The Patricia Bowen Library contains books, journals and reference material, a study area and access to computers. The library holds the National Helicon Accreditation Level 3 for

demonstrating a significant level of excellence and innovation. This is the highest accreditation level and only two other London NHS health libraries currently hold this.

All staff are given a swipe card to give them 24-hour access to the library. This is particularly useful for junior doctors and trainee nursing staff who, like Tessa, often need to access the materials available at odd hours of the day.

The Interlibrary Loan Service enables staff to get hold of publications from other hospital libraries, as well as the British Library. Journal articles and reference materials can also be accessed.

A Current Awareness Service is also compiled each month, providing a breakdown of all articles published in the past month.

Did you that know the Patricia Bowen Library

- Has 24-hour access
- Stocks 8,000 books
- Has 130 current journals
- Provides electronic access to thousands of other journals
- Has 12 networked computers with internet access
- Holds current university & exam texts
- Provides 1-to-1 and group database search training

22:30

22:00

23:00



Cancer Care

22:30

Nurses are responding to Ash, who is in pain after her cancer treatment. Administering pain relief enables her to have a more comfortable night's sleep.

West Middlesex has a dedicated Cancer Services Team, actively involved in the patient's journey from the time that their GP makes a referral, through diagnosis to when the patient has been treated.

The hospital takes a multi-disciplinary approach to cancer care. Clinical teams meet to discuss each patient that has suspected or diagnosed cancer. The team co-ordinators gather all the clinical information needed to present and discuss next steps of the patient's treatment. It is crucial that the patient receives prompt care.

During 2006 the hospital successfully completed a

cancer peer review, which assessed many aspects of the cancer services that the hospital provides. The review looked at the hospital's compliance against a set of over 1,000 detailed measures.

The findings of the review were extremely positive, including high compliance with requirements across the board, commendation for sharing best practice with other Trusts, strong clinical leadership within the cancer multi-disciplinary meetings and within the cancer management team at the hospital, and good patient feedback.

The hospital provides services for all the common cancers, including treatment, support and help with living with cancer as well as palliative care. Last year 100 per cent of patients referred by their GP as an urgent suspected cancer case



had an outpatient appointment with a specialist within 14 days, with all newly diagnosed cancer patients treated within 31 days after this.

During 2006 the purchase of an ultrasound biopsy machine for the urology department has

resulted in more patients being seen and the waiting times reduced. Fast track investigations also include a one-stop haematuria (blood in the urine) clinic, urgent CT scans, MRIs, ultrasound scans and prostate biopsies.

Switchboard and the Helpdesk



23:00

It is well into the evening and the phones are still ringing. A relative is calling to check if their loved one has been brought into A&E.

The Switchboard is staffed 24 hours a day, taking over 2.5 million calls each year.

As well as answering the phones, switchboard staff are all trained to act swiftly when the fire alarm is activated, and have key roles for implementing acute alarm and red alert procedures, such as bomb scares and serious incidents.

Service Performance Summary

Overview

The Trust's last full performance assessment by the Healthcare Commission was for 2005/6 when we were delighted to see our performance achievements recognised by being awarded "good" status. Our 2006/07 summary assessment will be released in the summer of 2007. Our interim self assessment against the existing targets are shown below.

Existing Performance Indicators	Note	Indicator Score
Number of inpatients waiting longer than the standard	1	Failed
Number of outpatients waiting longer than the standard		Achieved
All cancers: two month GP urgent referral to treatment		Achieved
Delayed transfers of care		Achieved
All cancers: one month diagnosis (decision to treat) to treatment		Achieved
Convenience and choice	2	Under Achieved
Cancelled operations and those not admitted within 28 days		Achieved
Waiting times for rapid access chest pain clinic		Achieved
All cancers: two week wait		Achieved
Total time in A&E: four hours or less	3	Under Achieved

As part of the above assessment, in January 2006, the Healthcare Commission released details of new national targets upon which the Trust would be subject to assessment for 2006/7. Our interim self assessment against these are shown below.

New Performance Indicators	Note	Indicator Score
MRSA Bacteraemia	4	Failed
Drug Misusers: information, screening and referral		Achieved
Data quality on ethnic group		Achieved
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation		Achieved
Smoke-free NHS		Achieved
Access to GUM clinics		Achieved
Experience of patients	5	Failed
Participation in audits		Achieved
Indicator on stroke care	6	Failed
Self harm: compliance with NICE guidelines		Achieved
Waiting time for diagnostic tests		Achieved
Inpatient waiting times milestone for the 18 week referral-to-treatment target		Achieved
Referral-to-treatment target		Achieved
Emergency bed days		Achieved

Note 1: Inpatient waiting longer than the standard
Our failure to achieve this target reflects isolated administration difficulties relating to three patients waiting for a planned operation. These have now been addressed with an improved system of managing waiting lists.

Note 2: Convenience & Choice
The Trust was not in a position to accept directly booked referrals from GPs via the electronic booking system before February 2007. However, since that time we have now moved to a directly bookable electronic service for the majority of specialities and consequently at the year end our service was compliant with the expected standards.

Note 3: Time in A&E - 4 hours or less
Our under achievement of this target reflects difficulties in making beds available early enough in the day, waits for speciality opinion, out of hours access to psychiatric liaison services and higher demands for our services which exceed our physical capacity. This has been addressed through improvement to our internal working arrangements, the introduction of a discharge lounge, the ability of GPs to book their patients into the Medical Assessment Unit thereby bypassing A&E and negotiations with our Primary Care Trust to improve psychiatric services provided by West London Mental Health.

Note 4: MRSA
Around 25% of people in the UK live safely and unknowingly with the bacteria that are associated with MRSA on their skin or nose. Analysis of the 2006/07 data showed that nearly 50% of patients who were tested positive for the bacteria were not unwell and did not require treatment for MRSA. We do however take this issue extremely seriously and have taken a number of actions to reduce the number of reported cases including: introduction of new devices to collect blood; education and training for staff caring for intravenous lines; and all existing cleaning and infection control precautions. A continuous programme of hand hygiene and clinical practice is also in place which ensures all staff are complying with the highest standards at all times.

Note 5: Experience of patients
Overall the national inpatient survey results were disappointing although many areas showed steady improvements on previous years. We scored very well on hand hygiene and hospital cleanliness. Key priorities for the coming year are to improve communication between staff and patients, the management of pain, hospital food and discharge planning. Major projects to address all of these are underway.

Note 6: Stroke Care
Whilst the Trust performed well against many of the stroke care indicators the lack of access to a physiotherapist within 72 hours and the availability of stroke care beds contributed to the failure of this target. However over the past year significant progress has been made, with an increase in the number of beds dedicated for stroke care and improved access to physiotherapy.

Financial Performance Summary

Annual Accounts

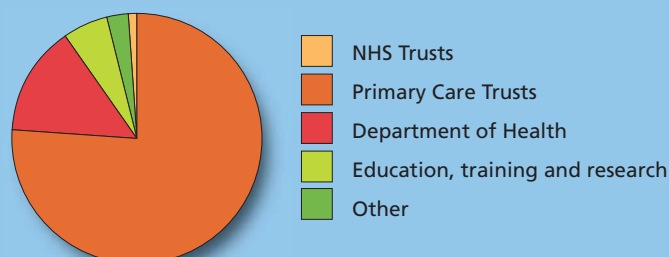
The summarised financial information which follows is taken from the Trust's Annual Accounts for 2006/7. Full copies of the Annual Accounts and copies of the Statement on Internal Control (SIC) are available on request from the Finance Department. The Income and Expenditure Account records the income and the costs incurred by the trust during the year in the course of running its operations. It includes cash expenditure on staff and supplies as well as non-cash expenses such as depreciation (a charge that reflects the consumption of the assets used in delivering healthcare). If income exceeds expenditure, the Trust has a surplus. If expenditure exceeds income, a deficit is incurred. The Trust 2006/07 income and expenditure account is shown below.

Income and Expenditure Account for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Income from activities	110,515	92,517
Other operating income	8,339	10,600
Operating expenses	(119,709)	(109,771)
OPERATING SURPLUS/(DEFICIT)	(855)	(6,654)
Cost of fundamental reorganisation/restructuring	0	0
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS/(DEFICIT) BEFORE INTEREST	(855)	(6,654)
Interest receivable	213	162
Interest payable	0	0
Other finance costs - unwinding of discount	0	0
Other finance costs - change in discount rate on provisions	0	(57)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	(642)	(6,549)
Public Dividend Capital dividends payable	(2,653)	(2,475)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(3,295)	(9,024)

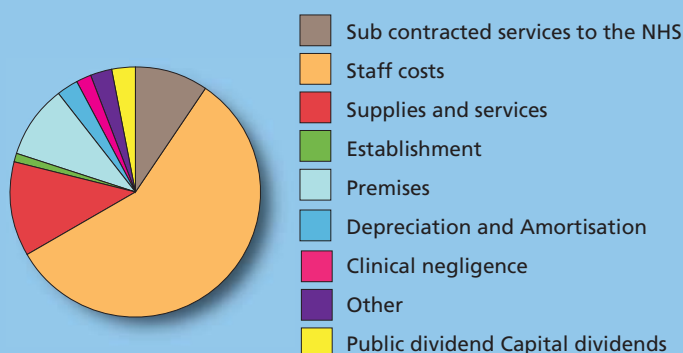
Income for the year totalled £119.1m million, a real increase of £8.2 million (7.5%) over 2005/6 (after adjusting for the impact of prior year debt repayments and RAB). A breakdown of this income is shown below.

WMUH 06/07 Income Sources



Total expenditure for the year totalled £122.4 million, an increase of £10.1 million (8%) over 2005/6. The Trust has not made any political or charitable donations. A breakdown of this expenditure is shown below.

WMUH Expenditure Breakdown



The Trust's most recent assessment (based on 05/06 data) of our costs using the standard NHS reference cost methodology, showed that on average the Trust's activity costs represent 94% of the national average. This means that overall the Trust's costs are 6% lower than the national average.

The **Balance Sheet** provides a snapshot of the Trust's financial condition at the end of the financial year. It lists assets (everything the Trust owns that has a monetary value), liabilities (money owed to external parties) and taxpayers' equity (public funds invested in the Trust). At any given time, the assets minus the liabilities must equal taxpayers' equity. The Trust's balance sheet as at 31st March 2007 is shown below.

Balance Sheet as at 31 March 2007

	2006/07 £000	2005/06 £000
FIXED ASSETS		
Intangible assets	208	175
Tangible assets	91,802	86,112
Investments	0	0
	92,010	86,287
CURRENT ASSETS		
Stocks and work in progress	1,165	1,306
Debtors	9,154	7,213
Investments	0	0
Cash at bank and in hand	346	296
	10,665	8,815
CREDITORS: Amounts falling due within one year	(7,332)	(6,863)
NET CURRENT ASSETS/(LIABILITIES)	3,333	1,952
TOTAL ASSETS LESS CURRENT LIABILITIES	95,343	88,239
CREDITORS: Amounts falling due after more than one year	0	0
PROVISIONS FOR LIABILITIES AND CHARGES	(905)	(960)
TOTAL ASSETS EMPLOYED	94,438	87,279
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	32,455	27,367
Revaluation reserve	57,144	52,001
Donated asset reserve	131	142
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	4,708	7,769
TOTAL TAXPAYERS' EQUITY	94,438	87,279

The **Statement of Total Recognised Gains and Losses** provides a summary of all the Trust's gains and losses. The I&E account only provides details of gains and losses that have been realised. This Statement provides a summary of all gains and losses regardless of whether or not they are shown in the I&E account or the Balance Sheet. It starts with the Trust's surplus or deficit before the payment of dividends (taken from the I&E account) and then provides details of unrealised gains and losses (i.e. gains or losses which have not yet had any cash consequences) such as those arising from the revaluation of property.

Statement of Total Recognised Gains and Losses for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus/(deficit) for the financial year before dividend payments	(642)	(6,549)
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	5,383	2,774
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	0
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	4,741	(3,775)
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	4,741	(3,775)

The **Cash Flow Statement** summarises the cash flows of the Trust during the accounting period. These cash flows include those resulting from operating and investment activities, capital transactions, payment of dividends and financing. Even if an organisation reports a surplus on the income and expenditure (I&E) account it does not mean its cash balance will increase by an equivalent amount. Similarly an I&E deficit does not necessarily translate into an actual shortage of cash in the short term. For example, while depreciation is included as a charge on the I&E account, it does not involve an outlay of cash. Similarly any capital purchase will involve an upfront outlay of the full purchase price, while the I&E account will only record the depreciation of the asset – spreading the full cost over the lifetime of the asset. The impact of an organisation's operating performance on its cash position can only be gleaned from both the Cash Flow Statement and the Balance Sheet.

Cash Flow Statement for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	223	(3,193)
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	213	162
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	213	162
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(2,821)	(3,226)
Receipts from sale of tangible fixed assets	0	0
(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	(2,821)	(3,226)
DIVIDENDS PAID	(2,653)	(2,475)
Net cash inflow/(outflow) before management of liquid resources and financing	(5,038)	(8,732)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of investments with DH	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(5,038)	(8,732)
FINANCING		
Public dividend capital received	21,500	20,002
Public dividend capital repaid (not previously accrued)	(16,412)	(4,000)
Public dividend capital repaid (accrued in prior period)	0	(7,273)
Loans received from DH	0	0
Other loans received	0	0
Loans repaid to DH	0	0
Other 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	5,088	8,729
Increase/(decrease) in cash	50	(3)

Salary and Pension entitlements of senior managers

Trust Senior Managers salary and pension entitlements are disclosed in the following tables.

Salary and Pension entitlements of senior managers

Name and title	Salary (bands of £5,000) £000	2006-07 Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £000) £000	Salary (bands of £5,000) £000	2005-06 Other Remuneration (bands of £5,000) £000
Sue Ellen - Chairman	15 - 20			15 - 20	
Gail Wannell - Chief Executive	65 - 70			110 - 115	
Tara Donnelly - Chief Executive	15 - 20		10	0 - 0	
Simon Marshall - Director of Finance & Performance	90 - 95			85 - 90	
Janet Baldwin - Medical Director	20 - 25	25 - 30		55 - 60	65 - 70
Yvonne Franks - Director of Nursing & Midwifery	65 - 70			65 - 70	
Alison McIntosh - Director of Acute Care	80 - 85			75 - 80	
Nina Singh - Director of HR	65 - 70			65 - 70	
Peter Gill - Director of IM&T	20 - 25			65 - 70	
Shan Jones - Director of Family & Sexual Health	70 - 75			65 - 70	
Andrew Winning	50 - 55	25 - 30		0 - 0	
Andrew Daws- Non Exec Director	5 - 10			5 - 10	
Stephen Clark- Non Exec Director	5 - 10			5 - 10	
Lewellyn De Lord Non Exec Director	5 - 10			0 - 5	
Nicholas Gash Non Exec Director	5 - 10			0 - 5	
Lesely Regan Non Exec Director	5 - 10			0 - 0	

Tara Donnelly joined the Trust in February 2007 and Andrew Winning commenced his new position as Medical Director in September 2006. Gail Wannell left the Trust in November 2006 and Peter Gill left in May 2006. Janet Baldwin stood down as Medical Director in August 2006

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2006 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2007 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Cash Equivalent Transfer Value a 31 March 2006 £000	Real increase in Cash Equivalent Transfer Value at March 2007 £000
Gail Wannell - Chief Executive	2.5 - 5.0	75.0 - 77.5	20 - 25	85 - 90	412	346	57
Tara Donnelly - Chief Executive	0 - 2.5	40.0 - 42.5	10 - 15	40 - 45	152	137	1
Janet Baldwin - Medical Director	0 - 2.5	140.0 - 142.5	40 - 45	140 - 145	823	810	
Yvonne Franks - Director of Nursing & Midwifery	0 - 2.5	67.5 - 70.0	15 - 20	70 - 75	346	320	18
Alison McIntosh - Director of Acute Care	0 - 2.5	45.0 - 47.5	10 - 15	45 - 50	213	192	17
Shan Jones - Director of Family & Sexual Health	0 - 2.5	57.5 - 60.0	15 - 20	60 - 65	299	276	16
Nina Singh - Director of HR	0 - 2.5	27.5 - 30.0	5 - 10	30 - 35	127	112	12
Peter Gill - Director of IM&T	0 - 2.5	30.0 - 32.5	5 - 10	30 - 35	124	110	11
Simon Marshall - Director of Finance & Performance	0 - 2.5	10.0 - 12.5	0 - 5	15 - 20	53	40	12
Andrew Winning - Medical Director			25 - 30		886		

Management Costs

The Trust's management costs represented 3.8% of income. The definition of management costs can be found on www.doh.gov.uk/managementcosts

Management Costs

	2006/07 £000	2005/06 £000
Management costs	4,481	4,307
Income	117,821	101,861
Management costs as a percentage of income	3.8%	4.2%

Better Payment Practice Code

The Better Payment Practice Code requires trusts to pay all undisputed NHS and non-NHS trade invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is the later. The target in the NHS is for trusts to pay 95 per cent of invoices within 30 days. This note reports on how the Trust performed against this target. It also gives details of any interest paid under late payment legislation, which is included within the interest payable line of the I&E account. Although our performance improved substantially from prior years, our cash management difficulties limited our progress towards this target.

Better Payment Practice Code - measure of compliance 2006/07

	Number	£000
Total Non-NHS trade invoices paid in the year	29,462	32,926
Total Non-NHS trade invoices paid within target	22,949	27,978
Percentage of Non-NHS trade invoices paid within target	78%	85%
Total NHS trade invoices paid in the year	1,228	25,454
Total NHS trade invoices paid within target	586	7,960
Percentage of NHS trade invoices paid within target	48%	31%

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

Financial performance targets

Breakeven performance

Trusts have a statutory duty to achieve breakeven 'taking one year with another' (which means that expenditure must not exceed income over three or, exceptionally, as in our case five years). This statutory duty is the key financial duty for NHS trusts. Trusts such as ourselves, that are in danger of breaching this statutory duty are required to agree a financial recovery / turnaround plan with their SHA, where performance is monitored on a regular basis until the deficit has been recovered. The following note provides details of the Trust's performance against our breakeven duty. Each year's performance against the breakeven duty is recorded stretching back to the inception of the Trust. The table also adds back any deductions made under the Resource Accounting and Budgeting (RAB) regime. This means that the income reductions made in previous years due to the application of RAB are disregarded for purposes of measuring breakeven. A materiality threshold also applies so that a trust is considered to have achieved its breakeven duty providing the cumulative deficit is less than 0.5 per cent of current year turnover.

Breakeven Performance

	1997/98	1998/99	1999/2000	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Turnover	56,545	59,825	64,661	73,519	81,328	92,992	101,914	107,421	103,117	118,854
Retained surplus/(deficit) for the year	43	(700)	166	178	3	(779)	137	(3,991)	(9,024)	(3,295)
Adjustment for:										
- 2006/07 Prior Period Adjustment (relating to 2005/06)	0	0	0	0	0	0	0	0	3,991	0
Break-even in-year position	43	(700)	166	178	3	(779)	137	(3,991)	(5,033)	(3,295)
Break-even cumulative position	43	(657)	(491)	(313)	(310)	(1,089)	(952)	(4,943)	(9,976)	(13,271)
Materiality test (i.e. is it equal to or less than 0.5%):										
- Break-even in-year position as a percentage of turnover	0.08%	(1.17%)	0.26%	0.24%	0.00%	(0.84%)	0.13%	(3.72%)	(4.88%)	(2.77%)
- Break-even cumulative position as a percentage of turnover	0.08%	(1.10%)	(0.76%)	(0.43%)	(0.38%)	(1.17%)	(0.93%)	(4.60%)	(9.67%)	(11.17%)

Following the Department of Health's announcement to reverse prior year Resource, Accounting and Budgeting (RAB) deductions in March 2007, we have agreed with NHS London to restate the above cumulative deficit by £3.991m. Consequently, our accumulated deficit at the end of March 2007 was £13.271m

From this table it can be seen that we have failed our five-year breakeven duty by a cumulative £13.3m. This has resulted in a Section 19 report being issued by our auditors to the Secretary of State. Plans to address this are currently being worked upon through the new Challenged Trust regime with NHS London.

As noted in last year's annual report over recent 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. As we move into the next stage of our improvement journey our latest initiatives will support the changes already carried out, whilst helping to resolve our remaining financial difficulties.

Our plan continues to focus on:

- 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 for example 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
- Greater provision and availability of management information to ensure services are run as efficiently as possible
- Developing new services and opportunities to increase activity and ensure the financial viability of the Trust

External financing limit (EFL)

This is a cash limit on net external financing and is one of the controls used by the Department of Health to keep cash expenditure of the NHS as a whole within the level agreed by Parliament in the public expenditure control totals. Trusts must not exceed the EFL target, which effectively determines how much more (or less) cash a trust can spend over that which it generated from its activities. The Trust achieved its target External Financing Limit for the year, with the aid of £17m of temporary brokerage.

Capital Resource Limit (CRL)

The Trust under spent its Capital Resource Limit by £0.6m in 2006/07 largely as a result of scheme slippage into 2007/08.

Independent auditors' statement to the Directors of the Board of West Middlesex University Hospital NHS Trust

We have examined the summary financial statement which comprises an income and expenditure account, balance sheet, statement of total recognised gains and losses and cash flow statement, set out on pages 27 to 32.

This report is made solely to the Board of West Middlesex University Hospital NHS Trust 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 those matters which 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 statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

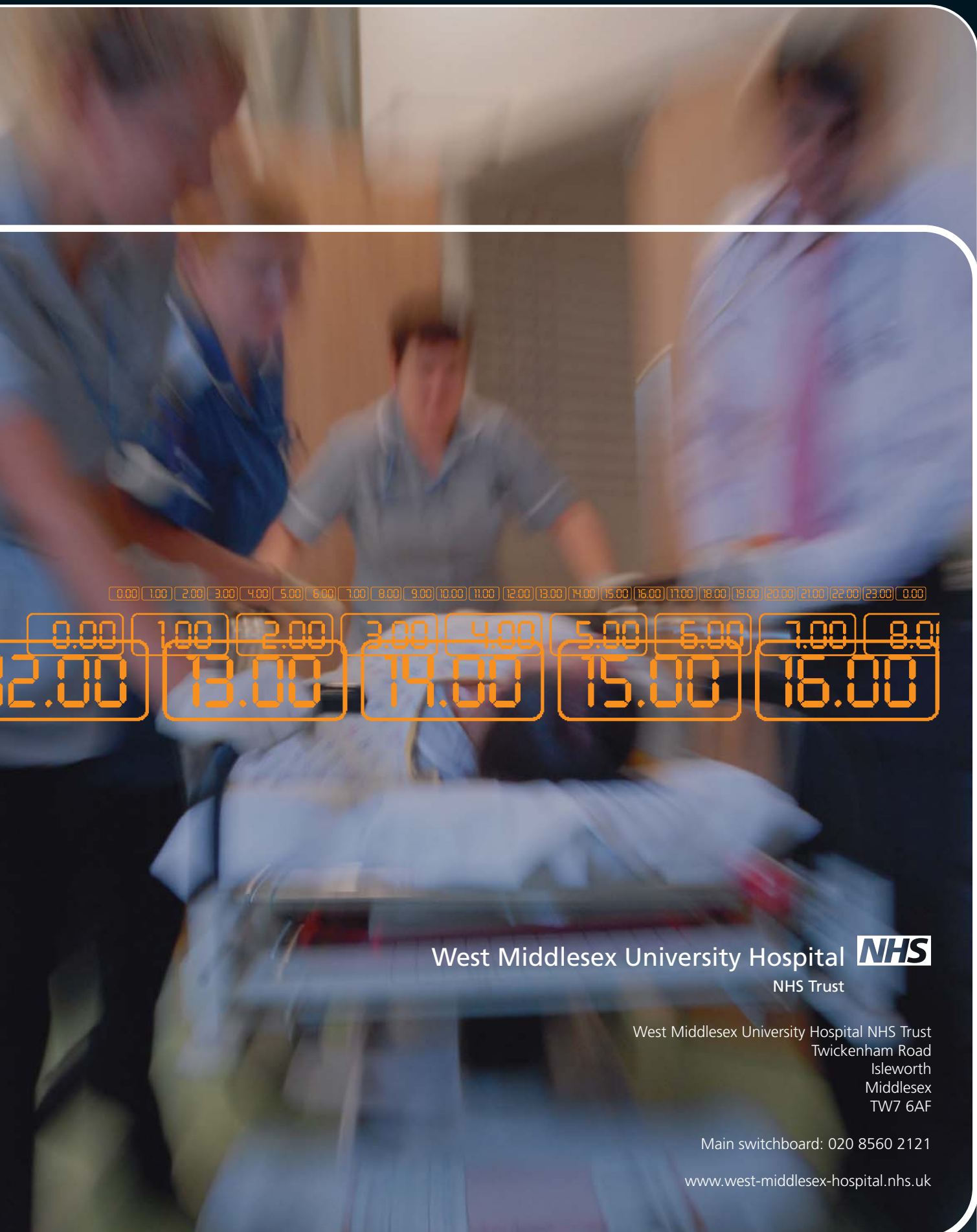
We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2007. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (22 June 2007) and the date of this statement.



KPMG LLP
London
17 July 2007



0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 0.00

0.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
12.00 13.00 14.00 15.00 16.00

West Middlesex University Hospital **NHS**
NHS Trust

West Middlesex University Hospital NHS Trust
Twickenham Road
Isleworth
Middlesex
TW7 6AF

Main switchboard: 020 8560 2121

www.west-middlesex-hospital.nhs.uk