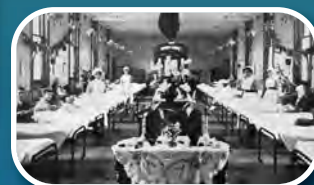
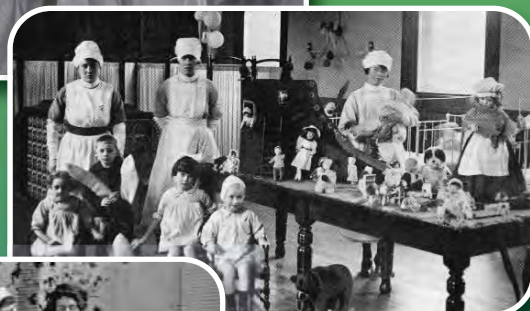


Annual Report 07-08





2008

marks the 60th anniversary of the NHS and as you'll see from this timeline, we've come a very long way.

Welcome

Who we are

The West Middlesex University Hospital is an award-winning, busy urban acute hospital located close to Twickenham in West London. Working out of attractive, modern facilities with state-of-the-art equipment and technology, we provide contemporary and popular services primarily to residents of the London Boroughs of Hounslow and Richmond upon Thames.

What we do

We've been busy – outpatient attendances 203,149; A&E attendances 91,676; inpatient admissions 42,908; babies delivered 3,770; patients operated on in our theatres 9,664; x-rays and scans carried out 150,262; meals served to patients 440,000; number of staff approximately 2,100, including those working for our partner Ecovert.

As one of the largest employers in the area, we recognise the need to acknowledge our social responsibility. This means taking account of our contribution to economic, social and environmental impact. Over the last three years we have been successful in reducing our energy consumption with a 43% reduction in electricity, 18% reduction in gas usage and 54% for water.

- We encourage staff to use greener means of transport, through our Travel Plan
- Use local suppliers wherever possible, to reduce fuel emissions
- Reduce the amount of waste generated from product packaging

Our Aims and Objectives

Our vision: a first class hospital for our community

Our priorities for 2007/08:

- Expansion of services
Critical care, maternity, surgery, stroke & developing partnerships with other hospitals
- Achieving financial balance
Increasing efficiency & delivering value for money
- Eliminating delay
Making better use of beds & reducing waiting times
- Improving patient satisfaction
Increasing the amount of time staff have with patients & preventing and controlling infection
- Gaining strategic advantage through IM&T
Improving communications with GPs & patients through the use of technology
- Becoming the local employer of choice
Developing the skills of our staff and continuing to improve our reputation as a centre of excellence for education and training
- Getting the structure right
Bringing decision making closer to the patient
- Increasing the profile of our hospital
Developing stronger links with GPs and our local community
- Providing services closer to the community
Running outreach in GPs surgery and health centres
- Delivering leading-edge performance, hitting all operational targets
Improving waiting times

History of the **NHS**

1948

The birth of the NHS brings healthcare professionals together in one all encompassing organisation to realise the aim of providing free healthcare services for all.

Introduction



It's been another busy, challenging but productive year at the hospital resulting in considerable progress being made to improve both the services we provide to patients and the experience of our staff. This report celebrates our successes alongside the wider achievements of the National Health Service as we join in celebrating its 60th birthday in 2008.

We are particularly proud that we have:

Improved our financial performance. This year we have been able to declare that we have managed the finances well; we have achieved breakeven duty for the year, for the first time in four years, and have made a surplus of £19,000.

On top of good financial control, being paid for the high levels of activity we have undertaken has meant we have received considerably more income than planned. As we worked hard to reduce our waiting times, we were able to undertake all the extra activity – such as additional clinics and theatre lists – entirely in-house. This has been cost-effective and we have not had to make expensive commitments with independent sector providers. A number of bids we made to the Strategic Health Authority were also successful in bringing extra income in to the Trust this year.

It means that although we still have the historic debt of £17m to resolve, we are demonstrating critical evidence of being able to balance our books year-on-year. Discussions relating to resolution of this debt are underway.

Achieved a dramatic reduction in waiting times. We now have among the lowest waits of any hospital in the NHS. Almost all patients are now seen within six weeks for first outpatients, have diagnostics within five weeks and surgery, where necessary, within six weeks. We undertook more surgery than we ever have done before and we have had no MRSA surgical bacteraemia (MRSA B) in a planned surgical patient at all this year. The new West London Day Surgery Centre has not only received amazing patient satisfaction results, but also has been MRSA B free since it opened.

Infection control has also improved during the course of this year, with MRSA B rates down from 38 last year to 21 this year, a reduction of 45%. Clostridium difficile rates have reduced by 56% in-year, and we achieved the required reduction to hit our target. We were the first Trust in the UK to introduce an anti-bacterial uniform for our doctors and brought in best-practice prescribing during the year which, together with good hand hygiene is having the desired effect and protecting our patients from infection. We were very pleased to have successfully kept noravirus out of the hospital, despite exceptionally high rates across the country this winter.

The Deep Clean was a very visible sign of the commitment to partnership we enjoy with Ecovert, the company that provide our support facilities including cleaning, portering and catering. The hospital is looking smarter than ever, clean, freshly painted and bright and we plan to keep it that way over the year ahead.

Our strategic clinical work has been very successful and includes our **expansion of critical care**, so that we are now able to keep our sickest patients closer to their home. We opened the **West London Day Surgery Centre**, which focuses on convenience and choice, providing an extended range of operations in a purpose-designed environment which is already getting great feedback from patients. We developed an Acute Assessment Unit providing direct admission referrals from GPs which is **speeding up** the care of our emergency patients. The **special care baby unit** has increased in size, and importantly, we are now able to expand our highly **popular maternity service** with the opening of The Natural Birth Centre later in 2008.

We have restructured the clinical part of the hospital during the course of the year and made some important moves towards **devolving decision-making closer to the frontline**. The establishment of the Clinical Management Board means that we are increasingly taking decisions about how the hospital operates within a clinically rich forum. The development of our **business intelligence function** helps provide the clinical business units with the information that they need to run their unit well.

The Productive series of work takes this principle to the next level with **ward based teams redesigning the way they work** to create more time for direct patient care. This is very exciting work, and with its roll-out across the hospital, we can't fail to increase the satisfaction levels of our patients, as well as our staff. As we streamline processes for patients, it is just as important that our corporate services provide efficient and non-bureaucratic processes for our staff. We are

History of the NHS

1952

A one shilling (5 pence) charge is introduced for prescriptions.



pleased we have made a **20% improvement** in the amount of time spent on disciplinary cases and a **17% reduction** on the amount of time spent on sickness management cases.

One of our favourite events of the past year was the **Staff Conference** when we took 100 staff, from a wide range of roles in the hospital, out for a day to consider how we improve the hospital,

both for staff and for our patients. Over 400 ideas were generated that day, which we have been busy putting into practice, and those present were struck by the exhilarating amount of energy and passion displayed for making the West Middlesex a truly great hospital.

We would like to take this opportunity to thank all our staff and volunteers who have worked with tremendous energy to develop our services and make these impressive achievements possible. We were delighted to be voted in the top 20% of NHS hospitals for 'job satisfaction' and 'degree of positive feeling on the organisation' by our staff during the past year and wish to do all we can to continue to be the employer of choice locally.

We are also proud to offer local and convenient access to services with national and international reputations. These include working in partnership with:

- The Royal Marsden NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Trust
- Royal Brompton & Harefield NHS Trust
- Imperial College Healthcare NHS Trust, comprising Hammersmith, Charing Cross and St Mary's hospitals and the Imperial medical school
- Chelsea and Westminster Hospital NHS Foundation Trust

We would like to thank these organisations and the clinicians working with us, with whom we have built a close and supportive working relationship, for the benefit of local patients.

Areas of challenge in the past year include:

In common with many hospitals we found the variation in **emergency demand** particularly challenging to deal with this year. Against the national target of ensuring that 98% patients have their emergency treatment complete within four hours, we achieved 97%.

One of the reasons for this is that our elderly patients with complex needs are remaining in hospital for longer than necessary rather than receiving their care elsewhere. This has affected the proportion of beds available for emergency admissions, staff have had to work exceptionally hard to minimise delays and we are determined to improve this going forward.

A major piece of work for 2008 that we are undertaking with our health and social care partners is really understanding the needs and wishes of our longest staying patients, and ensuring that the Hounslow health and social care community is establishing the right services to meet those needs.

The results for the 2007 in-patient survey were disappointing. Undertaken in August 2007, the survey reflects improvement in a number of areas over previous years, but we are still not getting it right for all of our patients, all of the time. Continuing to improve the patient experience and increasing the pace of change remain key areas of focus in the current year.

Although the improvements in infection control were very marked, we didn't achieve a sufficient reduction in MRSA B in year to hit the target, and aim to do so this year. Our sickness absence rates remain well under NHS norms at 3.67% against 4.8%. However we had planned to be down to 3% and will be continuing to reduce this in the year ahead.

Obtaining timely, accurate performance information was an issue during the year, particularly relating to some of the new performance measures. Resolving this is an important objective for the organisation during the current year.

We have plans in progress to address these areas, but based on the considerable achievements of last year, we believe that we can look forward to the year ahead with great hope and confidence.

Sue Ellen
Chairman

Tara Donnelly
Chief Executive

History of the **NHS**

1954

Daily hospital visits are allowed for children, who were previously only able to see their parents on weekends.

Meeting Local Needs

This year has been a very exciting one for us, and our community. We have launched new services, expanded existing services, and announced major new developments for the future.

West London Day Surgery Centre

Our new purpose-built Centre opened in October. Containing some of the best surgical facilities in the area, it transforms the way day-surgery patients are treated by providing fast and effective treatment without the need for an overnight stay.

The centre has so far treated in excess of 600 patients and offers a wide range of surgical procedures.

The Natural Birth Centre

One of the most exciting announcements this year is that, following public consultation, we are building a brand new natural birth centre.



A BETTER PLACE TO WORK

More Satisfied Staff

Happy and fulfilled staff make for a strong workforce, so at West Middlesex Hospital we work hard to make sure our staff are content in their jobs and have satisfying working lives. Fulfilled staff also make for a better patient experience.



Staff Survey

This year the Healthcare Commission carried out its fifth annual survey of NHS staff. The results of the survey showed that our staff are some of the most fulfilled in the country.

The survey asks staff for their opinions of working for the NHS and the results for West Middlesex Hospital were

excellent, scoring in the top 20% of acute hospitals in the categories of 'job satisfaction', and 'being supported from immediate managers.'

Other areas that our staff are particularly happy with include the 'extent of positive feeling within the organisation', the 'percentage of less staff experiencing bullying and

History of the NHS

1958

Polio and diphtheria vaccination programme ensures everyone under the age of 15 is vaccinated.

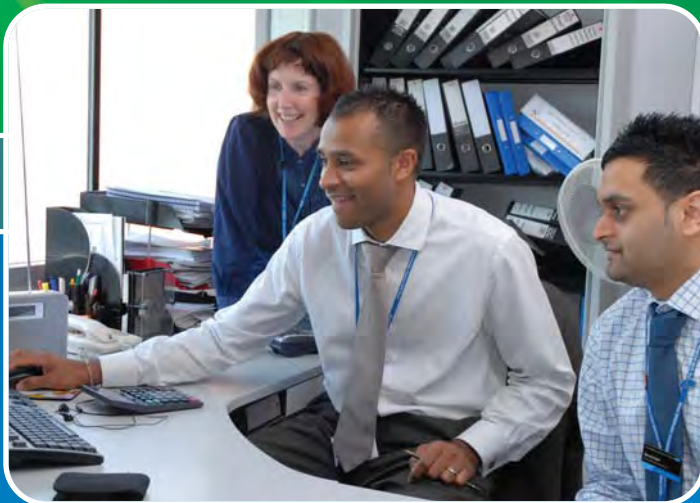
The creation of this new Centre will allow 1,000 more women a year to have their babies at West Middlesex.

The new Centre, which will open later this year, has involved local women every step of the way, from choosing a name to helping plan the interior.

The Centre has been designed to support normal labour and will create a home away from home environment, including birthing pools, deep baths and appropriate privacy and lighting.

Practical equipment such as bars, birth balls, bean bags and stools can help women manage pain better by providing physical support for a greater range of upright positions. The use of water both in terms of birth pools and deep baths has been shown to speed up labour and help in pain management.

We have launched our Stork Appeal, which is aiming to raise £100,000 to further improve our maternity facilities. Details on how you can help are on our website or call 020 8321 5035.



harassment from patients/staff' and we scored above average for the 'quality of work life balance'.

These results are excellent as they show that the investments we make in our staff are really making a difference both by improving their working lives and making a positive change to the way they feel about working here.

The results show our staff are a happy, well-motivated team and this benefits not just the hospital and our staff but everyone in the community who uses our services.

We will continue to work hard and make improvements to ensure that we can keep all our staff fulfilled and proud to say they work at West Middlesex.

SCBU Cots

Our Special Care Baby Unit opened an additional four fully staffed cots in December.

The SCBU admits babies from 28 weeks gestation.

Babies who are born prematurely or become sick shortly after birth need to be looked after in a different way from infants who are born at full term, as they cannot maintain their temperature and are susceptible to infection.



Improving Working Lives

The Improving Working Lives (IWL) standard is a blueprint by which NHS employers and staff can measure the management of human resources and demonstrate their commitment to improving the working lives of their staff.

At West Middlesex Hospital we have a wide range of initiatives in place to help us meet our IWL standards. Following on from the results of the staff attitude survey, we introduced an action plan for each clinical

department, highlighting ways in which the Trust would help improve their working lives. This included dance classes, plans for weight management groups, play scheme discounts for working parents, gym membership discounts as well as initiatives for cycling to work. One of the other areas we looked at was ways to combat the long working day philosophy that comes with healthcare staff, such as flexible working hours.

History of the **NHS**

1960

The first kidney transplant takes place at the Royal Edinburgh Infirmary, involving identical twins.

Reducing Waiting Times

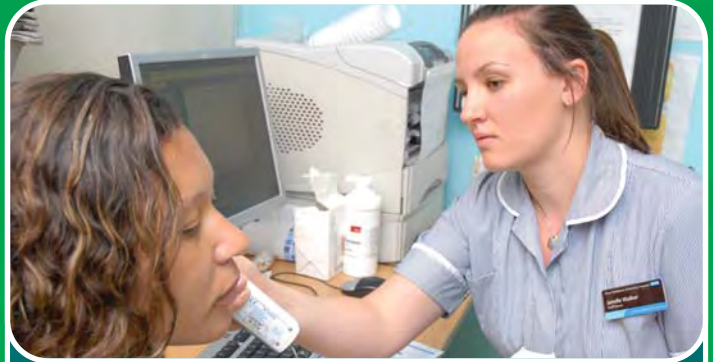
Reducing the time spent waiting for treatment has been one of our top priorities this year. Whether it has been in Accident and Emergency or for specialist treatment, the aim has been to keep waiting times to a minimum, through a variety of initiatives.

18 Weeks

This year has seen the launch of the most demanding waiting time reduction programme the NHS has ever attempted.

The 18 Weeks Wait programme means that by December 2008 the longest

you will wait after being referred by your GP to the start of your hospital treatment will be 18 weeks, unless it is clinically appropriate to wait longer or you choose to delay treatment.



Over the last year we have been busy working towards this target and we have not only met but exceeded our performance targets. Both our scores for admitted and non-admitted patients were 5-6% better than the target.

	Non-admitted patients	Admitted patients
Performance Target	90%	85%
Our Actual Performance	95%	91%

Waits have come down dramatically with almost all outpatients and people having surgery now being seen in less than six weeks for each stage.

A BETTER PLACE TO WORK

Developments In Information Technology

Patients and our neighbouring NHS organisations are feeling the benefits of our investment in IT. New systems and services are being implemented to help provide better, safer care for patients by improving the way information is stored and shared.



West Middlesex has been at the forefront of IT for a number of years. State-of-the-art information communication technology forms the backbone of the hospital's work, maintaining the information systems in the hospital 24-hours a day, supporting clinical and non-clinical services and allowing patient records to be securely stored, shared and updated. As well as providing a key development and support service, information management is integral to our approach to patient care.

We have recently made significant investments in information technology, ensuring it is fit for the 21st Century.

Wireless Technology

At the end of last year we began introducing a wireless computer network across parts of the hospital, allowing staff to use mobile computers to access and update real-time information about patients by their bedside and to order tests.

Choose & Book

Choose & Book allows local people to choose when they want to have their hospital appointments and to book it during a GP visit, outpatient appointment or even at home.

Keeping GPs Informed

The hospital also supports GPs in the community on a

History of the NHS

1962

The first full hip replacement is carried out at Wrightington Hospital in Wigan.



4 Hour A&E Target

In Accident and Emergency, we aim to have each patient seen and discharged from the department within 4 hours. This could mean being admitted to one of the hospital wards or being referred for a speciality out patient appointment. With the large amount of patients we see in A&E (90,000 last year), this is not always possible.

The four hour waiting target is not just a responsibility of the staff in A&E. It is a hospital wide issue, which requires a variety of departments working together. Main hospital

wards aim to have patients who are going home, to be discharged by 10am everyday to free up beds for A&E patients. The recently opened discharge lounge allows patients to wait for medication or lifts home, in comfortable chairs, away from the ward freeing up beds.

One of the other ways we are trying to relieve the pressure on A&E is the introduction of the Acute Assessment Unit (AAU). This ward opened recently to its first patients, helping to ease the congestion in the busy A&E department.

AAU has up to six beds available for direct GP referrals to the hospital consultants. As long as the

patient is medically stable, they can be referred to see the medical team on one of the beds up in AAU, rather than the former process of referring to A&E.

They can then be admitted on to another ward if necessary. This system helps to reduce traffic in A&E. Patients no longer have to wait for the medical team in A&E before being admitted, saving nurse's time and freeing up beds and equipment.

Diagnostics

In September we began a new contract, alongside Hounslow Primary Care Trust, with Quest Diagnostics to provide us and local GPs with high quality pathology diagnostic testing.

This new relationship allows us to work closely with GPs to ensure quick diagnosis and treatment for patients.

We have also introduced a new electronic system for pathology orders which has the benefit of reducing duplicated or incorrect tests, making the ordering of tests easier and the speedier delivery of results.

The user can see which tests have been requested and the results of previous tests, all in the same place. The system has allowed us to achieve a significant reduction in duplicate tests, waste and therefore cost, as well as improving the experience for patients.



number of IT initiatives. This includes providing discharge information electronically to the patient's GP so that they have timely access to important medical information.

Communicating Externally

Staff at the hospital make use of N3, a high speed, high security IT network that allows information to be shared securely with other NHS providers.

Information Governance

We have carried out a review of our processes to ensure that there are strict measures in place for the sharing of confidential information about patients and staff, and that we follow all statutory procedures. This applies to both electronic and paper-based information.

Computer Server Suite

A new purpose-built facility to house the hospital's computer servers was commissioned at the beginning of 2008. The suite is designed to accommodate all the Trust's existing computer servers, with plenty of room for expansion. The suite provides air conditioning to prevent servers from over heating, fire protection, generator-backed dedicated power supply, improved security and raised flooring to minimise the risk of flooding.

History of the **NHS**

1968

A British woman gives birth to the first sextuplets following fertility treatment.

Reducing The Need To Stay In Hospital

Gone are the days when it was thought necessary for patients to spend weeks convalescing in hospital following a routine operation or illness. It is now recognised that patients are more likely to recover faster in the comfort of their own home after surgery or treatment, allowing them to get on with the more important things in life. We have implemented a number of innovative new services to help make this possible.

West London Day Surgery Centre

In October we launched a new purpose-built West London Day Surgery Centre, boasting some of the best surgical facilities in the area and transforming the way day-surgery patients are treated.

With a dedicated team of professionals and modern state-of-the-art facilities, it provides a warm, welcoming and safe environment, with a personal service tailored around patients' needs. It is the ideal choice for those wanting a stress free and flexible one-stop experience, previously only seen at private facilities.

By focusing on finishing treatment within 23 hours, physicians provide the community with a more cost-effective service

without compromising the excellent standards people have come to expect from West Middlesex.



A BETTER PLACE TO WORK

A Great Place To Learn

As a university hospital, we are committed to offering our staff the opportunity to develop their careers by acquiring the relevant training to do their jobs effectively through a range of training and development courses.

We also have close connections with many higher education establishments including Imperial College, New Buckinghamshire University and Kingston University, as well as having our own well stocked library in our Education Centre.

Radiographers Training

Our Clinical Imaging/Radiography department was voted as the top hospital for the training of radiographers by students of Kingston University for the second year running.

The Clinical Imaging team has one of the most technologically advanced

departments in Europe, including the latest ultrasound, multi-slice CT scanner and digital radiography.

Junior Doctors

The Foundation School concentrates on the training we provide for doctors in their first two years of

qualification.

In November we had a visit from the London Deanery Foundation School, responsible for postgraduate medical training in North and South London, and they were very impressed by the quality of education, supervision and pastoral support we



History of the NHS

1968

The first heart transplant is carried out at the National Heart Hospital in London.

A recent survey completed by patients of the centre brought overwhelmingly positive results. 92 per cent agreed that the care they received was of a high standard, 90 per cent felt staff involved and informed them about their care, and 88 per cent thought staff were polite, professional and caring.

Home Care Service

The hospital has recently been making use of MediHome, a new service that provides nursing care for patients at home.

The service allows suitable patients to be discharged earlier than normal to recover in the comfort of their own home, under the care of qualified nurses.

The service was recently extended to cover planned orthopaedic surgical patients, meaning that instead of spending on average four days recovering in hospital, patients have been able to return home after just two days.

Another benefit of the service is a reduction in waiting times for other patients by creating greater capacity in the hospital.



Discharge Lounge

Before the opening of our discharge lounge patients who were ready to go home waited at their beds for medication or transport arrangements, preventing another patient from being admitted. Now they can wait in the comfort of the discharge lounge, with armchairs, magazines and a television, making beds available without delay for new patients.

provided for junior doctors. They said "The trust has a commitment to high quality training which is enshrined within their strategic direction and there is a strong support for achieving excellence in education."

This year we have also received funding from the Deanery to purchase a simulator to improve basic life support training. This simulator is a much more advanced version of the basic plastic resuscitation trainer: it can talk, lose consciousness, has a pulse and blood pressure, and can respond to correct treatment in a pre-programmed way. Doctors can practice diagnosis and treatment of medical

emergencies without risk to patients.

Keeping Pace

At West Middlesex Hospital, we work in a fast paced, ever changing environment and need to make sure that we keep our staff up to date with these developments for the safety and well being of all our patients. This wide range of learning opportunities includes:

- Training sessions for all staff to effectively use all clinical systems.
- Delivering a range of leadership and management programmes and short courses to ensure skills are developed at all levels of the organisation

- Ensuring our intranet contains useful and relevant information about the Learning & Development department.
- Basic IT training and the European Computer Driving Licence

We have a strong reputation for education, training and development. Our ambition is to build on this reputation through close working with our academic partners and we use feedback from our staff survey to help us plan future learning and development activities.

Recruitment Day

We held an open day in February to encourage local people to drop-in and gain

an insight into career opportunities with us.

We anticipated around 50 people attending, so were amazed when 400 turned up eager to discover more. The feedback we received was that many were attracted by our reputation as a friendly hospital, offering flexible working and excellent learning and development opportunities. Together with an advertisement in the local papers we managed to fill 33 vacancies for Health Care Assistants, 2 staff nurses, a phlebotomist and added several people to our temporary administrative and clerical staff bank.

History of the NHS

1972

CT scans revolutionise the way doctors examine the body, allowing three-dimensional images to be produced from a series of two-dimensional x-rays.

Getting Better Together

We are continuously looking for ways to improve our services to the local community. This year we have made a number of significant steps including launching the patient experience trackers and re-launching the comments card system. By joining together with our patients and the community we can work towards our aim to be a first class hospital for our community.

Annual Health Check

In the second Healthcare Commission Annual Health Check, 2006/07, we achieved an overall ranking of fair, narrowly missing out on a ranking of good.

Within this overall ranking were a number of strong performances including:

- A rating of good overall for our children's services, which included the very top score of excellent for our inpatient, emergency and day care service for children.

- Our service review on heart failure was rated as good.
- Clinical and cost effectiveness were rated as good.

Patient Tracker & Comment Cards

We became one of the first London hospitals to install Patient Experience Tracker (PET) touch pads in wards to monitor vital patient feedback.

The electronic touch pads use questions based around important areas such as cleanliness,

communication and quality of care to gauge the patient's experience of their visit to the hospital. The feedback is then used to assess which areas of the service are succeeding and which need improvement.

The units are portable, so staff and volunteers can take them to patients in their beds, and are made of wipe clean plastic to help in the fight against infection. The PET questions have also been translated into different languages and formats to help us make sure that all patients are able to provide us with their views on the service they receive.

The way in which the feedback is analysed means it can be quickly assessed by ward staff, allowing them to make any necessary improvements swiftly.

We also re-launched the use of traditional comment cards and placed post boxes for completed cards all around the hospital.

We hope that by using the cards alongside the new PET units patients will have greater opportunity to tell us how we are doing, allowing us to improve the

services we offer.

End Of Life Care

This year we piloted the Liverpool Care Pathway. This is a plan of care for a patient when the doctors and nurses looking after them believe that the patient is at the end of his / her life and may now have just hours or days to live. The focus of care changes to that of care of the dying and we work to ensure that the patient is comfortable, their spiritual needs are met and that their family and friends understand their plan of care.

Through our staff End of Life group we have been working on a number of ways to improve our end of life care. Some of the ideas that have been implemented so far include a fast track discharge service for patients who wish to die at home, improved viewing facilities for the loved ones of those who have died in A&E and the production of a newly designed bereavement booklet based on the feedback of patients, their friends and families.



History of the NHS

1978

The world's first test-tube baby is born at the Oldham and District General Hospital in Manchester.

Complaints & Compliments

The Patient Advice and Liaison (PALS) team have been working very hard this year advising and supporting patients, their families and carers. By listening to what they tell us we can work together to improve our services.

The team carries out surveys around the wards every few days to gain feedback on any patient issues. This has helped to solve many problems before they get to a stage where the patient feels they want to make a complaint. Formal complaints have fallen from 369 to 272 over the last year and part of the reason for this is the considerable efforts of our front line staff in resolving patient concerns on the spot. The Trust has adopted 'Principles for Remedy' in its complaint handling procedure

Just some of the things we have improved over the last year due to patient feedback include:

- The introduction of a Patient Welcome Folder to provide patients with important information about the hospital
- New denture pots to keep patients dentures safe
- New food menus to provide more cultural and dietary choice
- Shopping trolley style £1 coin operated wheelchairs in the main atrium to improve access for patients



Valuing Diversity

The hospital serves a rich and diverse population, which is reflected in the mix of our workforce. The Trust has put additional resources into our Equalities agenda. We have an Equal Access Group, responsible for taking forward the Equalities and Diversities Agenda to improve services for patients and staff. Whilst we have individual policies and schemes for gender, race, disability and age we are working to simplify these into a single equality scheme.

Following feedback from staff, we piloted the use of special language line phones to improve access to interpretation services. We will be rolling this out across the hospital next year.

We have been working closely with local disabilities groups to improve access to our hospital. This has led to improvements in our signage, and our lifts are being upgraded to meet disability requirements.

Asian Food Event And Food Survey

We held a food tasting session in August, to find out what people thought of some of the Asian dishes that could be made available to patients. This project

formed part of the hospital's patient experience strategy, which this year was looking specifically at improving food, communication, pain control and end of life care.

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 illnesses quicker, suffer fewer complications, are discharged from hospital faster and generally feel better.

A special nutrition group is responsible for ensuring that patients receive nutritious and tasty food while they stay in hospital. The group is made up of dietitians, consultants, nurses and staff from Ecovert FM – who provide the hospital meals.

The tasting session was a chance for us to get feedback on the Asian menu choices we were considering introducing to the patient menu. A number of local Asian groups were invited to the session, along with representatives of hospital staff. The tasters were able to sample a large number of dishes, which were served exactly as they would be on the hospital wards.

Award Winning Hospital

We are proud of the many achievements of our staff, some of which have been publicly recognised through awards and celebrations.



Celia Cloughley

A specialist nurse at West Middlesex University Hospital, Celia won first prize at the National Cardiac Nursing Awards in 2007.

Cardiac Risk Factor Nurse, Celia, attended the awards ceremony at the Café Royal, Piccadilly in April where she was awarded the first prize in the category of 'Primary or Secondary Prevention'. Fittingly the award coincided with Celia's 45th year in the nursing profession.



Heart Failure

In August, West Middlesex University Hospital, alongside Hounslow Primary Care Trust and Richmond & Twickenham Primary Care Trust (PCT) scored '3' out of a possible 4 on the Healthcare Commission's service review of heart failure.

This means that services at West Middlesex and within the Hounslow and Richmond & Twickenham PCT communities go "beyond minimum requirements and the reasonable expectations of patients and the public."



Julie Stevens

A consultant nurse in tissue viability, Julie has won the Highly Commendable Award in the 2007 Wounds UK Awards.

Julie's award was the third commendation for her work that she received last year. She was presented with the award for her work in setting up the West Middlesex University Hospital integrated tissue viability service with the local Hounslow community.

In April she was granted an 'Experienced

History of the NHS

1980

Keyhole surgery is used successfully for the first time to carry out the removal of a gall bladder.

Sexual Health & Maternity Charter Marks

For the 11th consecutive year our Maternity Service successfully passed the Government's Charter Mark assessment. Our Sexual Health department also holds the coveted Charter Mark.

Organisations applying for the Charter Mark have to meet assessors' tough standards across six different criteria including providing a fair and accessible service for all, effective and imaginative use of resources; and continuous development and improvement of the service.

The maternity services have been assessed 5 times in the last 11 years in order to maintain their Charter Mark status.

Successfully retaining our Charter Mark for another year really is a testament to the hard work of the midwives and doctors who deliver our maternity service to local women.



Practitioner' Scholarship by the Journal of Wound Care to allow her to pursue a project looking at the benefits of specialist nursing for patients with tissue viability problems, and in May she won 'Nurse of the Year' at West Middlesex University Hospital and Hounslow Primary Care Trust's Annual Nursing and Midwifery Awards.

Children's Services

A review by the Healthcare Commission praised West Middlesex University Hospital for its high quality of care for children.

West Middlesex received the highest mark, an excellent rating for:

- Inpatient care
- Emergency care
- Day care cases

West Middlesex has its own paediatric centre, with a dedicated children's ward and children's outpatient department. The A&E department at the hospital also has its own children's section, separate from the adult waiting and treatment areas. All staff are specially trained to work with children. In addition to its clinical staff, the unit employs play specialists, as well as teachers so that children can continue with their lessons while they are in hospital.

UNICEF Baby Friendly

In October, we were awarded the UNICEF Stage 1 Baby Friendly accreditation, only the second London hospital to achieve this award. The Baby Friendly Initiative accredits maternity and community facilities which adopt internationally-recognised standards of best practice. It is a worldwide programme of the World Health Organization and UNICEF to encourage maternity hospitals to implement the Ten Steps to Successful Breastfeeding.

We are delighted with the positive feedback we are receiving from new mums and the increase in the

number of mothers choosing to breastfeed their newborn babies. Richmond and Twickenham has the highest breastfeeding initiation rate in the country and this is testament to the hard work of all the staff involved.

Radio West Mid – 40 Years

During the past year the hospital's voluntary run radio station has been celebrating its 40th Anniversary.

As part of its Anniversary activities Radio West Mid broadcast to the local area on FM for the very first time at the end of November. Present and past members produced five days of special programmes to highlight the work of the station and allow patients, relatives and hospital staff to listen and take part.

In March, Radio West Middlesex was 'Commended' in the 'Station of the Year' category in the national Hospital Broadcasting Awards. It's the fourth year running that the station has been recognised as being one of the Top Ten hospital stations in the UK.

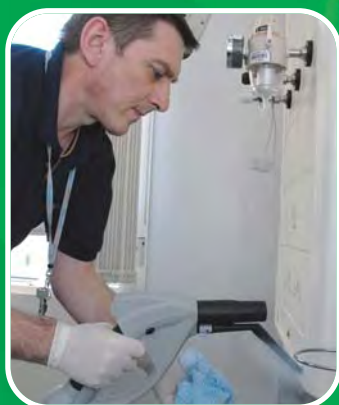
History of the NHS

1988

Free breast screening is introduced to reduce breast cancer deaths in women over 50.

Keeping You Safe

Patients, quite rightly, expect to be kept safe when they visit our hospital and this is of paramount importance for us. Throughout the year we have carried out a number of initiatives to improve patient safety.



Deep Cleaning

In the first part of 2008, we completed a hospital-wide deep cleaning programme.

Whilst we carry out a stringent rolling programme of cleaning, the deep clean gave us an opportunity to carry out a major spring clean, de-cluttering, carrying out minor repairs, redecorating and refurbishing, all followed by deep cleaning.

The deep clean involved tackling hard to reach areas and cleaning the whole hospital at the same time, rather than on an area-by-area basis as we would normally do. The

whole process was carried out while continuing to run the hospital with minimal disruption to our patients.

Anti Bacterial Tunics & Bare Below The Elbow

We were amongst the first hospitals in the country to bring in new tunics to help fight infection.

The tunics form part of the hospitals new bare below the elbow rule, meaning that staff in clinical areas must have sleeves above

the elbow and no wrist watches or jewellery, making hand washing easier for staff and reducing the risk of infections.

Infection Rates Down

In the last year our infection rates have continued to fall. We have had no MRSA bacteraemia (MRSA B) in a planned surgical patient at all this year, with the new West London Day Surgery Centre not only getting amazing patient

A BETTER PLACE TO WORK

Healthy Workplace

Statistics have shown that West Middlesex staff are some of the most fulfilled NHS staff in the country when it comes to job satisfaction. Over 200 members of staff have worked at the hospital for at least 10 years, an incredible feat in any industry. In return we attempt to provide a safe and healthy working environment through various initiatives, to help keep our staff happy and well motivated, which benefits everyone in the local community.

Bicycle Users Group

The Bicycle Users Group (BUG) is a team of staff members who help promote the benefits of cycling to work.

West Middlesex supports cycling as it is an excellent way for people to take regular exercise and helps to support our drive to reduce carbon emissions.

In June BUG promoted cycling to staff during National Bike Week by offering a free breakfast in the hospital restaurant for every day that they cycled to work.

To help encourage staff to cycle to work regularly we introduced dedicated showering and changing facilities and bike shelters.

Dance Classes

We asked staff for ideas of what kind of social activities they would like to see more of and the answer was unanimous, dancing.



History of the NHS

1994

The NHS Organ Donor Register is set up for people wishing to donate their organs.

satisfaction results, but also being MRSA B-free since it opened.

One of the comments we received from a grateful patient was "I was born in the same year as the NHS. I have always been proud of it and after this experience I think the service and staff are the best there is. Thank you for your kindness and concern."

Overall the number of cases of clostridium difficile has reduced by 56% for the past six months, compared with the first 6 months of the year.

This year we have had 21 cases of MRSA, falling from 38 in the previous



year, a reduction of 45%. This is against the national rates for MRSA, which have gone up by 0.6%.

Low Mortality Rates

Figures show that the mortality rate at West Middlesex University Hospital has remained low this year.

The relative risk (the observed mortality rate at West Middlesex versus the national rate) is 98, below the average figure of 100,

which is an excellent achievement by the hospital.

Food Hygiene

In January our partners, Ecovert, who provide our catering services achieved a 'very good' four star rating for our food safety standards, from the Food Standards Agency. This covers food served in the hospital's restaurant, café and main kitchen.

Given that we provide around 440,000 patient meals every year this was quite an achievement.

Data Protection

The security of personal data has been the focus of much media attention

during the past year. We take this issue seriously and had no incidents of untoward personal data loss with a severity rating of 4 or above during 2007/08. However, there was one reported incident in the category of loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises. Procedure and controls with Medical Records and our Medical notes transportation contractor have been amended to prevent a recurrence of this breach. No disciplinary action was taken as a result of this incident.

Dance classes are held for staff in the hospital and have proved to be a huge success. Different dance styles taught include Salsa, ballroom and jive, in preparation for this year's staff summer ball, which has a jive theme.



Greg Dyke opens the Staff Conference

Staff Conference

In November we held our first Staff Conference with staff from all levels and departments of the hospital. We want staff to be involved in shaping the hospital, so we canvassed their views on defining the hospital's vision of the future.

Over 100 members of staff attended and were encouraged to work together to discuss issues such as leadership, making West Middlesex an even better place to work, improving the sharing of best practice and putting patients at the heart of the way we deliver services.

Ghana Day

We like to celebrate events with our staff and to mark Ghana's 50th anniversary of independence in March we held a special event attended by over a hundred staff.

The celebrations included a fashion parade and some traditional Ghanaian dancing.

History of the NHS

1998

NHS Direct is launched, later becoming one of the largest single e-health services in the world.

A More Efficient Hospital

We're making better use of your money by implementing a 'lean' way of thinking. This means we are achieving more with existing resources by redesigning processes to eliminate waste. We have applied this concept to increase efficiency, cut costs and help improve the patient experience.

Productive Ward

The NHS Institute of Innovation and Improvement has found that nationally ward based nurses spend less than 40 per cent of their time on direct patient care. The aim of the Productive Ward is to turn this situation around by releasing more time to

care. By focusing on improving ward processes and the working environment, nurses and therapists are able to spend more time with patients and consequently improve safety and efficiency.

The Productive Ward philosophy was piloted on Syon ward, with some very

tangible results. By carrying out 'waste-walks', staff were able to identify areas where quite simple changes would make very significant improvements to overall efficiency and ultimately to patient care. Examples of this include reorganising store rooms to ensure that equipment

and supplies were easy to locate, and that stock levels were controlled.

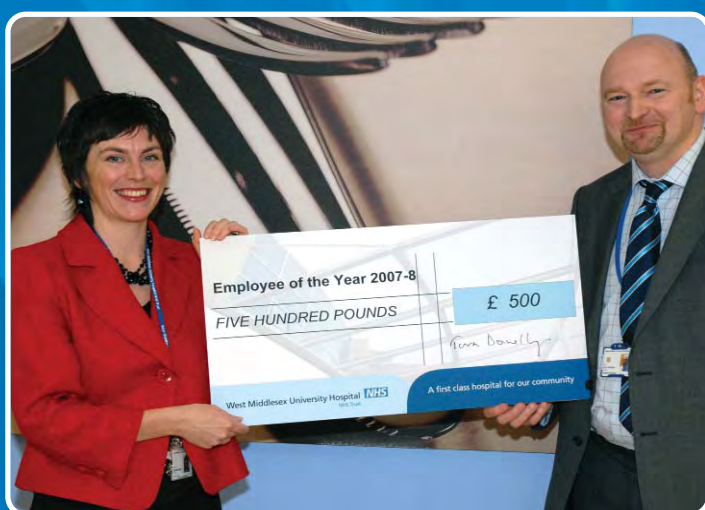
At the start of the project, nursing staff identified that they spent typically just 33 per cent of their time on direct patient care. Six months on from the start of the project, initial feedback has been very positive. By releasing more time to care and improving the observation process, patient observations have improved by 75 per cent.

Following the success on Syon, the Productive Ward is set to be rolled out across all wards during the coming year.

A BETTER PLACE TO WORK

Recognising Excellence & Loyalty

Our most valuable asset is of course our workforce, including volunteers. Throughout the year we have held a number of events and ceremonies to publicly thank them for their loyalty and hard work.



Employee Awards

Each month a panel chooses a member of staff, who has been nominated by a colleague or member of the public, for the employee of the month award. As well as receiving recognition for their hard work and dedication, the winner receives £75 of vouchers as a token of appreciation. The winners are then put forward for

the employee of the year award, whose winner receives a cheque for £500.

Season's Best

In addition to our regular employee awards, we also run a seasonal award to recognise the work of our exceptional teams. Nominations are sought from staff and the public, and a panel then chooses the winning team who receive £300.

History of the NHS

2000

NHS walk-in centres are introduced to offer access to a range of services.



Next Steps - Productive Theatre

West Middlesex has been selected as a national pilot site for this exciting programme of work that will eventually be implemented nationally. Using many of the same principles of the Productive Ward, staff will work to create a more 'productive' working environment to the benefit of both staff and patients alike.



Long Service Awards

In December we held our annual staff long service awards. It was an opportunity to publicly recognise and thank all the staff who have dedicated a great many years to the hospital.

Incredibly, nearly 200 members of staff have worked at the hospital for 10 years or more including one lady who celebrated the completion of 50 years service, and twins who have both worked at West Middlesex for 40 years.

Volunteer Recognition Awards

West Mid Hospital is fortunate to have the help of some 200 volunteers from the local community giving up their time to improve the patients' experience in the hospital as well as offering support to our busy staff.

In March, we held our annual volunteer recognition awards to thank them for their hard work and devotion. Amongst the winners was a volunteer who won a long service award for his 40 years of work at the hospital.

If you are interested in becoming a volunteer and are 16 or over, there are many ways you can help such as assisting patients with eating and drinking, help with basic administration, and assisting in many other areas of the hospital. We really appreciate any help you can give, even if it is only a few hours a week. For more information, please contact voluntary services manager Stephen Hamilton by email volunteers@wmuh.nhs.uk or on 020 8321 5413 or visit our website at www.west-middlesex-hospital.nhs.uk/getting-involved/volunteering/

History of the NHS

2008

Lord Darzi publishes his final report into the future of the NHS, *Our NHS; Our future*, setting out a future vision for a new world-class NHS.

Service Performance Summary

Overview

The Trust's last full performance assessment by the Healthcare Commission was for 2006/7 when our services were assessed as "fair". Our 2007/08 summary assessment will be released in the summer of 2008. Our interim self-assessment results against the national targets are shown below with our currently estimated indicator score

EXISTING PERFORMANCE INDICATORS	NOTE	INDICATOR SCORE
Number of inpatients 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 - provision of up to date trust information on nhs.uk		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
Number of outpatients waiting longer than the standard	1	Under achieved
Convenience and choice - availability of slots within 13 weeks as shown on the Choose and Book slot utilisation reports	2	Under achieved
Total time in A&E: four hours or less	3	Failed

The Healthcare Commission also measure twelve new national targets. Our interim self assessment results against these is shown below.

NEW PERFORMANCE INDICATORS	NOTE	INDICATOR SCORE
Drug Misusers: information, screening and referral		Achieved
Data quality on ethnic group		Achieved
Infant health & inequalities: smoking during pregnancy and breastfeeding initiation		Achieved
Obesity: compliance with NICE guidance 43		Achieved
Access to GUM clinics		Achieved
Participation in audits		Achieved
Self harm: compliance with NICE guidelines		Achieved
Referral to treatment times milestones		Achieved
Emergency bed days		Achieved
Infection control	4	Failed
Experience of patients	5	Under achieved
Waiting time for diagnostic tests	6	Under achieved

Note 1:

We narrowly missed achieving the target for 12 outpatients who waited for more than 13 weeks for their first outpatient attendance.

Note 2:

Choose & Book is a computerised booking system, which enables GPs to book hospital appointments for their patients from their surgery. The Trust has been using Choose and Book for over a year now, opening up an increasing amount of clinic appointments (slots) within all specialties. What has hindered this development has been:

- Take-up by our local GPs of appointments has been low.
- Our waiting lists for certain specialties has been over 6 weeks, making direct booking inappropriate.

Over the next year we will be carrying out a review of our Choose & Book programme and working with our primary care colleagues to improve our, and their, performance in using Choose and Book.

Note 3:

We narrowly missed achieving the target for 98 per cent of patients being seen within 4 hours in A&E, achieving 97 percent. This has been mainly due to a particularly busy period in December – January where we saw high levels of blue-light ambulance admissions combined with large numbers of very sick patients requiring longer stays in hospital.

Note 4:

The public is understandably very concerned about MRSA rates, and infection control is one of our highest priorities. We are disappointed not to have achieved this target, but it needs to be put into context. This year we admitted over 42,000 patients – 1,400 more than last year. Against this, the number of cases of MRSA bacteraemia fell from 38 in 2006/07 to 21 for this year. Throughout the year we have implemented a number of very visible initiatives to reduce our infection rates further including anti-bacterial tunics for our junior doctors, a bare-below-the-elbow policy for all clinical areas, expanding our infection control team and carrying out a hospital-wide deep clean. This is in addition to mandatory infection control training for all staff, and regular monitoring and audits to ensure compliance. Reducing infection will continue to be our priority.

Note 5:

Improving patient satisfaction is one of our key objectives. We are disappointed with the results of the 2007 inpatient survey, which do not reflect the hard work put in by our staff. Over the past year we have carried out lots of work focusing on key areas that make a real difference to patient's well-being whilst they are in hospital. Results from this year's survey show that we have improved on the quality of written information we give our patients and the information we give to their GPs. We have also improved significantly on the amount of time taken to respond to patients pressing their bedside call button. In addition we have seen a reduction in the number of complaints received.

Note 6:

We missed the waiting time target for diagnostic tests. This mainly related to MRI tests, which since the year end have seen a substantial reduction in our waiting times.

Financial Performance Summary

Annual Accounts

The summarised financial information which follows is taken from the Trust's Annual Accounts for 2007/8. Full copies of the Annual Accounts and copies of the Statement on Internal Control are available on request from the Director of Finance.

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 2007/08 income and expenditure account is shown below.

	2007/08 £000	2006/07 £000
Income from activities	119,488	110,515
Other operating income	9,797	8,339
Operating expenses	(126,769)	(119,709)
OPERATING SURPLUS/(DEFICIT)	2,516	(855)
Cost of fundamental reorganisation/restructuring	0	0
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS/(DEFICIT) BEFORE INTEREST	2,516	(855)
Interest receivable	385	213
Interest payable	0	0
Other finance costs - unwinding of discount	0	0
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	2,901	(642)
Public Dividend Capital dividends payable	(2,882)	(2,653)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	19	(3,295)

Income for the year totalled £129.3 million, a real increase of £8.5 million (7.2%) over 2006/7 after the exclusion of £2 million of non recurrent benefits for accounting for incomplete spells.

Operating expenditure for the year totalled £126.7 million, an increase of £7 million (5.9%) over 2006/7. The Trust did not make any political or charitable donations.

The Trust's most recent assessment (based on 06/07 data) of our costs using the standard NHS reference cost methodology, showed that on average the Trust's activity costs represent 98% of the national average. This means that the Trust's overall costs are 2% lower than the national average.

Balance Sheet

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 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 2008 is shown below.

Balance Sheet as at 31 March 2008	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS		
Intangible assets	227	208
Tangible assets	97,084	91,802
Investments	0	0
	97,311	92,010
CURRENT ASSETS		
Stocks and work in progress	1,008	1,165
Debtors	11,635	9,154
Investments	0	0
Cash at bank and in hand	384	346
	13,027	10,655
CREDITORS: Amounts falling due within one year	(9,201)	(7,332)
NET CURRENT ASSETS/(LIABILITIES)	3,826	3,333
TOTAL ASSETS LESS CURRENT LIABILITIES	101,137	95,343
CREDITORS: Amounts falling due after more than one year	0	0
PROVISIONS FOR LIABILITIES AND CHARGES	(1,600)	(905)
TOTAL ASSETS EMPLOYED	99,537	94,438
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	31,828	32,455
Revaluation reserve	62,402	57,144
Donated asset reserve	174	131
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	5,133	4,708
TOTAL TAXPAYERS' EQUITY	99,537	94,438

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.

Balance Sheet as at 31 March 2008	31 March 2008 £000	31 March 2007 £000
Surplus/(deficit) for the financial year before dividend payments	2,901	(642)
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	5,670	5,383
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	49	0
Defined benefit scheme actuarial gains/(losses)		
Additions/(reductions) in other reserves	0	0
Total recognised gains and losses for the financial year	8,620	4,741
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	8,620	4,741

Cash Flow Statement

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 2008

	2007/08 £000	2006/07 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	7,271	223
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	385	213
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	385	213
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(4,109)	(2,821)
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	(4,109)	(2,821)
DIVIDENDS PAID	(2,882)	(2,653)
Net cash inflow/(outflow) before management of liquid resources and financing	665	(5,038)
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) before financing	665	(5,038)
FINANCING		
Public dividend capital received	480	21,500
Public dividend capital repaid (not previously accrued)	(1,107)	(16,412)
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	(627)	5,088
Increase/(decrease) in cash	38	50

The Board

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

The Executive team consist 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 the services at the Trust, the Board makes key policy decisions on matters such as 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 to provide greater scrutiny over the governance arrangements and to oversee the procedural and financial management of the hospital.

Non-Executive Directors



**Chair,
Sue Ellen**

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



**Non-executive Director,
Stephen Clark**

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



**Non-executive Director,
Andrew Daws**

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



**Non-executive Director,
Nick Gash**

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



**Non-executive Director,
Lesley Regan**

Committees: Audit Committee (member).



**Non-executive Director,
Luke de Lord**

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

Executive Directors



Tara Donnelly
Chief Executive



Alison McIntosh
Deputy Chief Executive
/ Director of Operations



Andrew Winning
Medical Director



Shân Jones
Directors of Service Transformation



Simon Marshall
Director of Finance and Performance



Yvonne Franks
Director of Nursing and Midwifery



Nina Singh
Director of Workforce and Development



Graham Head
Director of Information and
Communication Technology (from
November 2007)

Salary And Pension Entitlements Of Senior Managers

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

Salary and Benefits

Name and title

	2007-08			2006-07		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Rounded to the nearest £000) £000
Sue Ellen - Chairman	15 - 20			15 - 20		
Tara Donnelly - Chief Executive	115 - 120			15 - 20		10
Simon Marshall - Director of Finance & Performance	90 - 95			90 - 95		
Yvonne Franks - Director of Nursing & Midwifery	70 - 75			65 - 70		
Alison McIntosh - Deputy Chief Executive	80 - 85			80 - 85		
Nina Singh - Director of Workforce and Development	70 - 75			65 - 70		
Shân Jones - Director of Service Transformation	70 - 75			70 - 75		
Graham Head - Director of IT	25 - 30			0		
Andrew Winning - Medical Director	90 - 95	50 - 55		50 - 55	25 - 30	
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			5 - 10		
Nicholas Gash - Non Exec Director	5 - 10			5 - 10		
Lesley Regan - Non Exec Director	5 - 10			5 - 10		

	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 2008 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Cash Equivalent Transfer Value at 31 March 2007 £000	Real increase in Cash Equivalent Transfer Value at March 2008 £000	Employer's contribution to stakeholder pension £000
Tara Donnelly - Chief Executive	5.0 - 7.5	42.50 - 45.00	20 - 25	65 - 70	241	152	60	0
Alison McIntosh - Deputy Chief Executive	0 - 2.5	47.75 - 50.00	15 - 20	55 - 60	256	213	26	0
Simon Marshall - Director of Finance & Performance	0 - 2.5	15.00 - 17.50	5 - 10	15 - 20	67	53	9	0
Yvonne Franks - Director of Nursing & Midwifery	0 - 2.5	70.00 - 72.25	25 - 30	75 - 80	396	346	29	0
Shân Jones - Director of Service Transformation	0 - 2.5	62.25 - 65.00	20 - 25	70 - 75	349	299	30	0
Nina Singh - Director of Workforce and Development	0 - 2.5	30.00 - 32.50	30 - 35	30 - 35	146	127	11	0
Andrew Winning - Medical Director	0 - 2.5	142.50 - 145.00	50 - 55	150 - 155	0	886	0	0
Graham Head - Director of IT	0 - 2.5	15.00 - 17.50	5 - 10	20 - 25	109	99	1	0

Management Costs

The Trust's management costs comprise 3.6% of income.

The definition of management costs can be found on www.doh.gov.uk/managementcosts

	2007/08 £000	2006/07 £000
Management costs	4,583	4,481
Income	126,160	117,821
Management costs as a percentage of income	3.6	3.8

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. 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

	2007/08 Number	£000
Total Non-NHS trade invoices paid in the year	31,805	40,970
Total Non NHS trade invoices paid within target	26,609	33,402
Percentage of Non-NHS trade invoices paid within target	84%	82%
Total NHS trade invoices paid in the year	1,276	19,378
Total NHS trade invoices paid within target	658	8,560
Percentage of NHS trade invoices paid within target	52%	44%

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

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 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. 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

The trust's historical breakeven performance is as follows:

	1997/98 £000	1998/99 £000	99/2000 £000	2000/01 £000	2001/02 £000	2002/03 £000	2003/04 £000	2004/05 £000	2005/06 £000	2006/07 £000	2007/08 £000
Turnover	56,545	59,825	64,661	73,519	81,328	92,992	101,914	107,421	103,117	118,854	129,285
Retained surplus/ (deficit) for the year	43	(700)	166	178	3	(779)	137	(3,991)	(9,024)	(3,295)	19
Adjustment for: - 2006/07 Prior Period Adjustment (relating to 2005/06)	0	0	0	0	0	0	0	0	3,991	0	0
Break-even in-year position	43	(700)	166	178	3	(779)	137	(3,991)	(5,033)	(3,295)	19
Break-even cumulative position	43	(657)	(491)	(313)	(310)	(1,089)	(952)	(4,943)	(9,976)	(13,271)	(13,252)
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%)	0.01%
- 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%)	(10.25%)

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 and setting
- 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.
- 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 underspent its Capital Resource Limit by £1k in 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 the Income & Expenditure account, Balance Sheet, Statement of Total Recognised Gains and Losses and the Cashflow Statement.

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

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

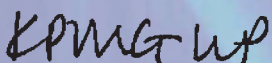
We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

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 West Middlesex University Hospital NHS Trust for the year ended 31 March 2008. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (20 June 2008) and the date of this statement.



KPMG LLP
London
10 July 2008



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NHS Trust

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