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Welcome

Who we are

The West Middlesex University Hospital is a busy urban acute hospital located in Isleworth, West London. Working out of attractive, modern facilities with state-of-the-art equipment and technology, it provides contemporary and popular services primarily to residents of the London Boroughs of Hounslow and Richmond upon Thames.

Facts and figures 2008/09

As our latest figures clearly show, we have had another extremely busy year with significant increases in activity across most of our services.

Outpatient attendances: 214,113 (203,230) + 5.4%

A&E attendances: 97,541 (91,676) + 6.4%

Inpatient admissions: 46,737 (43,106) + 8.4%

Babies delivered: 3,977 (3,770) + 5.5%

Patients operated on in our theatres: 9,206 (9,665*) - 4.7%

X-rays, scans and procedures carried out by clinical imaging: 160,654 (149,646) + 7.4%

Number of staff: 2,208 including our partners Ecovert FM (2,100) + 5.1%

(2007/08 figures in brackets)

*This was due to putting on additional lists in 07/08 to meet the 18 week targets.



Introduction

It has been a particularly challenging and difficult year for the Trust and regrettably this was reflected in our inability to achieve some of the key performance targets on which our success is measured in relation to both quality and finance.

There have been numerous pressures on our finances this year. The number of patients we treat has continued to grow but due to pressure on the Primary Care Trust's finances, funding has not kept pace with our increased activity levels. Despite tightening up on our spending and achieving considerable savings, our costs have also increased. Consequently we failed to deliver our key financial breakeven duty with a deficit of £3.5 million. More detailed information can be found in the finance and accounts section of this report.

However, in spite of these challenges we have realised some considerable achievements this year, which were in direct response to the changing needs of our community and set against our key objectives for the year.

We have been investing for the future, renewing equipment and creating new facilities, such as our brand new Natural Birth Centre, which was planned through user consultation with local mums. Our maternity service has held an excellent reputation for many years, borne out by our charter mark status and UNICEF baby friendly accreditation, but to take our service to the next level we knew that we needed to expand our capacity and offer more mums more choice in how they have their babies. It was important that we consulted with new mums and our maternity staff to create a service that they wanted and not what we thought they wanted. It was very exciting to see that vision become a reality in our Natural Birth Centre.

Another new facility, the West London Day Surgery Centre, was officially opened by Parliamentary Under Secretary for Health Services, Ann Keen. The centre offers patients far greater choice and flexibility, and was designed for people's busy twenty-first-century lifestyles. In the past patients were used to having to fit in with the requirements of the health service. Now we are giving them the ability to have everything planned around their individual needs so they can get on with the more important things in life.

We also moved our gynaecology services into dedicated, new and improved facilities in Twickenham House, and our day case chemotherapy suite was re-housed in more spacious accommodation.

As well as adding new facilities we've been working on improving our existing services by making use of 'lean' principles; releasing staff time to reinvest in care by removing obstacles and delays in patient pathways and the way we work. Following the success of the Productive Ward project, we have standardised a number of working

practices and rolled this out to other wards across the hospital. We have also used the same principles in other areas including theatres and health records. This Productive work will continue to have a strong focus next year as we use the same basic principles in other areas.

Throughout all this work infection prevention and control has remained at the top of our agenda and this year our *Clostridium difficile* infection rates have continued to fall. Our target allowed for a maximum of 173 inpatient cases, however we had just 123 cases. This is a reflection of the hard work of our infection prevention and control team, as well as all other staff in observing robust procedures around antibiotic use and hygiene.

But despite this achievement and considerable effort across the organisation, we did not accomplish our MRSA target with 22 cases reported against a target of 17. This is disappointing as our actual performance in preventing infection is good, but was let down by poor adherence to protocol when taking blood samples. Actions are in place to ensure adherence to our protocol and we will continue to make this a priority.

When we are unwell one of the most important aspects of care is how long we have to wait for treatment. We have been working hard to ensure that all patients who are referred from their GP to a hospital specialist are seen, have all the necessary diagnostic tests and the first course of treatment within an 18 week timeframe. Here at West Middlesex we achieved this objective by a considerable margin.

Equally important for patients is the time they have to wait to be seen when they have an urgent need or have had an accident. Our Accident & Emergency Department aims to see and either discharge or admit 98% of patients within 4 hours. However, it has been an extremely busy year for us, seeing an increase from 91,676 patients to 97,541 this year. This additional activity meant that we missed our target by a small margin with 0.3%, of patients waiting longer than is acceptable. In particular, the hospital experienced unprecedented pressure during the winter which culminated in eight patients waiting beyond the 12 hour target for admission on the 18th and 19th January, which we deeply regret. Since then we have carried out an extensive investigation, with involvement from NHS London and NHS Hounslow, and have subsequently implemented a number of new measures across the organisation and health economy to ensure we avoid unnecessary waits for our patients in the future.

With patients now being offered a choice of where to have their treatment, we need to work hard to ensure that we are the hospital they choose. We have been making use of different media to promote ourselves and this included launching a new hospital magazine, West Mid Matters,

and being part of a pilot which gave us the opportunity to have a promotional film made, free of charge, for the NHS Choices and our own websites.

We place great importance on building a strong team culture, something we feel has many benefits for our patients as well as staff. To encourage this we held our second annual staff conference, with Clare Chapman, Director General of Workforce for the NHS, as keynote speaker. The event was well attended by a range of staff who gave their feedback and ideas on how to improve the way we do things, and we will now take forward the best ideas and put them into practice.

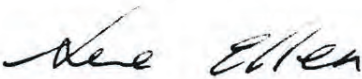
During this difficult year our staff have continued to work extremely hard and have risen to every challenge that has come their way, remaining enthusiastic and passionate throughout. We are very grateful for their continued commitment and dedication.

We would also like to thank our loyal volunteers, without whose continued support we would be unable to provide many important patient facilities and networks.

Looking forward to 2009/10, it is clear that we need to change both the way we manage our services and to look at how we can strengthen local services by working with other hospitals and community service providers.

Finally, on behalf of the Trust Board I would like to thank Tara Donnelly, who stepped down from her post as Chief Executive in February 2009, for her significant contributions and to wish her well for the future.

I am pleased to welcome Dame Jacqueline Docherty, who joined the Trust in February 2009 as our new Chief Executive. Dame Jacqueline brings with her a wealth of experience, which will be invaluable to us.


Sue Ellen
Chairman



I am delighted to join West Middlesex Hospital, and feel privileged to have the opportunity to work with my colleagues to ensure we deliver our promise to provide a first class hospital for our community.

As you know, the past year has not been an easy one for the Trust and the year ahead looks likely to be equally, if not more, challenging. However, we are not alone in this respect and there is much we can do as an organisation to address these challenges. We are putting systems and processes in place to help us monitor our performance in a more proactive way. This will ensure we have the information to hand to deliver on both our national and local targets. Many people

are sceptical of targets, but the evidence clearly shows that they really do make a difference in improving patient care, particularly in reducing waiting times. Although we had a blip in performance for our emergency targets at the start of 2009, we are now back on track and the work we are doing now will ensure we continue to maintain our performance against this. We will also continue to build on our excellent progress around the 18 week outpatients targets.

In addition to these national targets, our intention is to reduce the average length of stay across the Trust, where it is clinically appropriate to do so.

We will be working ever more closely with our colleagues in other healthcare organisations to deliver enhanced services for our community. This will help to safeguard our future and ensure we remain responsive to the changing needs of our patients so that they receive the right care, at the right time and in the right setting.

To this end we have set some high level objectives to focus on getting the basics right and developing our strategy.

1. To improve the quality of care, patient outcomes and assure patient safety
2. To improve the patient experience and pathways of care through the hospital
3. To ensure we have a highly skilled motivated, diverse and productive workforce
4. To deliver improved service performance, meeting all national and local performance targets
5. To use our resources efficiently and effectively and to deliver our financial plan and the cost improvement programme in full
6. To develop an agile and flexible organisation that can respond to change with a clear strategy for the future of the West Middlesex
7. To ensure that governance arrangements support operational excellence

Our focus must be on transforming the way in which we deliver care. Major work is underway, which includes changing the emergency patient pathway to improve the way we manage patients from attendance at A&E to admission or discharge; reducing length of stay to acceptable levels and providing an improved patient experience.

Next year is likely to see great change for the organisation and we must ensure that changes remain centred on quality of care and assuring patient safety. Both of which are achievable whilst also delivering value for money.


Dame Jacqueline Docherty
Chief Executive



Make life simple

In our last annual report we brought you news of our Productive Ward pilot, which was looking at using ‘lean’ thinking to increase efficiency, reduce waste and ultimately increase the amount of time staff have to spend with patients.

A pilot on Syon ward has proved highly successful and very popular amongst staff, who have really embraced the project. An initial audit found that nurses were spending only one-third of their time in direct care, this has now grown to half of their time. This is a huge difference and means that each nurse spends an additional 100 minutes a day directly with their patients. As well as patients reporting a very positive experience, staff are also thoroughly enjoying spending more time doing what they came into nursing to do.

By involving all ward staff from the start, and acting on their ideas to improve efficiency, there has been a real sense of empowerment which has increased morale and meant the work has been sustained.

Many of the changes implemented are simple ones, for example having a designated place to keep a calculator used to work out drug doses now means staff aren’t wasting time locating one.

Following the success on Syon ward, the productive series has been rolled out to other wards and departments across the hospital. Many of the changes made on Syon have been standardised, for example the colour coding used within store rooms. This has the added advantage that someone based on one ward can find things in exactly the same place on another ward without wasting time looking for them.

In tandem with rolling out the Productive Ward, we were one of three test sites chosen by the NHS Institute for Innovation and Improvement to co-produce a Productive Operating Theatre programme.

The Productive Operating Theatre aims to maximise quality, safety and value for both patients and theatre staff. The benefits for patients include safer, more reliable care leading to a better experience and improved outcomes. For staff, it means better run theatres and improved team-working, creating improved staff well-being for the whole organisation.

It is not only clinical areas that are benefiting from the productive programme. The Health Records department used the ‘lean’ methodology to re-organise the way they work. Following lean training, the team looked at what would be the best options for improving productivity. This included de-cluttering, reorganising the furniture to speed up the process of returning patient notes, as well as better colour coding which has resulted in more reliable tracking of health records. This work has huge implications for many other areas of the hospital, as missing health records can mean delays or even cancellations of appointments for patients.

Future projects we are about to embark upon involve the maternity service and the productive leader. National pilots of the project found that the average NHS leader spends 30 hours a week in meetings, with 73% of their meetings starting late and only 18% finishing on time.



A new lean approach helps improve efficiency and productivity



The Productive Operating Theatre brings many benefits for patients and staff

“Everyone is very excited to take part in the productive project and are keen to be involved, from our surgeons and anaesthetists through to our nurses and porters. We are looking forward to being able to make a real difference to patient care.”

Janet Henry, Theatres Matron

Keep patients safe

Patients expect to be kept safe when they visit West Mid and of course this is of paramount importance to us.

This year has been a very busy and difficult one. Although we are well under our target for *Clostridium difficile* infections and have reduced the number of these infections by 44% compared with 2007/08, we have not hit our targets for MRSA. This is very disappointing and the Infection Prevention and Control team have been working very hard and introducing several new initiatives to improve the situation for 2009/10.

Throughout the year, our Infection Prevention and Control team have introduced several measures to try and keep infection rates low. The Trust went above and beyond the national requirements for the Deep Clean programme which was completed at the end of April 2008.

We became one of the first hospitals in the UK to introduce projectors, which display large colourful messages across walls and floors reminding patients and visitors to clean their hands. We also introduced motion sensitive hygiene stations, which dispense hygienic gel when the visitor places their hands under a sensor.

We took part in our very first Infection Control Week in October, where members of the team gave out information to visitors highlighting the importance of cleaning your hands when you are visiting friends or relatives, as well as holding workshops for staff on each ward.

Our catering services, provided by Ecovert FM, received praise for their work this year. The Scores on the Doors scheme supported, by the Food Standards Agency, awarded our catering an impressive five stars for food safety standards in November 2008. The scheme makes available information on how well businesses comply with food hygiene law and looked at food hygiene in the hospital's restaurant and main kitchen.

Being a teaching hospital, we are always looking for new and innovative ways to help prepare doctors for any situation that they may encounter. This year we took delivery of a patient simulator which will give them realistic, hands-on training. Austin, as he has been named, was funded by the London Deanery (who look after the training of doctors in London) and can simulate a real patient in virtually every respect. Doctors and nurses in training will be able to experience 'real' scenarios, in a safe and controlled situation.

The Trust has a robust Major Incident Plan, which has been comprehensively reviewed this year. The purpose of the plan is to provide a working policy which permits the most effective response by the hospital to an incident within the hospital, community or wider area that will stretch the hospital to its limits. The Trust needs to respond effectively within its available resources and after the incident return

to normal operating as safely and as efficiently as possible. This policy is intended to be a flexible frame work.

In the last year we have had two instances of personal data loss both involving paper data. We investigated both instances thoroughly and contacted the eight patients affected. As a result we have improved some of our processes in order to minimise the risk of this occurring again.

During 2008/09 we received 312 complaints about the services we provide, an increase of 40 on the previous reporting year but a decrease from the two previous years. 79% of people received a substantive written reply or had a local resolution meeting within 25 working days of contacting us.

The main areas of complaint fell into the categories of medical and nursing care, and communication. However, we have seen a marked reduction in the number of complaints received relating to cancelled/rescheduled surgery and hospital transport.

In the last year we have tried to place greater emphasis on arranging early local face-to-face meetings with hospital staff when we receive a complaint and since November have been working to ensure we follow new recommendations from the Health Service Ombudsman on the principles of good complaints handling.



Austin gets checked out by doctors

"From state-of-the-art simulators to light projectors displaying hygiene awareness messages, patient safety is central to our work."
Andrew Winning, Medical Director

Be first class

Our aim is to be a first class hospital for our community and this year we've taken several steps to help bring us closer to achieving this.

In October we opened our new Natural Birth Centre, which was designed to support normal labour and to create a home away from home environment including birthing pools, deep baths, and appropriate privacy and lighting. The centre will allow us to deliver 1,000 more babies a year taking our total annual deliveries to around 4,800 and has received some excellent feedback. The first mum who gave birth in the centre said: "It was completely beyond any of my expectations and the atmosphere was very relaxing. I would recommend it to friends who want a homely experience."



One of the fabulous rooms in our new Natural Birth Centre

This year our sexual health services and our maternity services both successfully retained the prestigious Government Charter Mark, which assesses public sector organisations for excellent service and looks at key performance standards such as providing a fair and accessible service for all; engaging with customers, partners and staff; effective and imaginative use of resources; and continuous development and improvement of the service. Once attained, a detailed annual assessment is carried out in order to maintain Charter Mark status. The hospital's sexual health service has held the Charter Mark for nine years and the maternity service for twelve.

We were recently awarded The Jubilee Cup for Excellence in Partnership Working by the Hounslow Chamber of Commerce in recognition of the work done with local schools through The West Mid Undergraduate Intern Scheme. The scheme was picked as the winner from over 200 nominations and was designed to help improve the chances of working in a hospital for students from the

local area. Each year West Mid provides five students from the local community with funding to support learning in their chosen healthcare related course and in return the students spend a proportion of their holidays working at the hospital, allowing them to obtain an enormous variety of experience across a selection of roles at the hospital.



Tara Donnelly receives the Jubilee cup along with the first group of interns

In the last year we introduced The West Mid Way. Made up of eight simple commitments it sets out the standards of care patients and visitors can expect to receive from staff at the hospital. These range from introducing ourselves by name and role, to delivering the best possible care and service at all times.

As part of The West Mid Way we introduced compassionate care training. Patients tend to judge their hospital experience by the way they are treated as a person and not by their illness so it's important that staff interact with patients in an understanding and caring way. To help with this the training sessions focus on subjects such as how we engage with patients, understanding cultural differences and communicating effectively.

"Being involved in this project has been a real eye opener so far. It is so unique and has given me the opportunity to understand all the processes that come with working at a hospital."
Safian Younas, Undergraduate Intern

Build one team

At West Mid we understand that a satisfying staff experience not only benefits us but also benefits patients. Research shows that when staff feel they have the ability to influence decisions that affect them and the services they provide, they are more likely to go the extra mile to improve patient care.

The staff survey results are key to understanding how staff feel about working at West Mid. This is a national survey undertaken by the Health Care Commission and last year's highlighted that our efforts to improve staff involvement and communication have been successful with more staff reporting they were able to contribute toward improvements at work. Staff were clear about their job roles and satisfied with the quality of work and patient care they were able to deliver. We were also above average for job satisfaction in comparison to other NHS hospitals.

Good team working arrangements are fundamental to providing a positive patient experience and therefore we were particularly pleased to see that so many of our staff thought they worked in a well structured team environment, placing us in the top 20% of NHS hospitals. This no doubt helps equip staff to cope with the day to day stresses of work as we were in the top 20% for supporting staff to deal with work related stress.

At West Mid we have a strong reputation for education and training and they are part of our central workforce strategy. We also know how important it is to staff and once again we were above average in the categories relating to this. However, the results highlighted that therapy and administrative staff have particular problems accessing relevant training and this is where we will focus our efforts next year.

Over the last two years we had a strong focus on protecting the well being and safety of our staff, which has been reflected in the survey results with less of our staff experiencing physical violence from patients and their relatives than the national average. Nevertheless, we continue to stamp out any form of violence, bullying and harassment.

We held our second staff conference in November, which was attended by over 100 members of staff from all levels and departments. Staff were encouraged to share their thoughts and opinions on improving the staff and patient experience. Clare Chapman, Director General for Workforce at the Department for Health, was our keynote speaker and during her speech commented positively on the improvements in the staff survey results and our low absence rates, which have fallen from 3.56% in 2007/08 to 3.17%, the second lowest in London.

One of the key outcomes from the staff conference was the feedback on improving the patient experience and the development of the 'West Mid Way', our service commitment to patients and staff. This also led to the creation of our

staff training programme called Compassionate Care. The training, which was developed with our clinical teams, emphasises the importance of compassion and kindness as key tools in the care of our patients.

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. Our individual policies for gender, race, disability and age have been simplified into a single equality scheme. We also work closely with local disabilities groups to make improvements to the hospital so as to meet disability requirements.

At West Mid we like to celebrate the achievements of staff and this year we held two award ceremonies, the Nursing and Midwifery awards and the Learning and Development awards, to recognise and reward the hard work and dedication of our team members. The Nursing and Midwifery awards specifically honours nursing members of staff and the Learning and Development awards is for everyone who has gained a qualification from NVQ's in health & social care to European Computer Driving Licences.



2008 Nurse of the year, Shiela Tana, and Midwife of the year, Helen Aninin-Boateng

"Since I first set foot in West Mid ten years ago, the hospital has given me everything I could hope for. It is a friendly place to work, with dedicated and caring staff who are supporting and always ready to help others. I love working as part of such a great team."
Dina Laryea, Senior Nurse.

Enjoy our work

Happy, fulfilled staff help to create a better environment and level of service for patients so we want to make sure our staff enjoy their work. In order to do this we've held a whole programme of staff engagement events throughout the last year.

5th July 2008 marked the 60th anniversary of the NHS and we decided to celebrate this landmark day by holding a fun day for all our staff and their families. It was a great occasion for staff to socialise together while enjoying a barbeque in the sunshine with entertainment for the children including face painting, a caricaturist and a mini fun fair. Ann Keen MP also stopped by to join in the fun and brought along a card and giant cake to celebrate the birthday of the NHS.



Staff celebrate the 60th birthday of the NHS

In May 2008 we launched a brand new fundraising appeal for our maternity department, The Stork Appeal, through which we are aiming to raise £100,000. We have held a number of fundraising events for the appeal but the liveliest so far has to be the staff pub quiz we held in November. Sixteen highly competitive teams turned out for the event, all vying to be crowned West Mid's brainiest. After seven rounds of questions a team from the Human Resources department emerged the victors. The night was a good opportunity for staff to get together and enjoy a bit of friendly competition but more importantly it also raised more than £400 for The Stork Appeal.

Every year we have a summer ball for our staff. It's a fantastic way for staff to meet colleagues from different departments or to see a different side of those they work with everyday. 2008's summer ball took place at Twickenham Stadium and included a jive dance demonstration performed by one of our very own members of staff.

When people really enjoy their work they are more likely to go the extra mile in their day to day role. This really showed in the people who have been given employee of the month awards this year, with winners including a receptionist who always goes the extra mile to make a visit to the hospital positive, a staff nurse described as being considerate, compassionate and knowledgeable and a Trauma and Orthopaedic Consultant who is an inspirational tutor to his students.

Staff can be nominated by their colleagues or by patients and all winners of an employee of the month award are automatically entered as a nominee for the employee of the year award. The winner of employee of the year receives a cheque for £500, generously sponsored by our facilities management partner, Ecovert FM.

For 2008 Joseph Mashado, a Care Support Worker on Osterley ward, was chosen as the winner, with the judging panel saying he embodied the behaviour and attitude that they would like to see in everyone at West Mid.



Joseph Mashado receives his employee of the year award

Before the creation of the NHS on 5th July 1948, people had to pay for medical care. Within the first month of the NHS more than 90% of the country's population signed on with one of the 19,000 GPs working for the NHS.

Spread the word

To ensure that our successes are recognised both internally and externally, we have carried out a number of projects to promote and publicise our work.

Now that patients have 100% choice of which hospital to have their treatment at, it is important that we ensure they have an informed choice. It is equally important that GPs within our catchment area have up-to-date information about the services we provide so that they can give accurate advice to their patients.

We have a GP Liaison Officer, who has been working to improve and strengthen links between the Trust and our commissioning partners. This has involved setting up a monthly clinician to clinician forum where GPs and hospital consultants meet up and give an insight into their areas of specialty. This two-way forum has received positive feedback from both professions, allowing them to network with colleagues and make useful contacts.

For healthcare professionals unable to attend the monthly meetings, we have a dedicated GP portal on our website that allows them keep in touch with developments at the hospital. As well as posting information from the clinician to clinician forums, the portal includes the Choose & Ask system that allows GPs to post non-urgent questions to groups of consultants in a specialty and receive expert answers.

In October we launched our brand new hospital magazine, West Mid Matters, which replaced three separate publications and is aimed at staff, patients, GPs and anyone interested in learning more about what is going on at West Middlesex University Hospital. The magazine is distributed around the hospital in special Metro style bins, as well as being posted out to subscribers. This monthly publication has received very positive feedback from its readers.

To encourage patients and the local community to get involved in shaping the future of their hospital, we held a patient voice day to launch our membership scheme. Members can choose the level of involvement they wish to undertake, from taking part in focus groups or attending events, to simply receiving West Mid Matters and other hospital information.



Giving patients a voice through our membership scheme

Patients are increasingly using the internet to aid them in their decisions about where to go for treatment. One of the primary sources of information is the NHS Choices website. We have been at the forefront of utilising this website, and were one of only five hospitals in the UK to be given the chance to film our own promotional video, free of charge, to be put on the website. We are continuing to look into new media as a tool for engaging with the public, including the use of social networking.

The NHS Constitution, published on 21st January 2009, establishes a new right to choice and to information to support that choice. The new right makes choice a core feature of a responsive NHS in the 21st century.



West Mid Matters helps to keep everyone up to date with all our news





Operating Performance Review

Overview

The Trust’s last full performance assessment by the Healthcare Commission, now the Care Quality Commission, was for 2007/8 when our services were assessed as “fair”, the same assessment as for 2006/7. Our 2008/09 summary assessment will be released in the summer of 2009. Our interim self-assessment results against the existing targets are shown below.

	Existing Performance Indicators	Individual target rating	Note
Health and wellbeing	Infant health & inequalities: smoking during pregnancy and breastfeeding initiation	Achieved	
	Experience of patients - health and well being domain(s)	Under Achieved	1
Clinical quality	Participation in heart disease audits	Achieved	
	Engagement in clinical audits	Achieved	
	Stroke care	Failed	2
	Experience of patients - clinical quality domain(s)	Under Achieved	1
	Maternity Hospital Episode Statistics: data quality indicator	Achieved	
Safety	MRSA Bacteraemia	Under Achieved	3
	Incidence of <i>Clostridium difficile</i>		
	Experience of patients - safety domain	Under Achieved	1
Patient focus and access	18 week referral to treatment times	Achieved	
	All cancers: two week wait	Under Achieved	4
	All cancers: one month diagnosis to treatment (including new cancer strategy commitment)	Achieved	
	All cancers: two month GP urgent referral to treatment (including new cancer strategy commitment)	Achieved	
	Experience of patients - patient focus and access domain(s)	Under Achieved	1
	NHS staff satisfaction	Under Achieved	5

The Care Quality Commission also measure new national targets. Our interim self assessment results against these are shown below.

	Existing Performance Indicators	Individual target rating	Note
Health and well-being	Access to Genito-Urinary Medicine (GUM) clinics	Achieved	
	Data quality on ethnic group	Achieved	
Patient focus and access	Delayed transfers of care	Achieved	
	Total time in A&E: four hours or less	Under Achieved	6
	Number of inpatients waiting longer than the 26 week standard	Achieved	
	Number of outpatients waiting longer than the 13 week standard	Under Achieved	7
	Waiting times for rapid access chest pain clinic	Achieved	
	Cancelled operations and those not admitted within 28 days	Achieved	
	Waiting times for rapid access chest pain clinic	Achieved	

Notes

- Note 1:** Feedback from patients about their experience of care within the Trust is obtained via the national Care Quality Commission inpatient survey. Selected questions from this inpatient survey are used to calculate an overall score for this indicator although these have yet to be finally confirmed. We are using the results of the national survey to inform and supplement our existing action plans, but currently believe the indicator will remain as an under achieved.
- Note 2:** Prior to opening our dedicated stroke unit in February 2009 patients were admitted onto the general medical wards and therefore did not spend the majority of their time on a dedicated stroke ward. Since February, significantly more patients are admitted directly onto our stroke unit from A&E or are transferred from our acute medical assessment unit as quickly as possible. We continue to work closely with the stroke specialists within the hospital and with Imperial Healthcare to develop our services in line with the Healthcare for London stroke unit designation requirements. We expect to achieve the standard of 90% of stroke patients spending 90% of their time on the stroke unit from October 2009.
- Note 3:** Disappointingly, the number of cases of MRSA bacteraemia increased from 21 in 2007/08 to 22 in 2008/09 against a target of 17. However, our *Clostridium difficile* target allowed for a maximum of 173 inpatient cases whereas we had just 123 cases. Infection control is one of our highest priorities, with a range of initiatives to drive infection rates down further including those around cleanliness, staff uniforms, increased screening and the public's awareness of good hygiene in hospital. In addition we undertake a range of mandatory training for all staff, which includes hand washing techniques, isolation nursing and blood taking. We also undertake regular audits to ensure full compliance with hand washing and bare below the elbow standards.
- Note 4:** In January 2009 new definitions were introduced which affected the way in which we report cancer waiting time breaches. As a consequence we are no longer able to adjust our performance when a patient requests an appointment outside the expected 14 day waiting time. Although adjustments to the nationally allowable tolerances are expected in due course we currently believe we will have slightly under achieved against the final targets during the 4th quarter of 2008/09.
- Note 5:** Whilst we had some very positive feedback, our performance has deteriorated this year in a few key areas: the percentage of staff experiencing physical violence, bullying and harassment from other staff has increased; staff reporting lower levels of support from their manager; and the quality of job design, (feedback and involvement) which has also deteriorated. Each Business Unit has been asked to develop action plans to address these.
- Note 6:** We narrowly missed achieving the target for 98% of patients being seen with four hours in A&E, we achieved 97.7%. During the early part of the year very high levels of complex elderly patients with significant lengths of stay placed a strain on the hospital bed capacity. Recovering from the low levels of performance at the start of the year was very challenging despite improved partnership working with NHS Hounslow and a reduction in the number of long stay patients. We performed well during the summer and early autumn. However, our performance was then further hampered by unprecedented levels of medical activity during November to January. Our performance from February to March was consistently above 98%.
- Note 7:** We narrowly missed this target due to a small number of outpatient waiting list administration errors within Gynaecology and Care of the Elderly. Our processes have since been improved.

Financial Review

This year was yet another difficult year in terms of financial performance. For the fifth time in seven years, the Trust failed its key financial target in relation to income and expenditure and consequently was required to take a £17m loan to finance our accumulated cash shortfalls. Although, we were able to meet the first repayment instalment of £1.7m due on this loan in September 2008, we were not able to meet the 2nd repayment instalment also of £1.7m due in March 2009. As a consequence of this default the Trust has slipped back into "Challenged Trust" status. The Trust's Annual Plan for 2009/10 and 2010/11 is still under discussion and is not expected to be formally agreed by NHS London until September 2009. We are therefore currently unable to confirm the date by which we will recover our existing £16.8m accumulated deficit.

In an operating environment where we already struggle to cover our PFI overheads, where future income growth can no longer be assumed and where revenue levels are increasingly contested, the Trust's financial performance continues to be a major cause for concern.

Locally, pressures on PCT finances have led to an exceptionally restrictive financial context as the Trust's main healthcare commissioning organisation, NHS Hounslow, was required to make a surplus of £4m to begin to repay its accumulated debts. Consequently, whilst the Trust saw 6.4% more A&E attendances, 8.4% more emergency inpatients and 5.4% more outpatients, revenue growth was restricted to 2.6%.

Clearly, restrictions on income growth challenge the Trust to manage operating costs extremely tightly and within the available resources. However, despite delivering £5m of in-year savings, increasing activity levels and reducing waiting times combined to drive up our overall cost base by 5.2% over the year.

Despite the above challenges we have continued to make progress towards our strategic service goals and to invest accordingly in staff and the physical environment. Maternity services, in particular have seen substantial investment through the new Natural Birthing Centre and in improved midwifery staffing ratios. We have also invested in staffing across our emergency and complex elderly care pathways and expect to see corresponding improvements in reducing inpatients length of stay and pre-operative bed days in the coming year.

Looking ahead, the Trust is reviewing its future options and working with partners across North West London to determine whether a more viable service model can be found and delivered. However, we are currently predicting a deficit of up to £5.75m will be incurred whilst this work is undertaken. The continuing worsening of our position is currently being driven by:

- income losses expected from the net impact of PCT decommissioning in 2009/10 as laid out in our service contracts
- additional depreciation costs through the impact of International Financial Reporting Standards on our PFI buildings
- additional loan charges and interest receivable reductions due to our deteriorating cash position

Financial risk

The Trust operates within the regulatory framework determined by the Department of Health. Risk management is monitored through the Trust's Board Assurance Framework, as described in the Statement of Internal Control which is published with our full annual accounts. Directors are members or attendees of the Board and the Chief Executive, as accountable officer, has put in place systems that provide appropriate information and assurance to the Board.

The Statement of Directors' Responsibilities in respect of the accounts is signed by the Chief Executive and Finance Director. The statement was signed by order of the Board and confirms that the Directors have to the best of their knowledge and belief complied with all audit requirements. In particular, that there is no relevant information of which the Trust's auditors are not aware; and that the Directors have taken all steps that ought to have been taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

Other Issues

Following recent Budget announcements, the NHS is required to adopt International Financial Reporting Standards (IFRS) during 2009/10. The 2008/09 financial statements were prepared in accordance with UK GAAP, rather than IFRS and consequently the prior year financial comparatives in the 2009/10 financial statements will have to be restated in accordance with IFRS. The Trust's preparations to undertake this transition are well advanced and we expect to fully meet all of the new requirements under IFRS in due course.

PriceWaterhouseCoopers are the Trust's external auditor's and were paid £178k in 2008/09.

I am personally thankful to everyone in the Trust, who remain committed to resolving our financial difficulties, improving the Trust's overall financial standing and returning it to good health.

Simon Marshall
Finance Director

Annual Accounts

The information contained in the annual report has been prepared taking into consideration the recommendations outlined in the Accounting Standards Board's (ASB's) Reporting Statement: Operating and Financial Review. However, the following summary financial statements do not contain sufficient information to allow a full understanding of the results and state of affairs of the Trust. Where more detailed information is required a copy of the Trust's last full accounts and reports are obtainable free of charge from the Trust's Finance Department.

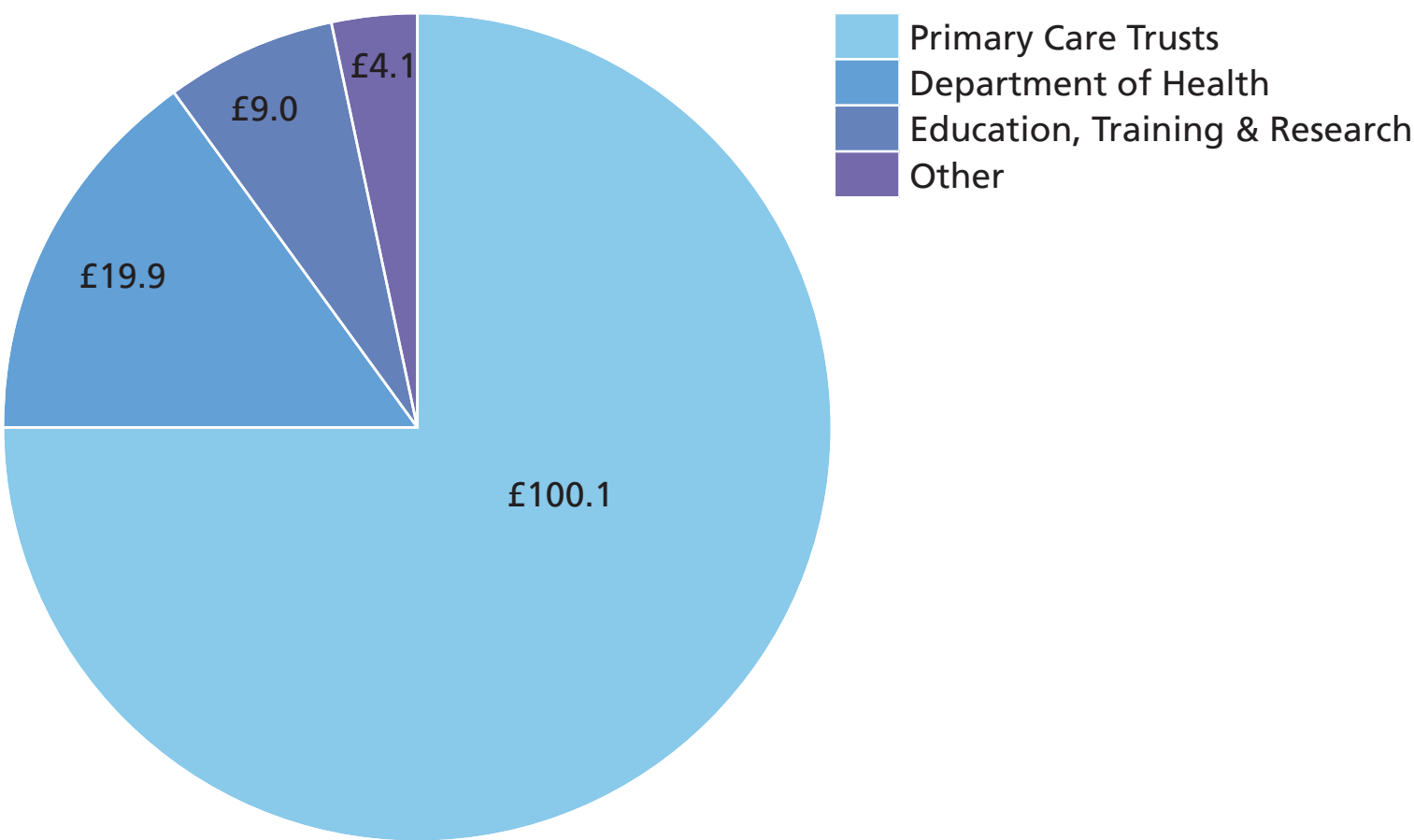
The Income and Expenditure Account records the income and the costs incurred by the Trust during the year in the course of running its operations. It includes cash expenditure on staff and supplies as well as non-cash expenses such as depreciation (a charge that reflects the consumption of the assets used in delivering healthcare). If income exceeds expenditure, the Trust has a surplus. If expenditure exceeds income, a deficit is incurred. The Trust 2008/09 income and expenditure account is shown below.

Income and expenditure account for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Income from activities	121,952	119,488
Other operating income	10,942	9,797
Operating expenses	(133,324)	(126,769)
OPERATING SURPLUS/(DEFICIT)	(430)	2,516
SURPLUS/(DEFICIT) BEFORE INTEREST	(430)	2,516
Interest receivable	248	385
Interest payable	(515)	0
Other finance costs - unwinding of discount	(11)	0
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	(708)	2,901
Public Dividend Capital dividends payable	(2,826)	(2,882)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(3,534)	19

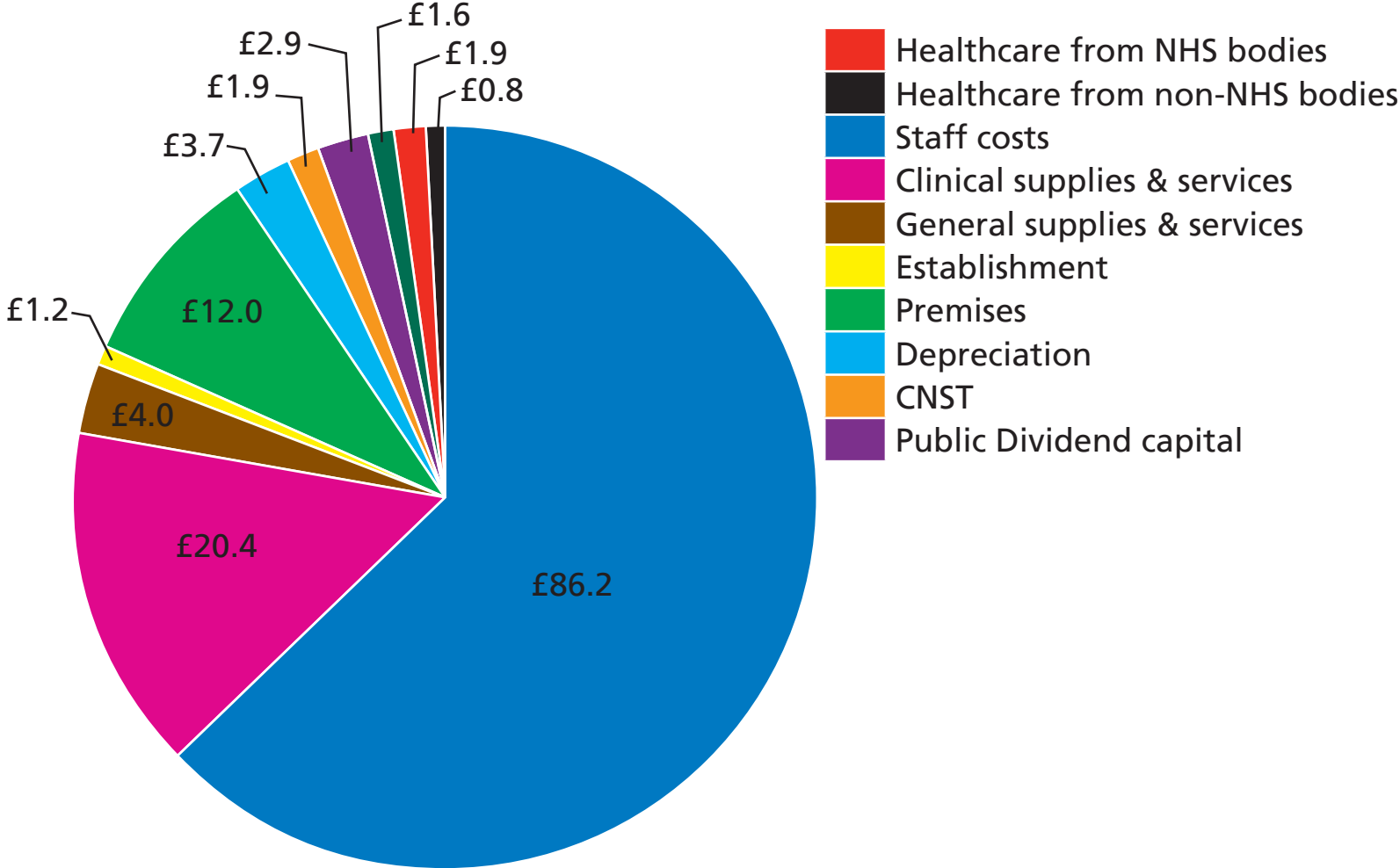
Income for the year totalled £133.1m million, a real increase of £3.4 million (2.6%) over 2007/8. A breakdown of the sources of this income are shown below.

WMUH 2008/09 Income Sources (£m)



Operating expenditure for the year totalled £136.7 million, an increase of £7.0 million (5.5%) over 2007/8. A breakdown of this expenditure is shown below.

Expenditure by type (£m)



Balance Sheet

The Trust’s most recent assessment (based on 07/08 data) of our costs using the standard NHS reference cost methodology, showed that on average the Trust’s activity costs represent 91% of the national average. This means that overall the Trust’s costs are 9% 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 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 2009 is shown below.

Balance sheet as at 31 March 2009

	31 March 2009 £000	31 March 2008 £000
FIXED ASSETS		
Intangible assets	220	227
Tangible assets	79,255	97,084
	79,475*	97,311
CURRENT ASSETS		
Stocks and work in progress	1,398	1,008
Debtors	8,649	11,635
Cash at bank and in hand	346	384
	10,393	13,027
CREDITORS: Amounts falling due within one year	(17,889)	(9,201)
NET CURRENT ASSETS/(LIABILITIES)	(7,496)	3,826
TOTAL ASSETS LESS CURRENT LIABILITIES	71,979	101,137
CREDITORS: Amounts falling due after more than one year	(10,671)	0
PROVISIONS FOR LIABILITIES AND CHARGES	(720)	(1,600)
TOTAL ASSETS EMPLOYED	60,588	99,537
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	16,362	31,828
Revaluation reserve	42,425	62,402
Donated asset reserve	202	174
Income and expenditure reserve	1,599	5,133
TOTAL TAXPAYERS' EQUITY	60,588	99,537

* We revalued our assets as at 31/03/09 in line with Treasury guidance. The downward revaluation of £20m results from a general fall in asset values and the adoption of new valuation methodologies. The revaluation was undertaken by the District Valuer.

The Statement of Total Recognised Gains and Losses provides a summary of all the Trust’s gains and losses. The income and expenditure 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 income and expenditure account or the balance sheet. It starts with the Trust’s surplus or deficit before the payment of dividends (taken from the income and expenditure 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 2009

	2008/09 £000	2007/08 £000
Surplus/(deficit) for the financial year before dividend payments	(708)	2,901
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(19,952)	5,670
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	23	49
Total recognised gains and losses for the financial year	(20,637)	8,620

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 account it does not mean its cash balance will increase by an equivalent amount. Similarly an income and expenditure 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 income and expenditure 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 income and expenditure 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 2009

	2008/09 £000	2007/08 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	9,319	7,271
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	248	385
Interest paid	(480)	0
Interest element of finance leases	(35)	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	(267)	385
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(6,047)	(4,109)
Receipts from sale of tangible fixed assets	(51)	0
Net cash inflow/(outflow) from capital expenditure	(6,098)	(4,109)
DIVIDENDS PAID	(2,826)	(2,882)
Net cash inflow/(outflow) before management of liquid resources and financing	128	665
FINANCING		
Public dividend capital received	1,534	480
Public dividend capital repaid (not previously accrued)	(17,000)	(1,107)
Loans received	17,000	0
Loans repaid	(1,700)	0
Net cash inflow/(outflow) from financing	(627)	(627)
Increase/(decrease) in cash	(38)	38

Management Costs

The Trust’s management costs comprise 3.6% of income. The definition of management costs can be found on www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/NHSmanagementcosts/index.htm

	2008/09 £000	2007/08 £000
Management costs	4,704	4,583
Income	131,442	127,732
Management costs as a percentage of income	3.6	3.6

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, which ever 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. Our continuing cash management difficulties significantly limited our progress towards this target.

Better Payment Practice Code - measure of compliance

	Number	£000
Total Non-NHS trade invoices paid in the year	30,334	36,522
Total Non-NHS trade invoices paid within target	19,816	31,966
Percentage of Non-NHS trade invoices paid within target	65%	88%
Total NHS trade invoices paid in the year	1,225	10,779
Total NHS trade invoices paid within target	623	3,985
Percentage of NHS trade invoices paid within target	51%	37%

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, five years). This statutory duty is the key financial duty for NHS trusts. Trusts such as ours, that have breached 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.

The Trust’s historical breakeven performance is as follows:

	1997/98 £000	1998/99 £000	1999/2000 £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	2008/09 £000
Turnover	56,545	59,825	64,661	73,519	81,328	92,992	101,914	107,421	103,117	118,854	127,337	132,894
Retained surplus/ (deficit) for the year	43	(700)	166	178	3	(779)	137	(3,991)	(9,024)	(3,295)	19	(3,534)
Adjustment for:												
- 2006/07 Prior Period Adjustment (relating to 2005/06)	0	0	0	0	0	0	0	0	3,991	0	0	0
Break-even in-year position	43	(700)	166	178	3	(779)	137	(3,991)	(5,033)	(3,295)	19	(3,534)
Break-even cumulative position	43	(657)	(491)	(313)	(310)	(1,089)	(952)	(4,943)	(9,976)	(13,271)	(13,252)	(16,786)
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%	(2.66%)
- 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%)	(10.41%)	(12.63%)

Over recent years we had made significant progress on our underlying financial difficulties. However, we took a step back in 2008/09 as the full costs of our PFI scheme fell to the Trust, as our commissioners tightened our service contracts and as savings became harder to generate.

Quality has always been at the heart of our improvement journey and we continue to work hard to ensure all our improvements to services are sustainable and effective.

However, as the financial pressures on the NHS tighten it is increasingly clear that the Trust cannot continue in its present stand alone form. Consequently, the Trust and its host commissioners have begun a piece of work to consider our future options. In the meanwhile we will continue on our improvement journey and will continue 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 overshot its target External Financing Limit for the year by £38k, with the aid of £17m loan from the Department of Health.

Capital Resource Limit (CRL)

The Trust under spent its Capital Resource Limit by £1k in 2008/09.

Remuneration Report

The Board is made up of nine directors, and six non-executive directors including a chairman (five executive and five non-executive have voting rights, with the chairman carrying the casting vote), 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 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 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



Chairman, Sue Ellen
Committees: Remuneration (Chair)
Charitable Funds (Chair)
Clinical Excellence (Member)
Finance & Performance (Member)



Non-executive Director, Stephen Clark
Committees: Finance & Performance (Chair)
Remuneration (Member)
Audit (Member)
Clinical Excellence (Member)



Non-executive Director, Andrew Daws
Committees: Audit (Chair)
Finance & Performance (Member)
Charitable Funds (Member)
Remuneration (Member)



Non-executive Director, Nick Gash
Committees: Audit (Member)
Finance & Performance (Member)
Remuneration (Member)
Clinical Excellence (Member)



Non-executive Director, Lesley Regan (resigned 31 January 2009)
Committees: Audit (Member)



Non-executive Director, Luke de Lord
Committees: Audit (Member)
Finance & Performance (Member)
Remuneration (Member)

Executive Directors



Tara Donnelly
Chief Executive to 5 March 2009



Dame Jacqueline Docherty
Chief Executive from 23 February 2009



Alison McIntosh
Deputy Chief Executive / Director of Operations



Andrew Winning
Medical Director



Shân Jones
Director 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



Anne Gibbs
Director of Business Development (joined the Trust in August 2008 in this new role)

Salary and Pension Entitlements of Senior Managers

Trust Senior Managers’ salary and pension entitlements are disclosed below.

Salary entitlements of senior managers

Name and title	2008/09			2007/08		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
Sue Ellen - Chairman	20-25			15-20		
Tara Donnelly - Chief Executive (To March 2009)	110-115	60-65		115-120		
Jacqueline Docherty - Chief Executive (From February 2009)	15-20					
Simon Marshall - Director of Finance & Performance	95-100			90-95		
Andrew Winning - Medical Director	95-100	55-60		90-95	50-55	
Yvonne Franks - Director of Nursing & Midwifery	75-80			70-75		
Alison McIntosh - Deputy Chief Executive	85-90			80-85		
Nina Singh - Director of Workforce and Development	70-75			70-75		
Graham Head - Director of ICT	70-75			25-30		
Shân Jones - Director of Service Transformation	75-80			70-75		
Anne Gibbs - Director of Business Development	25-30					
Andrew Daws - Non Executive Director	5-10			5-10		
Stephen Clark - Non Executive Director	5-10			5-10		
Luke De Lord - Non Executive Director	5-10			5-10		
Nicholas Gash - Non Executive Director	5-10			5-10		
Lesley Regan - Non Executive Director	5-10			5-10		

Pension entitlements of senior managers

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension related to accrued pension at 31 March 2009 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2008	Real increase in Cash Equivalent Transfer Value at March 2009	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Tara Donnelly - Chief Executive (To March 2009)	0 - 2.5	5 - 7.5	25 - 30	72.5 - 75	330	241	58	0
Jacqueline Docherty - Chief Executive (From February 2009)	Not applicable: Dame Jacqueline is on secondment from King’s College Hospital, who hold details of her pension entitlements							
Alison McIntosh - Deputy Chief Executive	0 - 2.5	2.5 - 5	20 - 25	60 - 62.5	346	256	59	0
Simon Marshall - Director of Finance & Performance	0 - 2.5	2.5 - 5	5 -10	20 - 22.5	100	67	22	0
Yvonne Franks - Director of Nursing & Midwifery	0 - 2.5	5 - 7.5	25 - 30	87.5 - 90.0	551	396	102	0
Shân Jones - Director of Service Transformation	0 - 2.5	2.5 - 5	25 - 30	75 - 78.5	469	349	78	0
Nina Singh - Director of Workforce & Development	0 - 2.5	2.5 - 5	10 - 15	37.5 - 40	203	146	37	0
Andrew Winning - Medical Director	5 - 7.5	15 -17.5	55 - 60	172.5 - 175	0	0	0	0
Graham Head - Director of ICT	2.5 - 5	12.5 -15	10 - 15	37.5 - 40	239	109	49	0
Anne Gibbs - Director of Business Development	0 - 2.5	5 - 7.5	10 - 15	30 - 35	132	92	25	0

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Remuneration Issues

The membership of the Remuneration Committee comprises the Chairman and the non-executive directors of the West Middlesex University Hospital NHS Trust. The Committee uses the following key principles to guide remuneration of directors of the Trust:

- Objective setting should be realistic, and linked to the Trust's business plan. Individual objectives should be measurable, achievable, limited in number, and include the performance of the individual within the appropriate team (and therefore team performance).
- Performance is measured against agreed objectives and achievement is assessed through an annual appraisal. Performance is one of the key principles of the overall remuneration assessment.
- Market comparisons of salaries should be reviewed each year and the effect of divergences considered.

Pay increase for medical and 'agenda for change' (AFC) staff groups followed national guidance. The AFC pay award consisted of an increase of 2.75% to the AFC payscale and an increase of £284 to the minimum of high cost area supplements for outer London which is required as a consequence of an agreement by the national parties to the pensions review. Medical pay award was a single increase of 2.2% on all Trusts payscales.

No performance-related pay or other bonus payments were made to any Executive Directors.

A total of 25 clinicians received excellence awards during 2008/09. The total value of these payments was £81k. These awards are part of a national scheme to reward consultants who perform above and beyond the normal expectations of their role.

All Executive Directors were on permanent contracts as at 31st March 09, with the exception of the Chief Executive who is on secondment. These contracts are subject to three months notice periods, with the exception of the Chief Executive, whose notice period is six months. Termination arrangements are applied in accordance with statutory regulations as modified by national NHS conditions of service agreements (specified in Agenda for Change), and the NHS pension scheme. Specific termination arrangements will vary according to age, length of service and salary levels. The Remuneration Committee will agree any severance arrangements.

A payment of six months salary in lieu of notice was made to Tara Donnelly (former Chief Executive) in March 2009. No other significant awards or compensation were made to senior managers.

Our Commitment to Society

Managing social, ethical and environmental issues in a way that grows value and helps the Trust, our patients and visitors be more sustainable is very important to us.

The Directors of Finance and Workforce and Development monitor our Corporate Social Responsibility initiatives, performance and risks annually and are kept informed of new developments that may impact on our duties. Their review includes individual risk assessments, the setting of targets and objective setting for relevant Trust officers, as well as ensuring public accountability.

During the 2008/9 financial year we increasingly recognised three core principal issues – climate change, the requirement for sustainable growth and our leadership role in demonstrating that substantial change can be delivered across society. Embedding these into our operations remains an important part of our strategy. We also recognise we have important relationships with a wide range of stakeholders, including employees, our patients, and suppliers. As part of this process, we have carried out a number of reviews to identify specific social, environmental and ethical risks and opportunities.

Social, environmental and ethical risks

In the context of Corporate Social Responsibility, our most significant risks continue to be:

- climate change
- health and safety
- supply chain arrangements

Each of these risks has an owner and mitigation strategy in place.

Corporate Social Responsibility opportunities

Long-term sustainability trends are however also creating opportunities for us. For example, the use of teleconferencing, electronic data transfer, or more flexible working all reduce the need to travel, but also can provide many more flexible arrangements for communicating with patients. Improved transport links, access to local outreach services and electronic communication with GPs, for example through Choose and Book or electronic discharge letters, can also stimulate demand for our services.

Procurement

Through our supply chain initiatives, we seek to ensure that the working conditions in our supply chain meet all recognised standards. We also seek to ensure that waste packaging and transportation miles are minimised. Over time we expect to be able to make substantial and cumulative improvements particularly on our downstream supply chains environmental impact.

Environment

During 2008/9 our on site waste processing facility was closed following the tightening of EU waste reprocessing requirements. Consequently, we have seen an increase in the proportion of our waste that is now incinerated as opposed to going to land fill. Various initiatives to ensure the proper segregation of waste and recycling wherever feasible are being worked through to address this. Paper and cardboard recycling has in particular increased substantially over the last year.

The Trust is one of the largest local consumers of electricity and as our activity increases and the power demand from modern equipment rises we have once again seen growth in our overall consumption. In response to this, we have signed a green energy contract so that 10% of our power is now provided from renewable sources including wind generation, solar, wave and hydroelectric schemes. We have also begun to convert our lighting to low energy LED systems, for example in the Atrium, the new IT training suite and to the GUM unit as part of the current refurbishment works. Energy consumption is also now considered as part of our equipment selection processes and we have begun a review of the power usage of our building electrical installations such as our lifts and air conditioning. We have also recently signed up to the new BREEM environmental assessment review processes for existing buildings.

As part of our transport initiatives we have a well established travel plan through which we have undertaken a wide range of cycle friendly projects including the provision of additional cycle shelters, improved security and changing facilities. We are also in discussions with the London Borough of Hounslow and Transport for London to improve bus standing/turning facilities so that they can extend a number of local bus routes on to the site and reduce patient and staff car miles.

In terms of building our profile with the local community over the last year, we have been working with GlaxoSmithKline to regenerate the grounds and gardens across the Trust's site for the benefit of patients, visitors and staff and with local schools across the Borough of Hounslow to give them work experience and raise the profile of the NHS for their future careers. Our thanks go out to all those who have supported these initiatives.

Independent Auditors' Statement to the Directors of the Board of West Middlesex University Hospital NHS Trust

We have examined the summary financial statement for the year ended 31 March 2009 which comprises the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement, the related notes and the information in the Remuneration Report that is described as having been audited.

This statement, including the opinion, has been prepared for and only for the Board of West Middlesex University Hospital NHS Trust in accordance with Part II of the Audit Commission Act of 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The Directors are responsible for preparing the Annual Report and summary financial statement, in accordance with directions issued by the Secretary of State.

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 and the Directors' Remuneration Report and its compliance with the relevant requirements of the directions issued by the Secretary of State.

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

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial 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 and the Directors' Remuneration Report.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements and the Directors' Remuneration Report of the Trust for the year ended 31 March 2009 and complies with the relevant requirements of the directions issued by the Secretary of State.

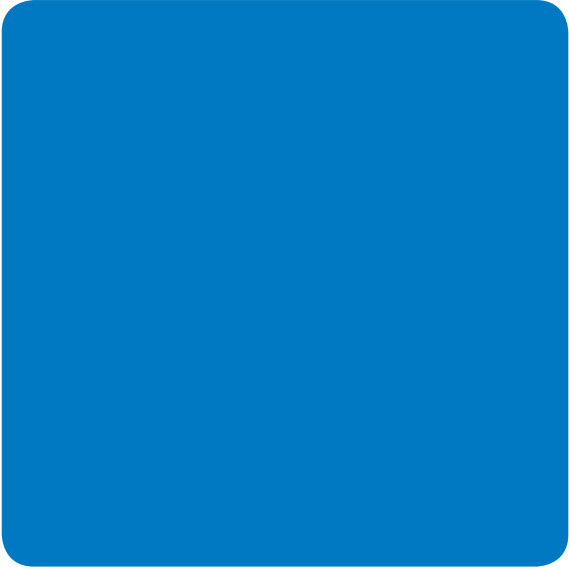
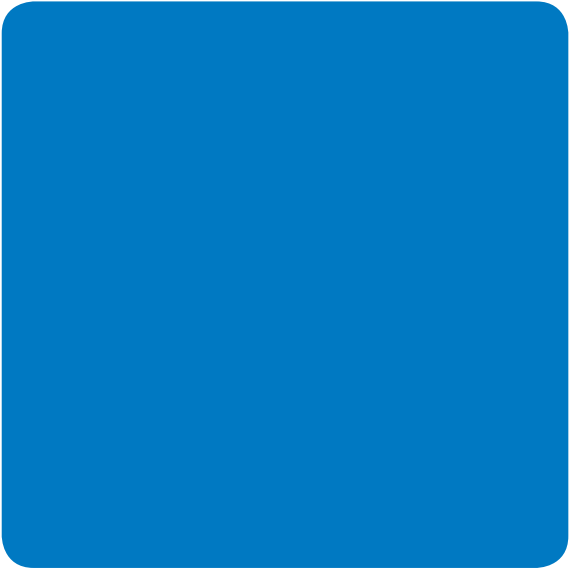
Emphasis of matter – liquidity

Our opinion on the statutory financial statements included an emphasis of matter paragraph because of the significant uncertainty relating to the fact that the Trust received loans of £17 million from the Department of Health during the year. The Trust had agreed repayment terms with the Department of Health but was unable to make one of the scheduled repayments in March 2009 and therefore is seeking to renegotiate these terms with the Department of Health. The Trust received a £2.5 million cash advance from NHS Hounslow in April 2009 to assist it with its cash position in the short term. The Trust's financial position, including its ongoing cash requirements are currently being reviewed by the Department of Health and NHS London. The outcome of this review is not yet known. These conditions indicate the existence of a material uncertainty which may cast significant doubt about the Trust's liquidity.

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Date: 11 June 2009





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