2009/10 Annual Report

West Middlesex University Hospital NHS Trust

Welcome

Welcome to our 2009/10 annual report, covering the financial year from 1 April 2009 to 31 March 2010.

Who we are

We are a busy acute hospital in Isleworth, West London. We serve a local population of around 400,000 people, covering the London Boroughs of Hounslow, and Richmond upon Thames. Our local commissioners of acute services are Hounslow, and Richmond & Twickenham Primary Care Trusts. West Middlesex is the only acute trust in the Hounslow borough. Neighbouring boroughs which contain acute trusts include Ealing, Kingston and Hillingdon. Additionally there are minor injury units in both the Hounslow, and Richmond & Twickenham boroughs.

What we do

We provide a broad range of services including:

- Accident and Emergency
- Critical care
- Emergency Surgical and Medical care
- Elective and Day-Case Surgery
- Stroke, TIA and Rehabilitation care
- Chronic Disease management
- Common Cancers care
- Maternity care
- Paediatric (Children's) services
- Sexual Health
- Gynaecology (women's health)
- Outpatients and Diagnostics – including CT, Ultrasound, MRI, X-Ray and Endoscopy

Our vision

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

Our guiding principles are:

- Timely patient care that meets individual needs
- Services planned around the patient, in partnership with other organisations
- Well-being, recognition and career development for staff
- Continuous improvement of services and the environment

Our core values are:

- Respect and dignity for all
- Involvement of patients in all we do
- Openness, honesty and responsiveness
- Pride in what we do

Facts and figures 2009/10

We have had another extremely busy year with significant increases in activity across most of our services.

(2008/09 figures in brackets)

Outpatient attendances:
238,472 (214,113) + 11.38%

A&E attendances:
102,725 (97,541) + 5.31%

Inpatient admissions:
47,317 (46,737) + 1.24%

Babies delivered:
4,389 (3,977) + 10.36%

Patients operated on in our theatres:
9,846 (9,206) + 6.95%

X-rays, scans and procedures carried out by Clinical Imaging:
176,748 (161,499) + 9.44%

Number of staff:
2,250 including our partners Ecovert FM (2,208) +1.87%

How we performed against our plans for 2009/10

Each year, the Trust sets a range of goals for the coming year to ensure that we deliver high quality and safe healthcare to our community.

During 2009/10 we made significant progress with some excellent results and achievements. Below are some highlights, but if you would like more information about the quality of care at this hospital you can find it in our Annual Quality Report 2009/10 or by visiting our website: www.west-middlesex-hospital.nhs.uk

To improve the quality of care, patient outcomes and assure patient safety

- Our infection rates continued to fall. Clostridium *difficile* infections reduced by 72% with 36 cases (against an upper limit of 128 cases) and the number of MRSA infections found in the blood stream reduced by 27% to 16 cases (against an upper limit of 17 cases)
- Our hospital mortality rate, which is the measurement of avoidable deaths in hospital, is well below the expected level at a ratio of 80.2 (Hospital Standardised Mortality Ratio) compared to the benchmark ratio of 100
- We introduced a new 'Safer Surgery checklist' to ensure a safer environment for patients and to help eliminate avoidable incidents
- We introduced a new assessment for all admitted patients, to identify risk factors associated with thromboembolism (blood-clots)
- We received external assurance from the NHS Litigation Authority's Clinical Negligence Scheme for Trusts that our Maternity Service is achieving the highest standards of patient safety

To improve the patient experience and pathways of care through the hospital

- We have been listening to our patients' feedback and the results of the 2009 national inpatient and outpatient surveys have demonstrated positive improvements in the experience of our patients
- We made improvements to ensure all our inpatients will stay in single sex bays, unless their clinical condition dictates otherwise, such as in specialist areas e.g. ITU (Intensive Treatment Unit)
- Our aim is to ensure all patients spend as little time as possible in hospital, to aid recovery and minimise the risk of acquiring infections. Over the past year we saw a 9.7% reduction in the average length of stay from 6.2 days to 5.6 days
- The number of formal complaints reduced by 12%, and we have seen an increase in patients' awareness about how to complain
- The majority of patients are now seen and treated within 18 weeks from the GP referral
- Our ward based staff now spend more direct time with patients as a result of our service improvement series, which aims to improve efficiency and streamline the patient journey

Ensure we have a highly skilled, motivated, diverse and productive workforce

- The results of the 2009 staff attitude survey showed that our employees experience good levels of job satisfaction (we scored above the national average for acute trusts in the these indicators: staff who feel they work in a well structured environment; staff feel they can contribute to improvements at work; staff feeling valued by their work colleagues and quality of job design i.e. clear job content, feedback and staff involvement)
- There were significant improvements from the previous survey results including development opportunities, support from managers and well structured appraisals. We have already started work, focusing on the areas needing further improvement, including safety and well being at work
- We have been able to reduce our sickness absence rates from 3.17% last year, which were the second lowest in London at the time, to 3.13%
- All our junior doctors work a maximum of 48 hours per week which is in line with the European Working Time Directive
- We saw improvements in the numbers of staff receiving mandatory and statutory training, but this is something we need to continue to focus on next year
- 68% of staff had appraisals last year and we will be working hard to increase this rate for the next year

To deliver improved service performance, meeting all national and local targets

- Over 98% of patients who attended our Accident & Emergency Department were seen, treated and discharged or admitted to a hospital bed within 4 hours of arrival
- We have exceeded our targets for patients seen and treated within 18 weeks of being referred by their GPs
- Just under 94% of patients suspected of cancer are now seen within two weeks
- Patients needing diagnostic investigations are now seen within six weeks
- The hospital was designated as a Stroke Unit and Transient Ischaemic Attack (TIA) service as part of the service improvements across London

Ensure we use our resources efficiently and effectively and deliver a minimum of break even and the cost improvement programme in full

- We achieved our cost improvement programme in full. However we did not achieve a break even position, ending the year with a deficit of £5.5million, which is under our forecast of a £5.75million deficit

More information about the reasons for this and our future plans to improve our financial standing can be found in our Finance Directors Review on page 24.

Develop an agile and flexible organisation that can respond to change with a clear strategy for the future of the West Middlesex Hospital

- We have actively engaged with both the North West and the South West London sectors to determine the future configuration of services and to ensure the future of clinical services at West Middlesex Hospital
- We have invested additional resources to improve our clinical services, including extending our Early Pregnancy Service and increasing the number of consultants in Acute Medicine and Paediatrics
- We have been working closely with local GPs to improve communication, which ensures information between the hospital and GPs supports improvements in patient care
- We have been investing in our estate by carrying out a number of developments which included the refurbishment of our Sexual Health (GUM) unit

Ensure that governance arrangements support operational excellence

- We successfully registered with the Care Quality Commission without conditions, which demonstrates that we meet new essential standards of quality and safety
- We developed a comprehensive plan to respond to the Swine flu pandemic
- We participated in a number of exercises to ensure we have robust plans to respond to Major Incidents
- We met national standards for information governance

Chief Executive's Statement

2009/10 has been filled with many successes and achievements for us and our patients.

We saw plans approved for us to have a Stroke Unit and to offer TIA (Transient Ischaemic Attack or mini-stroke) services, and passed two rigorous assessments to ensure the development of these services. In addition, we are to provide trauma services, linked to specialist major trauma centres in the capital.

This is a direct result of an extensive review of services across the capital and public consultation led by Healthcare for London, an NHS programme, run on behalf of London's Primary Care Trusts, to improve the capital's health and health services.

Our Maternity Service has received the highest praise and recognition for its patient safety and also became the very first in London to attain UNICEF stage 2 baby friendly accreditation for its work in promoting breast feeding.

In addition to improving clinic facilities for our patients through a refurbishment programme, our Sexual Health Service successfully retained the prestigious Government Charter Mark status, for the tenth consecutive year.

As part of the National Cancer Peer Review programme, West Middlesex was assessed for the quality, safety and effectiveness of cancer care and its approach to the training and development of staff and sharing of good practice. We achieved the second highest performance overall, within the North West London Cancer Network.

During the year a number of our individual staff received national awards and recognition. At the annual Nursing Standard Nurse Awards, Sister Almie Mngadi was awarded Ward Sister of the Year.

Faisal Khan, a cardiac physiologist has become only the third person in the UK to be awarded a fellowship of the prestigious, world renowned, American Society of Echocardiography, and our maternity bereavement team were shortlisted for a Royal College of Midwives award.

In the annual Patient Environmental Action Team (PEAT) assessment we scored 'excellent' for privacy and dignity provided to our patients. We also received 'good' scores for standards of environment and food.

As part of Healthcare for London's programme to improve health and health services in the capital we have been working closely with both the North West and South West London sectors to ensure we meet the needs of our patients through a joined up approach with our partner organisations.

The Healthcare for London review showed that the current approach to delivering care in the capital wouldn't meet the needs of the residents of London.

The new Secretary of State, Andrew Lansley, has said the NHS must find a new way of meeting these same challenges and plan to adopt only some of the Healthcare for London plans. The hospital fully embraces the decisions the new government makes.

We also work closely with patient representatives, including the LINks (Local Involvement Networks), and with the

Overview and Scrutiny Committee, to develop services that meet the needs of our community.

We also take account of the NHS Constitution, which sets out in one place what our patients, our staff and the public can expect from the NHS.

We have achieved key national targets relating to patient waiting times, including cancer referrals, outpatient appointments, diagnostic waits and reducing length of stay. At the same time we are seeing more patients than ever. Our Accident and Emergency department saw over one hundred thousand patients, our highest ever yearly total. Over the coming year we will be working to ensure that patients know when it is appropriate to visit hospital, or where they can access alternative services such as their GP, pharmacy or minor injuries unit.

We have also been under additional pressure, like the rest of the NHS, as a result of the pandemic flu outbreak, which played a significant part in last year's activities.

We faced some severe winter weather, with snow and ice gripping much of the country for several weeks. However, staff rose magnificently to these challenges and services continued to operate around the clock.

As a public organisation we have a duty to provide value for money and to achieve a financial break-even position. 2009/10 is the first year of a two year recovery plan to achieve break-even and we set ourselves some ambitious cost improvement plans.

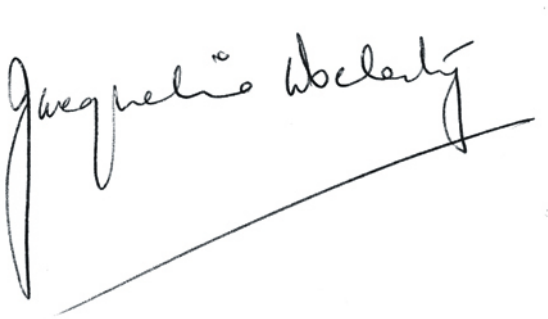
I am pleased to report that we have met these plans in full. Despite some significant achievements, we end the year with a deficit of £5.5 million, which is below our forecast at the start of the year of £5.75 million, and represents 3.8% of our annual income.

We therefore remain a Financially Challenged Trust, and continue to work closely with our strategic health authority, NHS London, and our commissioning partner NHS Hounslow to try to resolve this.

We will also continue to look at improvements in our efficiency, through innovation and cost saving and this will be a priority for us as is the quality and safety of the care we provide.

I am very proud of what we have achieved this last year. This is testament to the dedication and loyalty of the staff, as well as the ongoing support of our volunteers, and the patients and public whom we serve.

I am confident that together we can meet the challenges that lie ahead and ensure we remain a first class hospital for our community.



Jacqueline Docherty DBE
Chief Executive

Chairman's Statement

Clearly 2009/10 has been a very significant year for us. I am pleased to acknowledge some truly excellent results, which are bringing real benefits to our patients and community. These achievements are no accident. They are the outcome of a sustained period of focused effort on key priorities. I would like to thank all our staff, including our volunteers, on behalf of the Trust Board, for their continued efforts and commitment to our hospital.

Our financial situation remains a key issue for us and is something we are working very hard to resolve. As well as our sustained work in reducing wastage and improving efficiency by innovation, we are working closely with our commissioners and the strategic health authority to ensure we meet our obligations.

We are now at a pivotal period, not just for ourselves but for the NHS as a whole. We have continued to build on our strong foundations of quality, safety and innovation and these will remain our focus next year. 2010/11 will undoubtedly be another challenging one, but one with many exciting opportunities. Like all the NHS there will be financial issues. We, like everyone else, will be expected to do more with less.

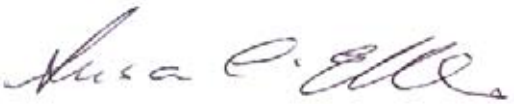
Healthcare for London set out plans for changes in the way healthcare is delivered. This included localising services where possible and centralising where necessary. However, the new government has outlined its plans not to adopt all of the Healthcare for London plans and we welcome their new approach of GP based commissioning. We must not be frightened of change. Our future is unlikely to be as a stand-alone organisation, but we will continue to provide services on this site in conjunction with partners.

We already work closely with a number of partner organisations in tertiary care, including Imperial College, Chelsea and Westminster the Royal Brompton, and the Royal Marsden. We also work with a number of partners in primary care including NHS Hounslow and NHS Richmond.

We will need to adapt and evolve, to ensure we continue to be a first class hospital for our community. This is not a new concept for us; it is something we have been doing throughout our long and proud history. We have not sat still but moved with the changing needs of our patients, and we will continue to do so.

Amongst our plans, we are to develop an Urgent Care Centre at the front of our Accident and Emergency department. This will allow us to provide the most appropriate care to walk-in patients self-referring to us for treatment. We will also be working with our primary care colleagues to review improved pathways of care, which delivers care closer to home, for example diabetes and dermatology.

These changes will be for the benefit of our community and will help safeguard the long-term future of West Middlesex Hospital.



Sue Ellen
Chairman

Review of the year

Volunteers from GlaxoSmithKline and Sky have regenerated many areas around the hospital

Former patients took part in a fashion show to launch our breast cancer service pledge

We said goodbye to Sterile Services as the service left the Trust for a new home

Swine flu hit the nation and we vaccinated staff to help stop the spread of the disease

Amanda Holden spent some time with us filming a documentary on midwifery

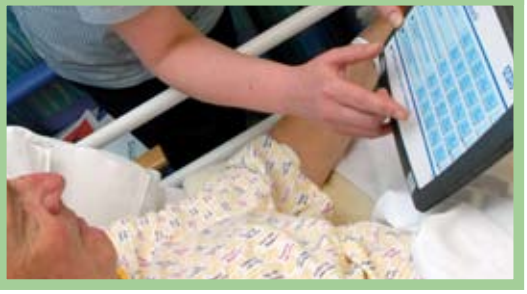
The Sexual Health Unit got a makeover for a fresh and modern look

Our brand new maternity website went live sharing lots of info to local parents

During the snow, disruption was kept to a minimum due to the hard work of staff

We try to ensure all inpatients stay in single sex bays, unless their condition dictates otherwise

We relaunched our Patient Experience Trackers to gain real time feedback



Early in Life

Melanie and Mike Cochran had their first child at West Middlesex this year; baby Calan also happened to be the 1000th baby born in the Natural Birth Centre, since it was opened in October 2008.

"We have been living in the area for a few years and we knew West Mid just as our local hospital. We had heard about the refurbishments & the Natural Birth Centre and that really interested us, but when we came for a tour we realised we wanted to have our baby here.

" What struck us first was the space; the rooms were all very big and private. As well as that, the choice of equipment within the rooms was vast. A natural birth has always interested us, as has waterbirth, so at the Natural Birth Centre we had all the options we could want.

"We really felt we were supported with the right information through our journey. Most of the sessions we had were with the same group, which gave us a great sense of consistency and comfort. During the scans, the experience of the staff was visible and you just felt safe in their hands. We never felt rushed at all.

"The baby arrived three weeks early, but we felt prepared (just-having packed our bag the night before!) and confident with the support that we knew that was going to be there when we arrived. It all felt very personal and in the Birth Centre there was a relaxed environment. It didn't feel like a hospital, it felt like it was our experience, with experts helping us through it.

"It was like a hotel, it was fabulous, and we didn't want to come home! Everything seemed to fit together just like a jigsaw."

Baby Calan is just one of the 4300+ babies that have been born at West Middlesex over the past twelve months, and we have been exceptionally busy behind the scenes to help improve the experience for our patients. Not only has the Natural Birth Centre seen a surge in interest, home birth has also become

a popular choice amongst new mums. As one of the few hospitals in the area that offer this service, we have seen a rise in the numbers of mums choosing this option over the last year.

Our aim is for our mums to have the most natural birth as possible and ensure they have the best experience. The midwives work in teams to care for women from the beginning of their pregnancy, through to the delivery and post natal period with an aim to provide continuity of care to our users and most importantly one to one care during labour. Antenatal care in the community is in a range of locations for convenience and women can also expect to be seen in our post-natal drop-in centres after birth.

We have also launched a new series of 'Early Bird' drop-in clinics in the borough, to encourage local mums-to-be to book into services early. There are many benefits to booking in early, such as understanding the range of antenatal screening options available. It also gives women the opportunity to get help and information about their pregnancy and for them to start thinking about their birthing options.

Another area we have been investing in is patient safety. Every maternity department is insured by the Clinical Negligence Scheme for Trusts (CNST) and following an assessment they are given a level as to how safe the department is. We were one of the first trusts in the country to be evaluated against new, more scrupulous, standards of patient safety, achieving the highest rating, level 3. This means we have rigorous systems in place, to ensure the safety of our patients is our top priority. As well as this we were the first hospital in London to be awarded UNICEF Baby Friendly level 2 accreditation, which highlights out commitment to breast feeding, and over the next year the team will be working towards attaining level 3.

This will be the final stage in achieving full accreditation as a Baby Friendly hospital.

Later in life

Nellie McKitterick suffered from a stroke and came into West Middlesex in early 2010.

"I had a stroke in January and it's been the first time I've actually stayed in hospital, so I wasn't sure what to expect. The stroke left my face a bit numb on the right hand side, although my niece tells me it is looking fine now. I feel lucky that my speech hasn't been affected. However, I have lost some mobility.

"I've been having treatment from the therapists which has been a great help. We were doing a lot of leg exercises and my therapist was really pleased with my progress and congratulated me! I'm getting used to these routines and I'm looking forward to getting back home after my rehabilitation. I know that treatment for strokes has really improved in the last few years, so I feel very lucky. I've found the team here to be really helpful. They've discovered I'm diabetic and gave me advice on what I can and can't eat. Fortunately I should be able to control it with my food, rather than taking insulin."

West Middlesex was designated as a Stroke Unit and TIA (Transient Ischemic Attack or 'mini-stroke') service provider in July 2009 as part of the Healthcare for London changes to improve stroke services. A team at West Middlesex works closely with the local Hyper Acute Stroke Unit (HASU) at Charing Cross Hospital to deliver care for acute stroke patients. Around 300 patients are admitted to us each year following a stroke- three quarters of these patients are aged 65 and over.

We are delighted that our Stroke Service has recently passed two rigorous assessments which will safeguard its future development. Measured against the Healthcare for London's standards, the reviews included an assessment of staffing provision, support services, rehabilitation facilities, the timeliness of specialist treatment and the importance of admitting stroke patients directly to our Stroke Unit. Dr John Platt, consultant physician for stroke and older people's services said: "We always aim to provide high-quality

care for stroke and TIA patients. Being a designated Stroke Unit means there are many benefits for our stroke patients, not least an increased recognition of their specialist needs."

Patient falls

Patient falls are amongst the most frequent accidents in hospital. We have a dedicated team of nursing staff who have been working hard to ensure our patients' safety. This has included introducing an assessment process for all new patients to identify those at risk. In addition, we now provide non-slip footwear and have bought in new beds which can be lowered for those at risk. These initiatives, together with staff education and patient awareness programmes, have led to a 61% reduction in falls since September 2009. Mohamed Osman, Fall Specialist Nurse said "We have reduced the number of falls through working very closely with the ward teams. We ensure patients most at risk are near nursing stations, for easy monitoring and this reduction is an important achievement for patient safety."

Getting you home

No one enjoys being in hospital and there is strong evidence to suggest that the longer a patient spends in hospital, the more at risk they are from not being able to regain the same level of independence they had before. One hospital-wide service improvement programme has therefore been to develop discharge processes and reduce length of stay for patients. Our aim is to ensure patients spend as little time as possible in hospital. Over the past year we have seen a 9.7% reduction in the average length of stay (from 6.3 days to 5.7 days). A further element has been a focus on a selection of patient journeys. One project addresses pathways for patients who have had chronic obstructive pulmonary disease (COPD). This work, and a project to improve the management of medication and information provided to patients, should also have a positive impact on quality of care by reducing re-admissions to hospital.

Cancer Services

A patient who has recently experienced care in the Breast Clinic is Val Bertram. Following her treatment, Val kindly volunteered to model in a fashion show organised by the Breast Care Team and Communications Team.

"After being referred by my GP to West Mid, as it has a good reputation for breast care, I thought it was really efficient. I went in, had all my tests done in one place at the same time, had a nurse to talk to and then I returned for the full results. This was followed by booking a date almost immediately for surgery.

"What I really liked was the way the team spoke to me, and how they then took the time to explain everything, giving me the opportunity to ask any questions. After the discussion about my diagnosis in the morning I went walking with my husband in Richmond Park to mull it all over. As we were talking, one of the nurses rang me and said 'Ok, it's now been three hours after we told you that you have breast cancer, how are you feeling now and are there any other questions you would like to ask?' I thought that was exceptional care.

"With regards to my recovery, I found that they make you feel like the most important thing - I think that's brilliant. You don't know if what you're feeling is normal or abnormal, therefore it helped me knowing that the team were there, to call whenever you wanted. I really benefited from the way the surgeons, oncologists, nurses and day clinic nurses all worked together to give you the best experience in difficult circumstances.

"The West Mid fashion show itself was a pleasure. I think any major illness knocks your confidence. Astonishingly losing my hair didn't particularly worry me, but I was really surprised when I lost my confidence as I'm a relatively confident person. So doing this fashion show was a little daunting. Fortunately having M&S, John Lewis and the ladies doing the make-up there was brilliant and it was

really nice to meet the others involved. The fashion show was really nice for my husband to see, and it was a great pleasure to do something positive.

"Overall, my experience of West Mid has been great and I just keep on writing to everyone saying how good it is."

West Mid offers a range of specialist cancer services, including breast, lung, upper gastrointestinal and urological cancer.
A major achievement for West Mid's Cancer Services was the news that, following a meticulous assessment, we achieved the second highest performance overall for cancer services, when compared with all other trusts in the North West London Cancer Network. We were assessed for the quality, safety and effectiveness of cancer care and its approach to the training and development of staff and sharing of good practice. Our multidisciplinary teams were also placed first for upper gastrointestinal cancer, and second for breast, lung, gynaecological, and urological cancer.

Dr Pippa Riddle, consultant oncologist, said:
"These results demonstrate the hard work that has been put in by our staff to ensure our patients are getting the highest quality of cancer services. The review also gives us valuable information to help further improve our services and ensure that we continue to provide first class cancer care."

A further recent success in Cancer Services has been the introduction of the CUBE (Cancer Understanding By Experience) group. This group actively seeks input from patients, health care professionals and anyone with experience of cancer services, to help make a difference for those going through the cancer journey. It was developed because an essential part of improving cancer care is listening to and being able to act upon the views of those affected by cancer, thereby directly influencing the development of our cancer services.

Celebrating staff

We were extremely proud of Sister Almie Mngadi and her achievement as winner of the Ward Sister of the Year Award, a new category at this year's Nurse Awards, hosted by the Nursing Standard magazine in November 2009.

Almie manages Osterley 2, an acute respiratory ward at the hospital. Nominated by one of her team members, Pamela Zzizinga, Almie was described as: 'a great role model, she is a great inspiration to all of her staff, not only as a manager and a leader, but as a person.'

"When I found out I had been nominated I was absolutely overwhelmed. I didn't think much of it at first, as I was up against nurses from across the country and I thought why do I deserve it more than anyone else? I know I work hard but so do others! So I was so delighted when about a week after being nominated, I got a call to say I'd won the award.

"I do like to think that I help motivate my team, and encourage them to fulfil their ambitions and follow their dreams. By working alongside the team and supporting them I know if any obstacles or problems arise, I can instantly deal with them there and then.

"The Ward Sister award was a team effort involving consultants, nurses, and doctors, who have all worked really hard as a team over the past year. At the moment we're trying to get our respiratory unit up and running and everyone has been really supportive of this. I believe nursing is definitely a good profession to work in and I'm still enjoying it!"

We firmly believe in celebrating staff success. The recognition of achievement is motivating for any individual or team, which in turn enhances patient care. As part of our staff recognition scheme, we host three award ceremonies each year; the Staff Training And Recognition (STAR) awards, the Long Service awards and the Nursing & Midwifery awards.

success

The STAR awards celebrates and honours achievements and qualifications of clinical, non-clinical and administrative staff.

Many training achievements were recognised, including the Preceptorship Nursing Programme (for newly qualified nurses) and Diplomas in Pharmacy Practice.

The awards also recognised the Teacher of the Year Award, given to Lee Curtis for his work in the physiotherapy service (more detail on page 18).

Long service is also recognised as it shows loyalty and dedication. One of those honoured at this year's Long Service awards was Lara Higginson, Education Centre Manager, who celebrated her 20th anniversary. "One of the main reasons I've stayed here is because of the people. Also, I have had the opportunity to work in different departments and there is always a new challenge around the corner."

At the same awards, Employee of the Year Rasheeda Hagger received recognition for her organisational and strong management skills in the Endoscopy department. She was delighted with her achievement.

"I've managed Endoscopy for over five years and during that time we've made lots of changes and improvements to the service. We recently had our National Endoscopy assessment, part of the feedback from that included great management skills, great support and the good organisation of the service.

"On receiving my Employee of the Year, award, I was overwhelmed and didn't know it was coming at all - not a clue! It was graciously received and I'm extremely thankful. I've definitely had a great deal of support from my managers, my team and a number of consultants. Importantly, I don't feel like it's just my own achievement, it's a group achievement."

Education and

Lee Curtis, Physiotherapist and Team Leader in Critical Care, was the winner of our 2009 GlaxoSmithKline Teacher of the Year award. The award is given to a teacher for their great contribution to learning through excellent teaching skills.

"I believe that if people enjoy what they're learning then they will learn it. It is really important to have a passion for the subject that you are teaching and thankfully, I really enjoy what I do. I think this comes across immediately to the people I'm teaching and its lovely when they interact with you and each other, showing interest in the subject matter.

"I try to make my subjects interesting and engage people in their learning. As you can imagine, the majority of physiotherapists want to develop themselves in the musculoskeletal field and envisage running around looking after a premiership football team! It's therefore part of my role to encourage them to be more interested in respiratory care, which is my speciality. Since I began teaching, I have had a lot of people decide to train further in the field of respiratory care stating that they've thoroughly enjoyed it, which is really rewarding.

"I also like to impart knowledge onto my colleagues, as it will benefit not only them but the patients we look after here at West Mid."

Alex Da Costa was taught by Lee.
"Lee is extremely approachable and always willing to spend time with you to help you to grasp even the most complicated of topics. He encourages a 'team' ethic, where everybody's learning is important – he's a great teacher."

Education is particularly important at West Mid as we train many student doctors from Imperial College London, as well as radiographers from Kingston University, nurses from New Bucks University and midwives from Thames Valley University. One recent staff development project has been the work of Dr. Emma Rowlandson, our Darzi

research

Fellow. Her role it is to lead on a variety of service change projects within the trust and Emma was one of eight Fellows successful in bidding for funding for developing a Clinical Leadership Course. The aim of this programme is to encourage the development of effective clinical leaders and the enhancement of strong, trusting relationships between managers, clinicians and other healthcare professionals, contributing to the NHS of the future. The Trust will benefit from multi-skilled clinicians, with the main elements of their training, focusing on a service improvement project.

Teaching others is equally important here and a recent example of our teaching success involved two of our consultants who were both awarded Teaching Excellence Awards, by Imperial College. Both were nominated by the students they teach and endorsed by colleagues and the Director of Clinical Studies. Hamad Zadeh, Orthopaedic Consultant, and Musa Barkeji, Surgical Consultant, both received prizes in a ceremony at Imperial College in November 2009.

We are committed to research and education and 09/10 saw the development of the Community Acquired Pneumonia (CAP) project. Within weeks of implementation it resulted in an improvement in the timely administration of antibiotics.

Following the success of the CAP project, the National Institute for Health Research-Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) for North West London agreed to fund a further three projects for the forthcoming year around Medicine Management, Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure. Dr Richard Fink was also successful in his application for funding from the NHS London Regional Innovation Fund for his project around implementing diagnostics in polyclinics.

Our commitment to society

Managing social, ethical and environmental issues in a way that grows value and helps the Trust, our patients and visitors to be more sustainable is very important to us. The Directors of Finance & Information and Workforce & 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 objectives for relevant Trust officers, as well as ensuring public accountability.

During the 2009/10 financial year, we increasingly recognised three core principal issues – climate change, the requirement for sustainable growth and our role in demonstrating 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, patients and visitors, and suppliers. As part of this process, we have carried out a number of reviews of our operations to identify specific social, environmental and ethical risks and opportunities.

Social, environmental and ethical risks

During the 2009/10 financial year, we further developed our knowledge and understanding of our Corporate Social Responsibility 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 – the use,

for example, of teleconferencing, electronic data transfer, or more flexible working - all reduce the need to travel, but also can provide many more adaptable 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 upstream supply chains environmental impact.

Environmental matters

During 2009/10, we have been undertaking some innovative and ambitious plans to reduce our carbon emissions and increase our energy efficiency as part of our new environmental strategy. We have also been engaging with our staff on these issues, to find out what they would like us to do to enhance our environmental responsibilities.

As one of the largest local consumers of electricity, and as our activity increases and power demand from modern equipment rises, we have seen continued growth in our overall consumption. In response, we have signed a green energy contract so that 20% of our power is now provided from renewable sources including wind generation, solar, wave and hydroelectric schemes. We have continued to convert our lighting to low energy LED systems, for example in the Sexual Health Unit and on Lampton Ward, as part of the recent 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 completed our first BREEAM (Building Research Establishment's Environmental Assessment Method) review for existing buildings and secured a £0.5m loan to install new voltage reduction equipment. Below is just a few of the changes we've made:

- introduced extended recycling facilities e.g. for plastic, food packaging, and drinks cans. We even have a wormery, with our friendly worms helping to recycle certain food waste
- we have been installing taps which use a low-flow to save water
- fitting a 'voltage optimisation' device which reduces our energy costs by 10%
- 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 substantial numbers of cycle shelters, improved security and changing facilities.
- We are also finalising a scheme with the London Borough of Hounslow and Transport for London to improve bus standing/turning facilities so to extend a number of local bus routes and reduce patient and staff miles to the site
- we held a number of events throughout the year to encourage our staff to be environmentally conscious including joining up with national events, such as walk-to-work and bike-to-work week
- we have 'Earthcare Champions' in many departments, who help coordinate our environmental actions, as well as encouraging their colleagues to think about their environmental responsibilities

For next year we have a number of further plans and are committed to continued efforts to reduce our environmental impact.

Working with our community

Throughout the year we have been grateful for the support of a number of local organisations, including GlaxoSmithKline and Sky, who have very kindly helped to regenerate the grounds and gardens across the hospital site for the benefit of patients, visitors and staff. We have also been closely involved with local schools and colleges, to give their students 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.

Preparing for emergencies

The very nature of our organisation means that we are called upon to provide vital support in emergency situations. We have a number of robust plans in place to minimise the effects of any 'major incidents', including our Major Incident Plan which was revised during the year.

In 2009/10 one such major incident played a very significant part throughout much of the year, not just for us but the whole of the NHS; that of the world-wide Influenza Pandemic, or Swine Flu as it became known. Like the rest of the health service, we had been preparing for the possibility of a flu pandemic for a number of years. The outbreak of Swine Flu necessitated us to produce some very comprehensive plans to ensure we continued to provide a resilient service to our community. Through regular meetings of the Pandemic Influenza Infection Control Committee, involving key staff from within the hospital as well as our partner organisations, we refined our planning as the Swine Flu situation developed. These plans have subsequently received recognition for their thoroughness.

As well as the pandemic, during the year our resilience was tested by the period of snow and ice and a computer virus – our response to this received a letter of thanks from the Former Secretary of State for Health, Andy Burnham.

Engaging with our workforce

Our workforce is our strongest asset. Fulfilled and motivated staff lead to an improved experience for our patients. It is essential that we listen to and engage with our workforce and we have continued to encourage active participation and feedback on what is most important to our staff. Each year we take part in a national survey and every member of our staff received a questionnaire asking them 40 questions about different aspects of their working lives. Almost half of our staff responded, and we were above the national average in a number of areas including:

- staff feel valued by their work colleagues
- staff feel they are working in a well structured team environment
- staff feel they are able to contribute towards improvements at work

We have also shown significant improvements in:

- staff feel there are good opportunities to develop their potential
- they are supported by their immediate managers
- staff receiving regular health and safety training
- having well structured recent appraisals

We understand that there are areas identified that need improvement. The usefulness of the staff survey is that it gives us opportunities to focus our efforts on improving the specific areas that are highlighted by our staff. This year concerns have been raised in areas including safety and well being at work, and we have already started to improve these areas and will continue over the next year. We have a regular Staff Forum, where staff can raise concerns or give feedback on any issues they may have, directly with our Chief Executive and Directors. It is also an opportunity for them to hear, first hand, updates on the latest developments and future plans affecting the Trust. At the beginning of 2009 we launched a brand new intranet site, and part of this development included an anonymous electronic forum for staff to post their views on issues of concern and interest.

Recognising diversity and equality

We recognise the full diversity of individuals in terms of disability, ethnicity, age, gender, sexual orientation and religion or belief. Our Single Equality Scheme has been developed to enable us to set out how we will fulfil and go beyond our statutory responsibilities.

Confidentiality and data protection

Protecting the confidentiality of our patients, including their personal data, is something we take extremely seriously. Instances involving breaches of confidentiality or loss of data are reported as Serious Untoward Instances (SUIs), and thoroughly investigated. During 2009/10 we had no instances of Serious Untoward Incidents about confidentiality breaches or data loss.

Performance indicators

The financial year for 2009/10 ended on 31 March and it is the point at which we are measured against most of the standards the government sets for hospitals. Doing well against these means we are providing our patients with the best possible care within the resources and finances allocated to us. Below is our performance against these key standards.

Performance Indicators	Target 2009/10	Our performance 2009/10	Target 2008/09	Our performance 2008/09
A&E waiting times	98%	98.74%	98%	97.7%
18 week referral to treatment times: Admitted patients Non-admitted patients	 90% 95%	 94.68% 97.27%	 90% 95%	 94.41% 95.82%
Inpatients not waiting longer than the 26 week standard	99.97%	100%	99.97%	100%
Outpatients not waiting longer than the 13 week standard	99.97%	100%	99.97%	99.96%
[1]Cancer 2 week wait	93%	93.8%	98%	98.25%
[2]31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group	 97% 97%	 99.7% 100%	 98% N/A	 100% N/A
[3]62 days urgent referral to treatment for cancer: 62 day standard – tumour 62 day screening standard – tumour 62 day consultant upgrade	 85% 85% 85%	 94.4% 96% 95.3%	 95% N/A N/A	 98.25 N/A N/A
Cancelled operations: Operations cancelled, by the hospital, for non-clinical reasons, at last minute Patients with last-minute cancelled operations not treated within 28 days	 0.8% 5%	 0.5% 1.4%	 0.8% 5%	 0.47% 0.02%
Rapid Access Chest Pain Clinic waiting times	95%	100%	95%	100%
MRSA Bacteraemias	Upper limit 17 cases	16 cases	17 cases	22 cases
***Clostridium difficile* infections**	Upper limit 128 cases	36 cases	173 cases	123 cases
[4]Access to genito-urinary medicine clinics	100%	99.87%	100%	98.9%

1. 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. This revision has seen an increase in the number of breaches against the waiting time rule (despite no change in performance) and so in response to this the standards were revised to 93% for 09/10.
2. West Mid achieved the second highest performance in the North West London Cancer Network for the 31 day target.
3. West Mid achieved the highest performance in the North West London Cancer Network for the 62 day referral to first treatment target.
4. This performance is within the allowable threshold (greater than 98%). Our access to GUM for patients within 48 hours was 98.48% for the first quarter and 100% for the subsequent three quarters.

Finance Director's Review

Introduction

The Trust continued to operate in a financially challenged local health economy during 2009/10 and consequently recorded a deficit of £5.5m for the year. This was only a slight improvement on the planned deficit of £5.75m, which was agreed with NHS London at the beginning of the year.

Financial Performance

During the year, we faced substantial increases in A&E (5.3%), elective (13.4%) and outpatient (11.4%) activity. Our Commissioners challenged aspects of these increases and both parties engaged NHS London to arbitrate on the underlying issues. Overall, income to the Trust increased by 8.0% year on year.

Through the efforts of all our staff, the Trust delivered a substantial cost reduction and efficiency programme totalling £6.2m. Despite this our total expenditure increased by 8.9% year on year largely due to the above activity growth and the Trust's over reliance on expensive agency staffing.

Although we missed our key financial duty of breaking even on our income and expenditure, we did meet our other financial targets: of managing our cash within our external financing limit; of managing our capital expenditure with our capital resource limit; and in achieving our 3.5% return on capital employed.

Cumulative Debt and Borrowings

After the restatement of our accounts for 2008/9 and 2009/10 in line with IFRS (International Financial Reporting Standards), our cumulative deficit now stands at £21.8m. This is based on the UKGAAP accounting methodology prior to April 2008 and IFRS subsequently.

In 2008/09, the Trust received a loan of £17m (£15.3m of which remains outstanding as at 31 March 2010 following the deferral of £5.1m of repayment instalments due in March 2009, September 2009, and March 2010).

An additional £4.8m in the form of permanent PDC (Public Dividend Capital) was also required to finance our 2009/10 deficit. Further as part of the change in accounting regime to IFRS, our PFI scheme was brought onto the Trust's Statement of Financial Position, which further increased the Trust's borrowings by £41.8m. Total Trust borrowings therefore now stand at £57.4m.

Future plans

The Trust Board acknowledged during the year that the Trust is not financially viable in its current configuration. Consequently we are engaging with a number of potential partners to develop a future strategy, which is both clinically and financially viable. The Trust faces substantial challenges as the economic climate tightens and consequently we cannot rely on future income growth.

We continue to work with our Commissioners to implement their commissioning intentions so that care is provided in the most appropriate setting. We expect the potential outcomes from this initiative will become clearer for the Trust during 2010/11 and this will determine our future role within the health economy.

Although the Trust has submitted a breakeven plan to NHS London for 2010/11, at the time of writing the Trust was still in discussion over £1.6m of savings yet to be identified. The Trust has set challenging savings targets to all of its business units and continues to expect them to achieve upper quartile performance when assessed against a range of efficiency indicators and comparable organisations.

Capital

As we develop the Trust's future strategy, we have continued to invest in both equipment and our facilities. During 2009/10, we spent £5.3m on capital schemes including the

purchase of a new MRI scanner and other medical equipment totalling £3.0m, upgrades to our wards and infrastructure totalling £1.7m (primarily the refurbishment of the Sexual Health Unit and Lampton Ward) and other improvements of £0.6m. We are planning further capital expenditure of £4.5m in 2010/11. These investments underline our commitment to providing the most appropriate environment and equipment for a busy modern local acute hospital.

Financial Governance

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 Trust Board and the Chief Executive, as the accountable officer, has put in place systems that provide appropriate information and assurance to the Trust 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.

The Finance and Performance Committee is responsible for providing assurance to the Trust Board on all aspects for financial performance.

The Trust has also engaged Internal Audit to review our core financial systems and undertake various value for money reviews. Their findings and recommendations are reported directly to the Audit Committee.

The Trust has policies and procedures to minimise corruption and fraud. We have engaged a Local Counter Fraud Specialist (LCFS) who assists the Trust in promoting an anti-fraud culture. The LCFS also investigates any suspected cases of corruption or fraud and during the year a number of cases were investigated, some leading to dismissal and prosecution.

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
Director of Finance and Information

Financial Performance Summary

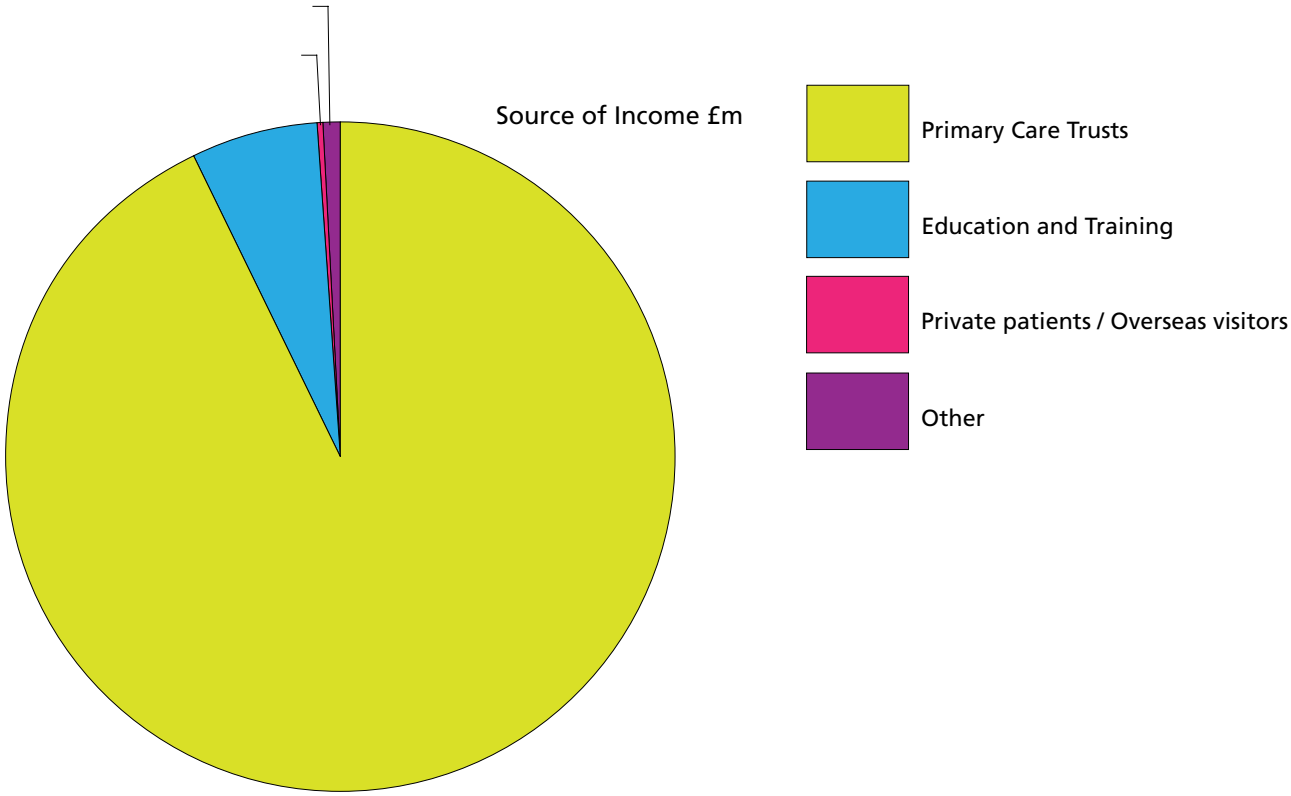
Annual Accounts

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, in depth, 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 or can be downloaded from our website.

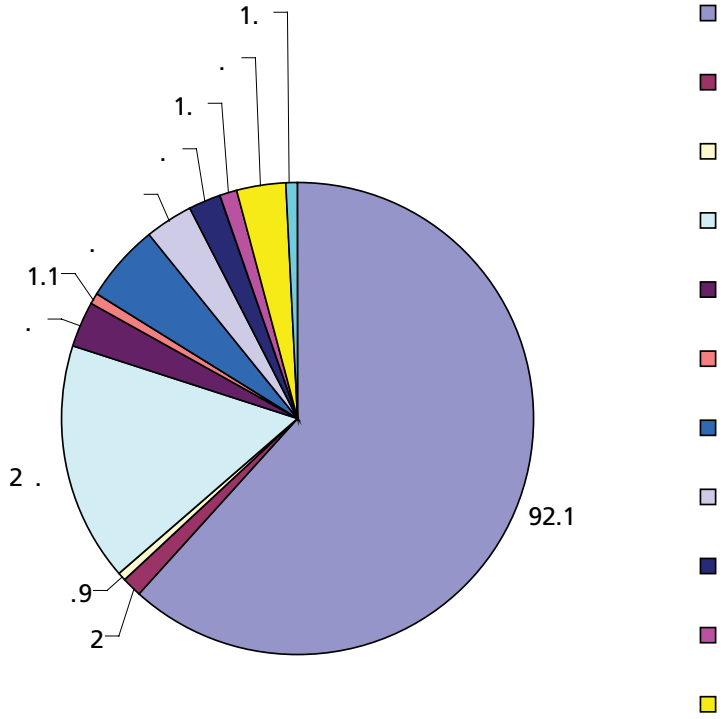
The Statement of Comprehensive Income records the income and the expenditure incurred by the Trust during the year in the course of running its operations. It includes cash expenditure on staff and supplies as well as non-cash expenses such as depreciation (a charge that reflects the consumption of the assets used in delivering healthcare). If income exceeds expenditure, the Trust has a surplus. If expenditure exceeds income, a deficit is incurred. The statement also includes other unrealised gains and losses such as those on the revaluation of our assets or resulting from impairment reviews. The Trust 2009/10 Statement of Comprehensive Income is shown below.

STATEMENT OF COMPREHENSIVE INCOME - Year ended 31st March 2010		
	2009/10 £000	2008/09 £000
REVENUE		
Revenue from patient care activities	131,443	121,752
Other operating revenue	12,361	11,142
Operating expenses	(142,893)	(130,006)
Operating Surplus (deficit)	**911**	**2,888**
Finance costs:		
Investment revenue	11	248
Finance costs	(4,682)	(4,275)
Surplus / (deficit) for the financial year	(3,760)	(1,139)
Public dividend	(1,781)	(2,826)
Retained surplus / (deficit) for the year	**(5,541)**	**(3,965)**
OTHER COMPREHENSIVE INCOME		
Impairments and reversals	(6,875)	(24,614)
Gains on revaluations	2,518	2,197
Receipt of donated / government granted assets	54	23
Transfers from donated and government grant assets	(34)	(20)
Total comprehensive income for the year	**(9,827)**	**(26,379)**

Income for the year totalled £143.8m million, a real increase of £10.9 million (8%) over 2009/10. A breakdown of the sources of this income is shown below:



Operating expenditure for the year totalled £149.3 million, an increase of £12.2 million (8.9%) over 2009/10. A breakdown of this expenditure is shown below.



The Trust's most recent assessment (based on 2008/09 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 overall the Trust's costs are 2% lower than the national average. The Statement of Financial Position 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 2010 is shown below.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2010			
	31 March 2010 £000	31 March 2009 £000	1st April 2008 £000
NON-CURRENT ASSESTS			
Property, plant and equipment	108,940	113,049	134,713
Intangible assets	91	161	168
Trade and other receivables	510	546	920
Total non-current assets	**109,541**	**113,756**	**135,801**
CURRENT ASSETS			
Inventories	1,524	1,398	1,008
Trade and other receivables	8,424	8,128	10,740
Cash and cash equivalents	550	346	384
Total current assets	**10,498**	**9,872**	**12,132**
TOTAL ASSETS	**120,039**	**123,628**	**147,933**
CURRENT LIABILITIES			
Trade and other payables	(13,158)	(12,604)	(9,059)
DH Working capital loan	(4,370)	(5,100)	0
Borrowings	(875)	(701)	(810)
Provisions	(238)	(204)	(78)
Total current liabilities	**(18,641)**	**(18,609)**	**(9,947)**
Net current assets/(liabilities)	**(8,143)**	**(8,737)**	**2,185**
Total assets less current liabilities	**101,398**	**105,019**	**137,986**
NON-CURRENT LIABILITIES			
Borrowings	(41,189)	(40,656)	(40,705)
DH Working capital loan	(10,930)	(10,200)	0
Provisions	(510)	(516)	(1,522)
Total non-current liabilities	**(52,629)**	**(51,372)**	**(42,227)**
Total assets employed	**48,769**	**53,647**	**95,759**
FINANCED BY TAXPAYERS' EQUITY			
Public dividend capital	21,362	16,362	31,828
Retained earnings	(18,036)	(12,495)	(8,530)
Revaluation reserve	45,221	49,578	72,287
Donated asset reserve	175	202	174
Government grant reserve	47	0	0
TOTAL TAXPAYERS' EQUITY	**49,769**	**53,647**	**95,759**

The Statement of Changes in Taxpayers' Equity provides a summary of all the Trust's gains and losses, whether they have been realised or not.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY						
	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Gov't grant reserve	Total
	£000	£000	£000	£000	£000	£000
Balance at 31 March 2008	**31,828**	**(8,530)**	**72,287**	**174**	**0**	**95,759**
Changes in taxpayers' equity for 2008/09						
Total Comprehensive Income for the year:						
Retained surplus/(deficit) for the year	0	(3,965)	0	0	0	(3,965)
Impairments and reversals	0	0	(24,614)	0	0	(24,614)
Net gain on revaluation of property, plant, equipment	0	0	1,905	25	0	1,930
Receipt of donated/government granted assets	0	0	0	23	0	23
- transfers from donated asset/ government grant reserve	0	0	0	(20)	0	(20)
New PDC received	1,534	0	0	0	0	1,534
PDC repaid in year	(17,000)	0	0	0	0	(17,000)
Balance at 31 March 2009	**16,362**	**(12,495)**	**49,578**	**202**	**0**	**53,647**
Balance at 1 April 2009	16,362	(12,495)	49,578	202	0	53,647
Total Comprehensive Income for the year						
Retained surplus/(deficit) for the year	0	(5,541)	0	0	0	(5,541)
Impairments and reversals	0	0	(6,875)	0	0	(6,875)
Net gain on revaluation of property, plant, equipment	0	0	2,518	0	0	2,518
Receipt of donated/government granted assets	0	0	0	7	47	54
Reclassification adjustments:						
- transfers from donated asset/ government grant reserve	0	0	0	(34)	0	(34)
New PDC received	5,000	0	0	0	0	5,000
Balance at 31 March 2010	**21,362**	**(18,036)**	**45,221**	**175**	**47**	**48,769**

The Statement of Cash Flows 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 Statement of Comprehensive Income, it does not mean its cash balance will increase by an equivalent amount. Similarly a deficit does not necessarily translate into an actual shortage of cash in the short term. For example, while depreciation is included as an expenditure charge, it does not involve an outlay of cash. Similarly any capital purchase will involve an upfront outlay of the full purchase price, while expenditure only records 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 Statement of Cash Flows and the Statement of Financial Position.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2010		
	2009/10	2008/09
	£000	£000
Cash flows from operating activities		
Operating surplus/(deficit)	911	2,888
Depreciation and amortisation	5,075	4,732
Impairments and reversals	30	48
Transfer from donated asset reserve	(34)	(20)
Interest paid	(4,682)	(4,264)
Dividends paid	(1,781)	(2,826)
(Increase)/decrease in inventories	(126)	(390)
(Increase)/decrease in trade and other receivables	(260)	2,986
Increase/(decrease) in trade and other payables	2,063	3,572
Increase/(decrease) in provisions	2	(891)
Net cash inflow/(outflow) from operating activities	**1,198**	**5,835**
Cash flows from investing activities		
Interest received	11	248
(Payments) for property, plant and equipment	(6,005)	(5,904)
(Payments) for intangible assets	0	(51)
Net cash inflow/(outflow) from investing activities	(5,994)	(5,707)
Net cash inflow/(outflow) before financing	**(4,796)**	**128**
Cash flows from financing activities		
Public dividend capital received	5,000	1,534
Public dividend capital repaid	0	(17,000)
Loans received from the DH	0	17,000
Loans repaid to the DH	0	(1,700)
Net cash inflow/(outflow) from financing	**5,000**	**(166)**
Net increase/(decrease) in cash and cash equivalents	204	(38)
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	346	384
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	**550**	**346**

Salary and Pension entitlements of senior managers

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

Salary and Pension entitlements of senior managers						
Name and title	2009-10			2008-09		
	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			20-25		
Dame Jacqueline Docherty - Chief Executive	175 - 180			15-20		
Alison McIntosh - Deputy Chief Executive	85 - 90			85-90		
Simon Marshall - Director of Finance & Information	95 - 100			95-100		
Andrew Winning - Medical Director	45 - 50	120 - 125		35-40	120-125	
Yvonne Franks - Director of Nursing & Midwifery	80 - 85			75-80		
Nina Singh - Director of Workforce & Development	75 - 80			70-75		
Anne Gibbs - Director of Strategy & Partnership	80 - 85	0 - 5		25-30		
Shân Jones - Director of Quality Improvement	75 - 80			75-80		
Graham Head - Director of ICT	75 - 80			70-75		
John Watson - Director of Performance Improvement	30 - 35			0		
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		
Jenny Higham - Non-Executive Director	5 - 10			5-10		

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2010 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value at March 2010	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Dame Jacqueline Doherty - Chief Executive	Information not available as not directly employed by the Trust							
Alison McIntosh - Deputy Chief Executive	0 - 2.5	2.5 - 5	20 - 25	65 - 70	386	346	21	0
Simon Marshall - Director of Finance & Information	0 - 2.5	2.5 - 5	5 -10	25 - 30	125	100	16	0
Andrew Winning - Medical Director	7.5 - 10	22.5 - 25	65 - 70	200 - 205	0	0	0	0
Yvonne Franks - Director of Nursing & Midwifery	0 - 2.5	2.5 - 5	30 - 35	90 - 95	614	551	35	0
Nina Singh - Director of Workforce & Development	0 - 2.5	0 - 2.5	10 - 15	40 - 45	230	203	15	0
Anne Gibbs - Director of Strategy & Partnerships	0 - 2.5	5 - 7.5	10 - 15	40 - 45	161	132	16	0
Shân Jones - Director of Quality Improvement	0 - 2.5	0 - 2.5	25 - 30	80 - 85	532	469	36	0
Graham Head - Director of ICT	0 - 2.5	0 - 2.5	10 - 15	40 - 45	272	239	10	0
John Watson - Director of Performance Improvement	Information not available as not directly employed by the Trust							

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.

Management Costs

The Trust's management costs comprise 3.87% of income. The definition of management costs can be found on www.dh.gov.uk

Management costs		
	2009/10 £000	2008/09 £000
Management costs	5,529	4,704
Income	142,774	131,442
Management costs as a percentage of income	3.87	3.59

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. As in prior years

our continuing cash management difficulties significantly limited our progress towards this target.

Better Payment Practice Code - measure of compliance				
	2009/10		2008/09	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	34,469	41,551	36,522	30,334
Total Non NHS trade invoices paid within target	26,286	38,395	31,966	19,816
Percentage of Non-NHS trade invoices paid within target	76%	92%	88%	65%
Total NHS trade invoices paid in the year	1,231	12,291	10,779	1,225
Total NHS trade invoices paid within target	467	2,324	3,985	623
Percentage of NHS trade invoices paid within target	38%	19%	37%	51%

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.

Breakeven Performance					
The Trust's historical breakeven performance is as follows:					
	2005/06	2006/07	2007/08	2008/09	2009/10
	£000	£000	£000	£000	£000
Turnover	103,117	118,854	129,285	132,894	143,804
Retained surplus/(deficit) for the year	(9,024)	(3,295)	19	(3,534)	(5,541)
Adjustment for:					
2006/07 Prior Period Adjustment (relating to 2005/06)	3,991	0	0	0	0
Adjustments for Impairments					20
Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12					525
Break-even in-year position	(5,033)	(3,295)	19	(3,534)	(4,996)
Break-even cumulative position	(9,976)	(13,271)	(13,252)	(16,786)	(21,782)
Materiality test (i.e. is it equal to or less than 0.5%):					
Break-even in-year position as a percentage of turnover	(4.88%)	(2.77%)	0.01%	(2.66%)	(3.47%)
Break-even cumulative position as a percentage of turnover	(9.67%)	(11.17%)	(10.25%)	(12.63%)	(15.15%)

We again took a step back in 2009/10 as the full costs of our PFI scheme under IFRS fell to the Trust, as our commissioners tightened our service contracts and as savings became increasingly harder to realise. 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 continued to work on our future options.

In the meanwhile we will continue on our improvement journey and 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 was well within its target External Financing Limit for the year having reported an undershoot of £942k.

Capital Resource Limit (CRL)

The Trust under spent its Capital Resource Limit by £71k in 2009/10.

The Board

The role of the Board is to lead the organisation through:

- Formulating strategy for the Trust
- Holding the organisation to account for delivery of that strategy and ensuring that systems for monitoring and control of performance are robust and effective
- Shaping a positive culture for the Board and the Trust

The Board's combined objective is to work together towards ensuring that West Middlesex attains its vision of becoming a first class hospital for our community and providing the highest possible standards of care to our patients. This objective guides the Board's development of strategy and underpins key policy decisions for which the Board is responsible on matters such as workforce, finances and performance. The Board, led by a Non-Executive Chair, and is made up of a mixture of Executive and Non-Executive Directors. 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. Board meetings take place ten times a year and are open to the public (details of these meetings can be found on our website). 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.

During 2009/10 a number of changes were made to the committee structure, including the formation of an Integrated Governance Committee, to provide assurance to the Board that adequate governance arrangements are in place, and a refocusing of the Audit Committee to provide assurance on the adequacy of internal controls within the organisation.
None of the Directors hold company directorships or other significant interests, which may conflict with their management responsibilities.

Non-Executive Directors

Chair, Sue Ellen
Committees: Remuneration (Chair), Charitable Funds (Chair), Finance & Performance (member).

Nick Gash
Committees: Finance & Performance (Chair), Audit (member), Remuneration (member), Clinical Excellence (member).

Stephen Clark
Committees: Clinical Excellence (Chair), Remuneration (member), Finance & Performance (Member), Audit (member).

Jenny Higham
Committees: Integrated Governance (member).

Andrew Daws
Committees: Audit (Chair), Finance & Performance (member), Charitable Funds (member), Remuneration (member), Clinical Excellence (member).

Luke de Lord
Committees: Audit (member), Finance & Performance (member), Remuneration (member).

Executive Directors

Dame Jacqueline Docherty – Chief Executive

Yvonne Franks – Director of Nursing and Midwifery

Alison McIntosh – Deputy Chief Executive / Director of Operations

Nina Singh – Director of Workforce and Development

Andrew Winning – Medical Director

Anne Gibbs – Director of Strategy and Partnerships

Simon Marshall – Director of Finance and Information

Footnotes:

- Shân Jones, Director of Quality Improvement, and Graham Head, Director of ICT, were members of the Trust Board until 7th December 2009.
- John Watson was Director of Performance Improvement between 26th August 2009 and 11 March 2010.

Remuneration Issues

The membership of the Remuneration Committee comprises the Chairman and the Non-Executive Directors of the 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 'agenda for change' (AFC) and medical staff groups followed national guidance. The pay award consisted of an increase of 2.4% to the AFC payscale and 1.5% to the Medical payscale.

No performance-related pay or other bonus payments have been approved for any Executive Directors. A total of 25 clinicians received excellence awards during 2009/10. The total value of these payments was £90k. 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 10, 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.

Glossary of terms

Accruals	An accounting concept. In addition to payments and receipts of cash (and similar), adjustment is made for outstanding payments, debts to be collected, and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Amortisation	The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income and expenditure records. Amortisation follows the same principle as depreciation (see below) but tends to be used for intangible assets.
Assets	An item that has a value in the future. For example, a debtor (someone who owes money) is an asset, as they will in future pay. A building is an asset, because it houses activity that will provide a future income stream.
Benchmarking	The process of comparing performance within an organisation and against similar organisations with a view to identifying areas of potential improvement.
Break-even (duty)	A financial target. Although the exact definition of the target is relatively complex, in its simplest form the break-even duty requires the NHS organisation to match income and expenditure, i.e. make neither a profit nor a loss.

Glossary of terms (continued)

Capital	In most businesses, capital refers either to shareholder investment funds, or buildings, land and equipment owned by a business that has the potential to earn income in the future. The NHS uses this second option, but adds a further condition – that the cost of the building/equipment must exceed £5,000. Capital is thus an asset (or group of functionally interdependent assets), with a useful life expectancy of greater than one year, whose cost exceeds £5,000.
Capital Resource Limit (CRL)	An expenditure limit determined by the Department of Health for each NHS organisation limiting the amount that may be expended on capital purchases, as assessed on an accruals basis (i.e. after adjusting debtors and creditors).
Clinical Negligence Scheme	A system in which organisations voluntarily contribute 'insurance' premiums to the NHS Litigation Authority to pool the risk of payments in respect of the Scheme for Trusts clinical negligence.
Corporate Governance	Corporate governance is the system by which organisations are directed and Governance controlled. It is concerned with how an organisation is run – how it structures itself and how it is led. Corporate governance should underpin all that an organisation does. In the NHS this means it must encompass clinical, financial and organisational aspects.
Cost Improvement Programme	The identification of schemes to reduce expenditure or increase efficiency within the Organisation.
Current Assets	Debtors, stocks, cash or similar, whose value is, or can be converted into cash within the next twelve months.
Depreciation	The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income and expenditure records. Accumulated depreciation is the extent to which depreciation has been charged in successive years' income and expenditure accounts since the acquisition of the asset.
External Financing Limit (EFL)	A cash limit on net external financing set by the Department of Health. The EFL is designed to control the cash expenditure of the NHS as a whole to the level agreed by Parliament in the public expenditure control totals. The EFL determines how much more (or less) cash than is generated from its operations that a Trust can spend in a year.
Fixed / Non-current Assets	Land, buildings, equipment and other long term assets that are expected to have a life of more than one year.
Intangible Asset	Goodwill, brand value or some other right, which although invisible is likely to derive financial benefit (income) for its owner in future, and for which you payment may be made.
Net Book Value	The value of items (assets) as recorded in the Statement of Financial Position (SOFP) of an organisation. The net book value takes into consideration the replacement value.
Care Quality Commission	An independent review body endowed with the power to investigate and comment on the performance of NHS organisations.
Primary Care Trust	Primary care organisations that provide and manage services delivered within the primary and community care sector as well as commission acute and other services.
Public Dividend Capital	At the formation of NHS trusts, the purchase of Trust assets from the Secretary of State was half funded by public dividend. It is similar to company share capital, with a dividend being the payable return on the Secretary of State's investment.
Revenue	On-going or recurring costs or funding for the provision of services.
Tangible (asset)	A sub-classification of fixed assets, to exclude invisible items such as goodwill and brand values. Tangible fixed assets include land, buildings, equipment, and fixtures and fittings.

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 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, the related notes and the information in the Directors' 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 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies published by the Audit Commission in April 2008. 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 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 implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements. The other information comprises only the Finance Director's Review, Financial Performance Summary, Chief Executive's Statement, Chairman's Statement and the unaudited part of the Remuneration Report.

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements, the Directors' Remuneration Report and the Directors' 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 2010 and complies with the relevant requirements of the directions issued by the Secretary of State.

Emphasis of matter –liquidity

Without qualifying our opinion on the financial statements, we draw attention to the Trust's £15.3 million loan from the Department of Health which was outstanding as at 31 March 2010. The Trust negotiated a revised repayment schedule for the loan at the beginning of 2009/10 and agreed that the £5.1 million of repayments originally due during 2009/10 would not be repaid to assist the Trust with its cash position. The Trust is due to resume principle repayments in September 2010 and March 2011 and to repay £4.3 million during 2010/11.

The Trust has communicated significant concerns to the Department of Health over the ability of the Trust to make these repayments. These conditions indicate the existence of a material uncertainty which may cast significant doubt about the Trust's liquidity.

PricewaterhouseCoopers LLP

Sarah Isted
Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
80 Strand
London
WC2R 0AF

Date: 30 June 2010

Becoming a member

We are looking to recruit people who are interested in their local hospital to join us as members. We want to do this so we can involve more people in decisions about how to improve our services.

By becoming a member of the Trust you will be able to make a real difference to how we deliver and develop our services. You can choose how much you wish to be involved. It could be as easy as receiving regular information about the hospital and its plans and progress, or you could take a more active role.

Membership is completely free of charge and registering is easy. Pick up a membership form from our main reception desk or fill out the form on our website.

Giving us your feedback

We are always looking to hear your thoughts, experiences and opinions of West Mid and we encourage you to give us your feedback.

There are several ways to get in touch. You can ring our Patient Advice and Liaison Service (PALS) on 020 8321 6261 or email them via pals.service@wmuh.nhs.uk

You can also pick up comment cards from around the hospital, which can be posted into the special post boxes while you are here.

As well as this, you can leave feed back on the NHS Choices website by visiting www.nhs.uk and typing "West Middlesex Hospital" into the search box and clicking on our page.