A first class hospital for our community

West Middlesex University Hospital NHS Trust

Annual Report 2011/12

Welcome

Welcome to our 2011/12 annual report, covering the financial year from 1 April 2011 to 31 March 2012.

Who we are

We are a busy acute hospital in Isleworth, West London. We serve a local population of around 400,000 people in the London Boroughs of Hounslow and Richmond upon Thames and neighbouring areas. Our main commissioners of acute services are Hounslow and Richmond & Twickenham Primary Care Trusts. West Middlesex is the only acute trust in the London Borough of Hounslow and one of the principal acute trusts serving the London Borough of Richmond upon Thames. Neighbouring boroughs which contain acute trusts include Ealing, Kingston and Hillingdon.

What we do

We provide a broad range of services including:

- 24 hour Emergency Department
- Emergency assessment and treatment services including critical care. The Trust is a designated Trauma Unit and Stroke Unit
- Stroke rehabilitation care
- Chronic disease management
- Common cancer care
- Maternity care
- Children's care
- Sexual health
- A wide range of planned day and inpatient surgery including gynaecology, general, breast, urology, colorectal, oral, orthopaedics and ear, nose and throat surgery
- Outpatient and diagnostics, including MRI (magnetic resonance imaging), CT (computerised tomography), ultrasound and endoscopy
- Community services including outreach outpatient, dermatology and sexual health clinics

Our vision

To be a first class hospital for our community

Our commitment to you

- We will provide high quality and safe care
- We will be caring, respectful and welcoming
- We will be well organised
- We will listen and share information with you

Our commitment to you, explained

We will provide high quality and safe care by:

- Delivering high standards of safety and cleanliness to patients, staff and visitors
- Supporting and developing staff to deliver safe and high quality care
- Working with educational institutions to deliver high standards of staff training and development
- Learning from the things we do well and improving the things that we do not do so well
- Encouraging and supporting research and innovation
- Taking pride in everything we do

We will be caring, respectful and welcoming by:

- Being kind and compassionate
- Being polite and courteous in our communications and behaviour
- Respecting our patients, stakeholders and colleagues
- Respecting individual differences and working together towards shared goals

We will be well organised by:

- Ensuring that our systems and processes support and deliver a good patient and staff experience
- Working with other healthcare organisations, local authorities, patient and community groups to improve pathways of care
- Communicating effectively to ensure patients and staff are clear about expected outcomes

We will listen and share information with you by:

- Providing accessible information that improves communication
- Involving patients in their care and treatment decisions and where appropriate family and carers
- Being open and honest when giving and receiving feedback
- Encouraging the involvement of patients, public and staff in the development of services

Facts and figures 2011/12

As our latest figures clearly show, we have had another extremely busy year.

Outpatient attendances:

235,107 (243,278) - 3.36%

A&E attendances:

106,127 (105,614) + 0.49%

Inpatient admissions:

45,529 (45,598) – 0.13%

Babies delivered:

5,089 (4,760) + 6.91%

Patients operated on in our theatres:

9,902 (10,190) – 2.83%

X-rays, scans and procedures carried out by clinical imaging:

172,880 (170,911) + 1.15%

Number of staff, including our partners ETDE:

2,079 (2,265) - 8.21%

(2010/11 figures in brackets)

Introduction

Welcome to our annual report, which sets out our achievements, successes and challenges in 2011/12. Our annual quality report complements this, and is available on our website: www.west-middlesex-hospital.nhs.uk

This year has been another very important one for us, strengthening our long term future in extremely challenging times. Thanks to the hard work, dedication and commitment of our staff and volunteers we have made significant progress in improving the services for our patients.

Our focus this year has been around improving quality and efficiency. Improving efficiency goes hand in hand with improving the quality of service we provide to our patients. It is tempting to increase spending in the hope of increasing quality, but evidence suggests that the providers of the highest quality services are generally those that are most efficient. This has certainly been our ambition and experience. As a Trust we have never shied away from innovation and change, and we are continually aligning our services to the needs of our patients.

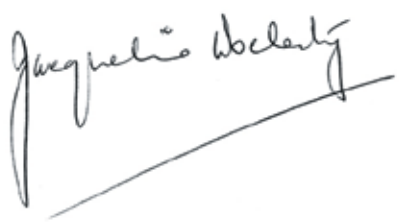
For the second year in a row we have achieved a financial surplus, this year £1.5 million, whilst delivering our ambitious cost improvement programme of £12.2 million. Many of the savings and efficiency ideas came from our front line staff, who are best placed to know where we can make improvements. Demonstrating financial sustainability is crucial to achieving our aim of becoming a Foundation Trust by 2014.

We have invested in the latest technology and in our facilities, keeping our already modern hospital updated. We have also further improved a number of our services, to make sure we deliver the best possible care for our patients as well as healthcare colleagues such as our referring GPs – with the aim being to get things right first time.

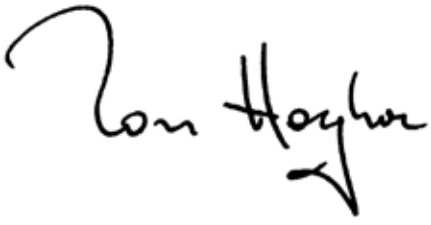
Our performance against a range of local, regional and national targets remains strong, with significant improvements in a number of areas and we rank sixth nationally for the performance of our A&E department. Patients are able to access our services without unnecessary delay. They can feel assured that they will receive safe and compassionate care that meets their needs and are involved in key decisions about their treatment.

We are also multi-award winning, with national and even internationally recognised accolades, highlighting the achievements of the hospital and our staff. These are only possible by people going the extra mile and striving to be the very best in everything we do.

There are undoubtedly further challenges ahead, and a degree of uncertainty. However, our performance this year has set us in a much stronger position to face whatever the future holds and we appreciate everyone's continuing support and commitment in ensuring West Middlesex remains a first class hospital for its community.



Jacqueline Docherty DBE
Chief Executive



Tom Hayhoe
Chairman

Highlights of the year

April '11: Patient Engagement award for care of heart failure patients

A research project to look at improving the quality and efficiency of care for heart failure patients beat off tough competition to win a patient engagement award from Imperial College.

The multi disciplinary project, which was funded from a successful bid from CLAHRC (Collaboration for Leadership in Applied Health), involved interviewing patients about their experiences of the heart service and has led to the development of a number of initiatives to improve patient care and experience.

West Middlesex hosted an important forum on TB (tuberculosis), which is particularly prevalent in Hounslow. The session was an opportunity for some joined-up thinking to discuss the current impact on the local population and future plans to try and lessen the spread of the disease. In attendance were a number of TB and health specialists, as well as MP for Brentford and Isleworth Mary Macleod who was impressed by the efforts of the TB team at the hospital who continue to raise awareness of the disease.

May '11: Hospital hosts TB forum

June '11: Open day for simulation centre

We welcomed members of the local community including GPs and school teachers to our new state-of-the-art Simulation Centre. The Centre contains a number of life-like manikins, which are used by doctors, nurses and medical students for realistic training. The Sims are so realistic that they can breathe, talk and mimic a range of conditions in a safe clinical training environment.

Highlights

Local cancer user group (CUBE) held an event to promote their latest achievements and were joined by our Chief Executive Dame Jacqueline Docherty and MP for Richmond Park and North Kensington Zac Goldsmith. The group works closely with staff at the hospital and offers a forum for cancer patients to meet up with other patients and hospital staff and discuss their experiences. The event was held at The Mulberry Centre, based in the hospital, a drop-in centre for anyone affected by a diagnosis of cancer to visit for information and support.

July '11: CUBE event

August '11: Maternity bereavement award

Our maternity bereavement service picked up a prestigious national award from the All-Party Parliamentary Group on Maternity. The service was named winner of the Multi-disciplinary Team of the Year category at the awards, which acknowledge inspiring or innovative work on improving local maternity services.

A cutting edge system piloted by West Middlesex to help improve inpatient admission and discharge planning won a national award for healthcare IT product innovation. The RealTime system was recognised at the eHealth Insider Awards 2011 to highlight and reward the bright ideas and hard work of IT-related healthcare projects.

September '11: National award for healthcare IT product innovation

of the year

October '11: COPD discharge care bundle wins HQIP award

Dedicated work from a team at West Middlesex to provide more support and monitoring for patients with lung disease was recognised with a national award. Their COPD (chronic obstructive pulmonary disease) discharge care bundle was selected above entries from trusts across England for the HQIP (Healthcare Quality Improvement Partnership) award for creating and improving efficiencies.

Under the Scores on The Doors scheme supported by the Food Standards Agency, West Middlesex achieved an impressive five star rating for its food safety standards for the second consecutive year. ETDE provides food to the general public, staff and patients at the hospital. The inspection looked at food hygiene in the hospital's restaurant and main kitchen. The 'Excellent' five star rating found 'very high standards of food safety management and fully compliant with food safety legislation'.

November '11: Hospital's Five Star Food Rating

December '11: UNICEF baby friendly award presentation

West Middlesex became the first hospital in London to achieve full accreditation as a Baby Friendly hospital, meaning that the care given to mothers and babies around infant feeding has been assessed and has reached internationally recognised standards as measured by UNICEF.

Highlights of the year

A giant inflatable bowel caused quite a stir outside the hospital entrance, as part of a series of awareness activities we ran on bowel cancer in support of the national Be Clear on Cancer campaign.

January '12: Bowel cancer awareness

February '12: Handbook for hearts

An innovative new book to empower patients to look after their hearts has been written by Agnes Kaba, Lead Rapid Access Chest Pain Service Specialist Nurse. 'My Healthy Heart – The Green Book' has been published and is available exclusively for West Middlesex patients.

At the very end of the year the doors of the brand new Hounslow Urgent Care Centre were opened. Located at the front of our Emergency Department, the Centre is run by Hounslow and Richmond Community Healthcare NHS Trust for patients that require urgent medical attention and who cannot access their family doctor (GP).

March '12: New urgent care centre opens

Performance 2011/12

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

We made significant progress during 2011/12 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 2011/12 or by visiting our website www.west-middlesex-hospital.nhs.uk

Strategic Goal 1: Improve health outcomes, clinical effectiveness, patient experience and safety

- We have continued our trend in reducing MRSA (Meticillin Resistant Staphylococcus aureus) bacteraemia (blood stream) infections, from five hospital-apportioned cases in 2010/11 to two in 2011/12. This is below the upper limit of three set by the Department of Health for the year. As of 31st March 2012, there had been 302 days without a case of MRSAb
- *C. diff. (Clostridium difficile)* cases have decreased each year since 2007/08, and fallen again this year to 28 cases from 29 in 2010/11 - although we did not meet our target of less than 23 cases for the year. Many changes have been implemented during the year to reduce the number of cases and an independent peer review commented that all expected infection prevention and control practices and procedures are in place, as well as providing some very positive feedback. More information can be found in our annual quality report. Further reducing *C. diff.* infections continues to be a priority for us
- Our waiting times remain within their targets, meaning patients are assessed and treated without unnecessary delay
- Our hospital mortality rate, the measurement of avoidable deaths in hospital, has remained below the expected level at a ratio of 93.7, compared to the national benchmark of 100
- We have seen a 12.4% reduction in the number of inpatient falls this year, down from 675 in 2010/11 to 591 this year
- We have also made progress in reducing the number of pressure ulcers in inpatients, which can lead to infection and great discomfort, more information can be found in our quality report
- We had no single sex breaches, meaning all our patients were cared for in same sex areas
- We reported one 'Never Event'. Although this fell under the category of a Never Event it did not result in any harm to a patient. The incident has been thoroughly investigated and an action plan drawn up so that we can learn from this and put procedures in place to minimise the risk of a reoccurrence

Strategic Goal 2: To deliver financial and strategic sustainability

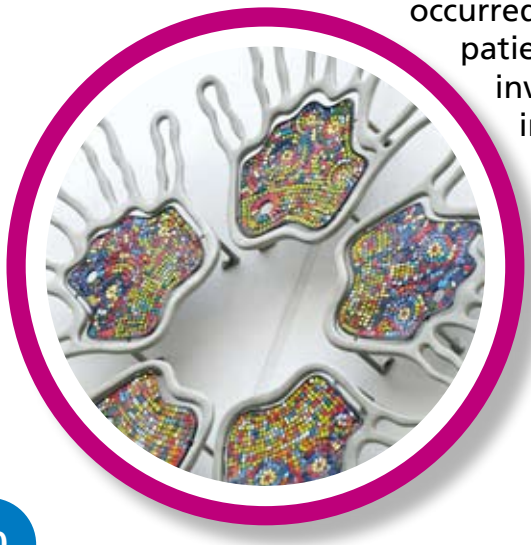
- We achieved our financial plan by delivering cost savings of £12.2 million and achieving a surplus of £1.5 million
- We have continued to engage with our key stakeholders in the development of our services, including LINks (Local Involvement Networks), Overview and Scrutiny Committee, GPs and patient groups
- We have worked closely with other neighbouring healthcare providers to help improve and develop services for our community, for example the Urgent Care Centre

Strategic Goal 3: To ensure that we have a highly skilled, motivated and productive workforce

- The results of the 2011 national staff survey highlight a number of areas where we compare favourably with similar NHS trusts. These include the percentage of staff appraised and having well structured appraisals; having equality and diversity training in the last 12 months; receiving job-relevant training, learning or development in the last 12 months
- More than 94% of staff had appraisals last year, a further increase from the previous year's 80%
- We have continued to see improvements in the numbers of staff receiving mandatory and statutory training – almost 82% of staff have completed the required training in the past year
- We continue to have one of the lowest sickness absence rates amongst NHS trusts in the country at 2.93%
- All our junior doctors work a maximum of 48 hours per week, in line with the European Working Time Directive

Strategic Goal 4: To ensure that governance arrangements support organisational excellence

- We maintained registration with the Care Quality Commission, the independent regulator of all health and social care services in England, demonstrating that we meet all essential standards of quality and safety
- We have passed a number of other independent inspections and assessments including those by the Care Quality Commission, Patient Environment Action Team and NHS Litigation Authority. Our stroke and trauma units have also both passed rigorous assessments
- We have revised and developed our plans for responding to major incidents and have led and participated in a number of exercises to test these, including ones specifically related to the 2012 Olympic Games
- We successfully completed the Information Governance Toolkit, an online system which allows NHS organisations to assess themselves against Department of Health Information Governance policies and standards, and reached satisfactory status across all 45 requirements. We also passed a detailed review of five of the Toolkit requirements by the Department of Health
- During the year we had one serious incident involving a confidentiality breach. This occurred when a patient was sent information relating to another patient of the same name. The incident has been thoroughly investigated, both patients have been informed and we have improved our processes in order to minimise the risk of this occurring again



Performance indicators

The financial year for 2011/12 ended on 31 March 2012. This is the point at which we are measured against most of our national and local targets. Doing well against these standards means that we are providing our patients with the best possible care. Below is a summary of some of our key performance for 2011/12. However this should be read in conjunction with the main narrative of the annual report for a better understanding of the context of these performance measures. You can find details of our current performance, updated on a monthly basis, on our website at www.west-middlesex-hospital.nhs.uk

Performance indicator	Target 2011/12	Our performance 2011/12	Target 2010/11	Our performance 2010/11
A&E waiting times(1)	>95%	97.84%	>98%	98.22%
18 week referral to treatment times: Admitted patients Non-admitted patients	 >=90% >=95%	 98.27% 98.13%	 >=90% >=95%	 93.41% 96.47%
Patients with breast cancer symptoms waiting less than two weeks from referral	>=93%	98.5%	>=93%	96.3%
Cancer 2 week wait	>=93%	94.7%	>=93%	95.4%
31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group	 >=96% >=94%	 99.5% 100%	 >=96% >=94%	 99.8% 100%
62 day urgent referral to treatment for cancer: 62 day standard – tumour	 >=85%	 91.7%	 >=85%	 94.5%
62 day screening standard – tumour(2)	>=90%	82.5%	>=90%	86.2%
62 day consultant upgrade	>=90%	96.0%	>=85%	86.2%
Cancelled operation: Operations cancelled, by the hospital, for non-clinical reasons, at last minute	<0.406%	0.33%	<0.406%	0.28%
MRSA Bacteraemia cases	<=3	2	<= 4	5
Clostridium difficile infection cases(3 & 4)	<=23	28(3)	<= 36	29(4)

Notes

1. *This year we have measured performance against the national target of 95% of patients who attend A&E being seen, treated and discharged or admitted to a hospital bed within 4 hours of arrival. Last year we compared performance against a local stretch target of 98%.*
2. *Due to the low volume of patients screened, the Trust is exposed to high variation in performance resulting from single breaches when they occur.*
3. *This is clearly a matter of concern for us, and you will find further information contained within this report and our quality report on our progress in improving infection prevention and control performance.*
4. *Although we reported 27 cases for 2010/11, following a review by the Health Protection Agency two cases initially categorised as community-attributed were changed to hospital-attributed, bringing the total to 29. This was due to a change in the method of attributing C. difficile to the hospital, i.e. instead of including all cases of C. difficile as hospital-attributed at 72 hours or more after admission, the definition was changed to cases detected on day 4 or more after admission, where the day of admission is day one.*

The right choice for patients

Our vision continues to be a first class hospital for our community. We want patients to choose us, because they want the best quality care available for themselves and their loved ones.

Bhavish Shah @BhavMUFC 11 Mar

Great work & assistance by the nurses & the medical team @WestMidHospital yesterday. A&E & AMU staff were excellent. Very much appreciated

Taken from social networking site, Twitter

Modern hospital

We are fortunate to have one of the most modern hospitals in the area, with state-of-the-art facilities and we have a programme of continual investment to keep updating our equipment and buildings.

In September 2011 we launched new self check-in kiosks, similar to those found in GP surgeries and airports, allowing outpatients to book themselves in on arrival. The check-ins are also linked to screens in the café and restaurant, meaning patients can relax in comfort before they are called through for their appointment.

The booking in service is a joy to work with; the staff were helpful, kind, courteous, caring and very personable. After my appointment I rebooked a follow up at the main reception with little fuss, I worked out a time after the excellent bookings clerk had got the date and I went away with an appointment that suited me, it's a great way to avoid patients not turning up. Marvellous from start to finish, love the new entrance too.

Posted on the NHS Choices website by a patient who visited the hospital in January 2012.

In December 2011 we opened our new patient transport lounge, which gives patients and their families / carers a warm, comfortable and quiet area to wait for their transport home. At the same time we also unveiled our new revolving entrance doors, which help keep the hospital atrium warm for our patients and visitors as well as saving energy from our heating bills.

In January 2012 our clinical imaging department, which just 12 months previously had unveiled a brand new CT scanner, showed off a gleaming new digital angiography suite. Capable of far more than a conventional x-ray machine, the suite will help with diagnosis and interventional procedures as well as being more comfortable for patients to use.

We are proud to confirm that mixed sex accommodation has been eliminated in our hospital. Patients who are admitted to this hospital will only share the room where they sleep, with members of the same sex. Same sex toilets and bathrooms will be close to their bed area.

The right care, in the right place

Over the past few years, following a review of healthcare services in London, there have been a number of changes around the way patients receive treatment. In essence the move has been to provide more care outside hospitals, in the community, where appropriate, and to establish specialist treatment units and centres within designated hospitals.

At West Middlesex we have a dedicated stroke unit and a trauma unit. Both of these have successfully passed assessments during the year, following their initial designation. We provide a broad range of services and work closely with specialist centres to give seamless care for our community.

In addition to our hospital based services we run a number of community based services including those for dermatology and sexual health, allowing easier and more convenient access for patients.

We were proud to help our colleagues at Chelsea and Westminster in providing dental surgery for their paediatric patients between May and September while they were building two new operating theatres. Feedback from Chelsea and Westminster was extremely positive and we are hoping to continue offering a satellite facility to them, providing pre-assessment, surgery and follow-up care for children requiring dental surgery.

Frances' story

It was the early hours of the morning in September 2011 when Frances Caller, who lives in Kew, woke up feeling very nauseated. She knew she was unwell but did not realise what was wrong.

Frances managed to unbolt her front door, get to the bathroom and ring her daughter. She remembers sitting with her head on her arm but does not know how long she was there. Her daughter arrived with paramedics and Frances was brought to West Middlesex where a scan confirmed that she had had a stroke.

Frances, 84, recalls: "My co-ordination seemed to be okay but I felt incredibly weak. I could only manage to go to the bathroom with a walking frame and the help of a nurse, but at least I could do it."

Once her stroke was diagnosed Frances was moved to Kew Ward which is part of our specialist stroke unit. She says: "It all seemed so organised and everyone made me feel safe and welcome. I felt so reassured by the doctors and nurses who talked to me and by all the staff who helped throughout.

"The world has to come to you when you're in a hospital bed and I soon became aware of how many people contribute to patient care. Primarily the medical staff, nurses and others, and I also remember the smile of the man who came around with the water jugs, and the staff who served the food and remembered whether I wanted custard with my pudding! These normally little things became so important. Every activity is an event and breaks up the day.

"You're sort of 'plonked' into a hospital when you're ill and the staff help to put you back together and bring back your life. It must be very draining for them to always be helping others but they rarely show it. I felt they were sincerely listening to me as an individual."

Frances is also grateful for the help and encouragement of physiotherapists who did various tests to check her balance, brain function, memory and co-ordination. Frances was on her feet with the aid of a walking frame but frightened to move without a nurse nearby. She says: "They told me that my co-ordination and confidence would come back. I believed them and it has."

After three weeks Frances's medication was stabilised and she was able to return home. She says: "I left Kew Ward in a wheelchair with the ambulance driver and the last person I saw was the Specialist Stroke Nurse. As I said goodbye she looked at me and said: 'Remember you are only a telephone call away'. It was so wonderfully perceptive and comforting."

The stroke service provides acute care for patients until they are suitable for discharge home or further rehabilitation care in an alternative setting, including the rehab ward on site, or specialist rehabilitation services in the community.

A multi-disciplinary team works together to care for stroke patients at the hospital and with the local Hyper Acute Stroke Unit (HASU) at Charing Cross Hospital.

Jack's story

When third year medical student Jack Amiry suffered a heavy tackle while playing football he had little indication that he would need surgery to save his life less than 48 hours later.

"Other than being winded and some initial pain I felt fine", said 24 year old Jack from Richmond. "I was a bit sore and had some bruising to my back and side the next day but didn't think too much of it, and carried on with my medical training at Chelsea and Westminster hospital."

However that evening Jack's pain got much worse and so he came into the emergency department at West Middlesex, his local hospital, to get it checked out.

Jack was assessed by the emergency medicine team, part of the trauma unit at West Middlesex.

"The doctors and nurses were fantastic", continues Jack. "They reassured me and sorted the pain out, which by now was excruciating. I felt like I was in good hands and I was given a scan and had some tests, which were inconclusive. They thought that I had some trauma to one of my kidneys and possibly my spleen and I was sent off to St Mary's Hospital which has a specialist urological team who saw me on arrival. They monitored me and thought I was bleeding internally. I had an exploratory operation, where they found my spleen had ruptured and I had lost four and a half litres of blood internally. You only have five litres of blood in your system, so it really was very serious. The doctors later told me that a couple more hours without treatment would have been fatal."

Jack received life saving surgery at St Mary's to remove his spleen and spent nine days in recovery before he was able to go home again. He explained: "The spleen is not very good at repairing itself, unlike other organs such as the kidneys, and because of the damage to it the best option was to take it out – known as a splenectomy. It does not play such a vital role as other organs, but acts as a sort of filter for your blood and helps fight off infections. It now means I have to be careful about picking up infections and aware of the increased risks involved. But other than that I am fully recovered and looking forward to playing football again in the near future!"

After completing his rotation at Chelsea and Westminster Jack has since spent time at West Middlesex before moving onto Ealing Hospital. "I enjoyed my time at West Middlesex. It is very friendly and feels like you are part of a family. I would definitely consider coming back here to work once I finish my medical training, and would like to specialise in paediatrics."

Dr Zul Mirza, Consultant in Emergency Medicine, said: "Our patients are fortunate to have a dedicated trauma unit at West Middlesex, which has the expert staff and equipment to deal with quite severe and sometimes life threatening injuries. We work closely with St Mary's hospital, at Imperial College Healthcare NHS Trust, and routinely send patients there who may need more specialist treatment, as in Jack's case."

Ken's story

When 66-year-old Ken Wilks walked into West Middlesex for a cardiology outpatient appointment, he had no idea that his life would be saved within a few hours.

Ken, from Hounslow, came to the hospital in December 2011 for further investigation after seeing his GP about chest pain which he thought was indigestion. He had an ECG and consultation with specialist nurse Agnes Kaba, lead for the Rapid Access Chest Pain service. He then took an exercise stress test which monitored his heart function under stress.

Ken said: "I wasn't sure how long I'd been running for when I was told they'd have to stop the test. I felt strange and had this sudden pain across the top left-side of my chest."

The physiologist who had been monitoring Ken got him off the running machine and the Rapid Access Chest Pain team together with the medical team sprung into action to make Ken comfortable and stabilise his condition. He was then transferred to the resuscitation room in A&E where he was given morphine and other medication. He remembered: "I was looking around mesmerised, thinking 'What's going on?' The pain was gradually going. I was feeling a bit nauseated, and uptight but I didn't feel scared because I knew that I was being looked after by experts. Everyone had reassured me and explained what was happening every step of the way."

He was swiftly transferred to a waiting ambulance which took him to Hammersmith Hospital's specialist heart centre where he had an emergency angioplasty (to re-open his artery).

Ken was back recovering at West Middlesex's Coronary Care Unit within hours. He said: "I managed to lie in bed but didn't sleep. I was thinking about everything that had just happened in the last few hours. It was all so surreal – you don't think it will happen to you."

After a couple of days Cas Shotter Weetman, Cardiology Nurse Specialist, explained to Ken that they needed to have a chat. Ken recalled: "She pulled the screens around my bed and said that I'd been through quite an experience and it was normal for people to get very emotional at this time. Until that point I'd put on a brave face and hadn't shown any emotion. But it was like I was being given permission to let go and I let it all out. I was in floods of tears. It was like a big release."

Ken was well enough to go home for Christmas and is now receiving cardiac rehabilitation. He said: "I would like to stress how fantastic the treatment was that I received from start to finish. It was gold standard and all of the staff were absolute diamonds."

The cardiology department provides diagnosis and management of acute and chronic cardiac disorders. It has extensive outpatient services and a dedicated cardiac care unit. It works closely with Hammersmith Hospital for invasive cardiac tests and cardiac / cardiothoracic interventions. There are also established links to the Royal Brompton and Harefield NHS Trust.

Bethan's story

Bethan Evans chose West Middlesex for her first baby after hearing good things about the reputation of our award winning maternity unit and the birthing options available.

Once she registered, Bethan was put on our caseload midwives team. This small team of midwives are able to provide home-based antenatal (during pregnancy) and post-natal (after giving birth) care with a choice of hospital or home birth for low risk women. *The team offers a limited service and may not be available to all women - please ask for more information when you register.*

Julie Turner was assigned as Bethan's midwife, along with colleague Francis Ford. "It was great to be able to get to know my midwife so well during my pregnancy." said Bethan. "I had a mobile number for Julie and was able to text her for advice. It was also very reassuring to have a person you know helping you give birth."

Bethan planned on giving birth at our natural birth centre. This is co-located with the main maternity unit and offers a home-from-home environment where low-risk women are supported to give birth naturally. However, as Bethan's labour progressed it became clear that a home birth was the best option.

Bethan explained: "As soon as I went into labour I called Julie who reassured me that everything was progressing naturally and that I could stay at home until things moved on further. Julie came to my home with Katie, a student midwife, to assess me. Things started to happen quite quickly then and it soon became clear that my best option was to give birth in the comfort of my own home while supported by the midwives. I must admit that by this stage I just wanted to have my baby and was happy to take the advice of Julie, although I know now that my partner Jon, who was with me, wasn't quite so prepared for a home birth at the time! Whilst we didn't plan a home birth, the midwives were just so re-assuring and made me and Jon feel safe and that they had everything covered. If we have another baby, and were lucky enough to be on the caseloading, team we would seriously consider having a home birth."

Baby Joey was born on 13 October 2011 at Bethan and Jon's home in Hampton Hill with the expert support of midwives Julie, her colleague and student midwife Katie.

In 2011 West Middlesex's maternity unit became the first in London to achieve full accreditation as a Baby Friendly hospital, meaning that the care given to mothers and babies around infant feeding has been assessed and has reached internationally recognised standards. The globally renowned award from UNICEF (United Nation's Children's Fund) is given after an assessment by a UNICEF UK team has shown that recognised best practice standards are in place. For Bethan this meant she received the help and support she needed to get her started with breastfeeding Joey, and to continue right up until he was weaned at six months.

Bethan said: "I always intended giving breastfeeding a try as I know about the many benefits there are for both Joey and myself. However I don't believe that I would have persevered for as long as I did were it not for the support and encouragement of the midwives. I would certainly recommend West Middlesex to my friends as a great place to have maternity care. Home birth may not be suitable for all women but I know it has a full range of birthing options available for everyone."

Safe hospital

Improving safety and minimising avoidable incidents continues to be one of our highest priorities and over the past year we have made significant progress in further improving patient safety.

All of our work to improve safety is now managed by one integrated governance team, which makes it easier to share learning across different areas. We also hold a monthly patient safety forum, made up of multi-disciplinary professionals, which looks at safety issues across the hospital.

We have improved the computer system used for reporting and managing safety incidents, so that it's easier for us to investigate in a timely way. This in turn helps us make changes more quickly to minimise risks.

We are part of the national Safety Express improvement project, which aims to reduce patient harm from pressure ulcers, blood clots, catheter associated urinary tract infections and falls. Our work was highly commended at a national conference in October 2011, thanks to the role of our ward sisters in collecting data each month.

We use a 'safety thermometer' to measure the percentage of patients who have received harm-free care on a specific day each month, which helps us keep track of safety issues.

Further activities include weekly reporting and determining the cause of pressure ulcers, monitoring how many patients with ulcers are being checked on during 'comfort' rounds, raising awareness amongst all ward staff of patients at risk of falling, daily surgical team discussions about patients who have been harmed or are at risk of harm, and reviewing how catheters are inserted in A&E.

We are continuing to look at different areas where the hospital can work closely together to share safety issues and improvements, and promoting a culture where staff feel encouraged to report incidents to enable learning. For example, in April 2012 we started using ward 'scorecards', which show the results of patient care audits so that we can bring about improvements and track their success more easily.

Enhanced recovery

The underlying principle of enhanced recovery is to enable patients to recover from an operation more quickly and leave hospital sooner by minimising the stress responses on the body during surgery. It also reduces the risk of complications and readmission to hospital.

West Middlesex was one of the first hospitals in London to perform enhanced recovery within colorectal and orthopaedic surgery in 2004. Since then we have expanded this to include hip and knee replacements, all colorectal surgery, urology operations and abdominal and vaginal hysterectomies.

Patients are assessed prior to surgery, to ensure that they are in the optimum health to maximise their recovery. The operation itself uses the least invasive techniques, e.g. laparoscopic (key-hole) surgery, and where possible local anaesthetic, which contribute to a faster recovery. Following surgery patients are mobilised as soon as safely possible, and discharged with a package of follow-on care to help them recover fully in the comfort of their own homes.

For patients, this means that they have to spend less time in hospital, recover from their operation more quickly and are able to get on with their lives as soon as possible.

I've never had an operation before and I felt as though I was in expert hands throughout my brief time in the day surgery. In short, it was a well oiled machine - well done to everyone at West Mid.

Taken from NHS Choices website, posted by a patient who visited the hospital in March 2012.

Safeguarding

Protecting vulnerable patients remains a high priority and we follow London-wide multi-agency procedures for safeguarding adults at risk from abuse and neglect. We are fully compliant with all adult safeguarding standards and our staff undertake classroom-based, or e-learning, sessions to update their knowledge on safeguarding adults, and children.

Improving our services

We are continually reviewing the services we provide, to make sure they are closely aligned with the needs of our patients. Below are a number of initiatives to demonstrate this.

Emergency and unplanned care

In March 2012, NHS Hounslow and Hounslow and Richmond Community Healthcare NHS Trust opened as a pilot a brand new urgent care centre at the front of our emergency department. The centre is for patients that require urgent medical attention and who cannot access their family doctor. It complements, and takes pressure off, our emergency department, which can concentrate on caring for patients who are seriously ill and require emergency treatment.

Earlier in the year we brought our Acute Assessment Unit, (AAU) Acute Medical Unit and Medical Day Unit together in one place with many benefits already being seen including:

- Greater patient satisfaction from being assessed and treated in a purpose-designed area, in a timely fashion
- Patients have to spend less time in hospital
- Greater staff satisfaction with a better, more appropriately skilled workforce together in one place and better communication links with the emergency department and medical specialty wards
- Increased capacity in the emergency department, with medical patients no longer needing continued care in the department, but instead having their care transferred to AAU staff
- GPs are now able to have patients reviewed directly by the medical team on AAU, avoiding unnecessary delays in assessment
- Improved communication with community care professionals at the time of patient discharge

March '12: Our acute medical team on the new Acute Assessment Unit (AMU)

With the incorporation of the Medical Day Unit, this initiative offers ways of managing patients other than admission. Future developments will focus on ambulatory care, meaning many patients can return to the comfort of their own homes and come back to hospital if necessary for follow-up care in a similar way to outpatients.

Outpatients

During the year we embarked on a significant programme to improve the experience in our outpatients department, which has almost a quarter of a million patient visits each year. The programme aims to improve not only the experience of our patients, but also that of our referring GPs. More information can be found in our 2011/12 quality report.

Leading the way in health improvements

West Middlesex has a long history of pioneering improvements in health care, not only for the benefit of our patients but for the wider health community.

During the year we have continued our involvement with the Northwest London CLAHRC (Collaboration for Leadership in Applied Health Research and Care). CLAHRC is an alliance of academic and healthcare organisations working to improve the quality of patient care by accelerating the implementation of evidence based research and innovations into practice. We have been successful in securing funding from CLAHRC for six service improvement research projects:

- Community Acquired Pneumonia (CAP) Care Bundle, to deliver clinically effective and timely treatment in the management of CAP
- Medicines management, to reduce errors by implementing medicine safety initiatives
- Chronic Obstructive Pulmonary Disease (COPD) Discharge Care Bundle and screening smokers for COPD
- Telemonitoring for COPD to improve the assessment, treatment and quality of care for long term COPD
- Chronic Heart Failure Integrated Pathway, in collaboration with Chelsea and Westminster Hospital. The aim of this is to improve quality of life in patients with Heart Failure
- Diabetic Foot Care, an innovative scheme started in September 2011 to treat foot ulcers of diabetic inpatients and reduce their risk of amputation and mortality

October '11: Award winning video

A video to help patients manage their medicines was selected as the best digital project video by CLAHRC. The video, which was produced by our medicines management team, beat 30 other entries from trusts in North West London and can be viewed on YouTube by searching for West Middlesex Hospital.

Patients and patient representatives have played a major part in these projects. They are part of the multidisciplinary teams in conducting the projects. Our Trust has received the CLAHRC award for patient and public involvement in the last two consecutive years, beating stiff competition from hospitals in the Northwest of London. We are grateful to the patients and their representatives for their contribution to the projects.

In addition, we are involved in a number of exciting projects related to pre-term births. The cause of pre-term birth in many situations is unknown, and babies born early are more likely to have health problems. West Middlesex has joined forces with a number of other hospitals across the country to carry out further research into the causes of pre-term births, and the optimal treatment for pre-term babies.

Academic Health Science Partnership

In November 2011, Imperial College London announced plans to form a new partnership with healthcare providers in North West London, which aims to improve the health and care of the local population of 1.9 million people. West Middlesex is one of the founding members of the partnership.

The partnership will present valuable opportunities to extend the reach and influence of Imperial's activities among a network of healthcare providers. It will build on an approach to population-based research; facilitate the conduct of clinical trials at scale; and in collaboration with the other partners will allow us to apply our research to bring about innovations in the provision of healthcare.

Listening to you

During the year we have been developing our Patient, Family & Carers Experience Strategy. Work is already underway, focusing on achieving our aim of providing the highest quality patient experience with care delivered by competent and compassionate staff - putting the patient, their family and carers at the heart of everything we do.

The strategy uses information gathered from a variety of sources including the 2011 national inpatient, outpatient and staff surveys, the 2010 compassionate care audit carried out by Richmond LINk (Local Involvement Network), annual PEAT (Patient Environment Action Team) assessment, formal complaints, PALS (Patient Advice and Liaison Service) reports, local patient video stories, A&E Mystery Shopper exercise 2012, as well as other local feedback mechanisms.

With this information, the Trust met with groups of staff, patients and members of the public to discuss what their concerns were and what they felt could be done to improve the patient experience. We have used all that we were told to develop key themes, which will form the basis of our strategy and each of our divisions have produced their own objectives to ensure they fulfil the needs of their patients, their families and carers.

April '11: We scored 'excellent' in all three categories of the PEAT assessment of our inpatient services

West Middlesex scored excellent in all three categories of the latest assessment of inpatient services, putting us in the top 15 per cent of NHS and participating independent organisations.

NHS sites are each given scores from 1 (unacceptable) to 5 (excellent) for standards of environment, food, and privacy and dignity within hospital.

Each inspection is carried out by a Patient Environment Action Team (PEAT) consisting of local NHS staff and an independent patient representative.

Equality

We are committed to improving access to our services and ensuring they are aligned with the needs of our patients as well as our staff. To help achieve this, in line with the Equality Act, we follow the new equality delivery system (EDS). This is designed to help NHS organisations improve their equality performance, and embed it into their culture. The aims of the EDS are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. We held a stakeholder event, in February 2012, attended by staff and patient groups, to help us grade the objectives we have set ourselves in delivering the EDS. The Equality Objectives 2012-13 and Grading Outcomes can be downloaded from our web-site. We are grateful to all those who attended and provided feedback. Another event is planned for the next year to review progress.

The right choice for staff

We are proud of our reputation as being a friendly and welcoming hospital for staff to come and work, and for students to come and train. This is borne out by our low sickness absence rates, which are amongst the lowest in the country, our appraisal rates, which are amongst the best in the country and from the excellent feedback we get from our students.

November '11: Staff Long Service Awards

At our annual long service awards ceremony, in November 2011, 63 staff were invited to celebrate achieving one of the significant milestones of working at the hospital for over 15 years, clocking up an impressive 1,215 years of service between them. In total, 438 staff have worked at West Middlesex for longer than 10 years, and 115 have been here over 20 years.

Audrey Beckford from Hounslow is a Staff Nurse in the Medical Assessment Unit and has been at West Middlesex for 20 years. She said: "The hospital supports you in achieving your professional goals. It's a friendly environment and I'm happy working here – there's a lot of support and love. It's a family friendly place and the hours are flexible."

Staff Nurse Audrey Beckford celebrated 20 years service at West Middlesex

We are fortunate to have such a depth of talent within the organisation and our aim has been to make the best use of this through structured learning and development and specific programmes such as the London-wide talent management scheme and our leadership programme. By also identifying where we may have gaps in skills or experience we are addressing this through recruitment and positive retention.

University hospital

As a university teaching hospital, we take great pride in training the next generation of doctors, nurses and other health professionals.

West Middlesex is an excellent hospital, everyone I encountered was happy to teach us and show us around. I learnt so many things including knowledge from other specialities. We were encouraged to get involved and I really felt like part of the team - student feedback.

The Trust is closely linked with Imperial College London and runs a broad range of educational programmes for medical students.

L-r: John Platt, Bee Vaitha, Don McCrea, Serena Kang, Mohamed Hanief, and Elizabeth Owen

Three of our senior doctors received recognition for their teaching and mentoring of medical students at an awards ceremony held by Imperial College London. John Platt, Consultant in Care of the Elderly, Stroke and General Medicine, received the prestigious Teaching Excellence Award; Mohamed Hanief, Staff Grade in Breast Surgery, was recognised as a Local Teaching Hero, and Consultant Obstetrician and Gynaecologist Elizabeth Owen picked up the first ever Personal Tutor Award.

I cannot put in words how good the teaching and enthusiasm for teaching is at this site. - student feedback

We also received excellent feedback from Buckinghamshire New University for nurse education, with regards to mentorship in practice and for overall students' experience.

One of our biggest successes in advancing training has been developing our state-of-the-art simulation centre, which following four successful bids has received additional funding from the London Deanery to develop it. The centre contains a number of hi-tech and life-like patient simulators, which can mimic a broad range of medical conditions in a realistic hospital setting. This facilitates hands-on clinical training to be carried out safely in a controlled environment, in a similar way to pilots learning on a flight simulator first before they put their skills into practice.

The site had an array of teaching opportunities that I had not experienced at my previous attachment - student feedback.

A further development this year has been a successful bid by our Darzi Fellow to run multi-professional communications and complaints handling skills training using simulation techniques. Actors from a local theatre company are used to act out real scenarios from actual complaints to help clinical staff develop their skills.

The Trust has developed some innovative new ways of supporting staff in their mandatory and statutory training requirements, which is having an impact across London.

The ongoing development, learning and refreshing of knowledge is of great importance to the Trust, ensuring that all our staff have the necessary skills to do their jobs effectively. Key to this is making sure staff are up-to-date with mandatory and statutory training requirements. To help keep track of this we developed an innovative IT system which allows managers to have real time information about their staff's compliance with training requirements at the click of a mouse. The system has proved so successful that it is being deployed across other trusts in London prior to a national launch by Skills for Health.

Health and wellbeing

A healthy and happy workforce that is well motivated with clear objectives leads to a better patient experience. Throughout the year, we have been taking advantage of the Olympic Games buzz with a number of initiatives aimed at getting everyone fitter and healthier. We have joined up with local health clubs, offering staff special membership rates, started a local Weight Watchers group at the hospital, and run regular yoga and massage sessions on site. As part of both the national bike to work week and walk to work week we encouraged staff to leave their cars at home and enjoy the benefits of exercise as part of their commutes. We are also signed up to the cycle scheme programme, which means staff can buy a bike and accessories tax free as part of a monthly salary deduction. Some of our staff even took part in a racing event as part of the London Mayor's NHS Cycling Strategy, with the winners representing the Trust at the final's stage against other NHS colleagues.

Staff took part in the Rollapaluza racing event with pairs racing against the clock and each other to see who could cycle 500m the fastest.

We also had our most successful staff flu vaccination programme exceeding our agreed target and ensuring our workforce not only protect themselves but also their patients and families from getting seasonal flu.

Valuing our workforce

This year we asked our staff to help us deliver an ambitious efficiency improvement programme, as part of a national drive for all NHS trusts to reduce costs whilst increasing quality and also necessary for us to meet the Government deadline of becoming a Foundation Trust by April 2014.

Staff have been fully engaged throughout the process, with over 150 ideas for improvements coming directly from staff leading to almost £2 million of savings.

We recognise that this year has been unsettling for many staff, as a result of the challenges of introducing new ways of working with the knock on effect of reducing staff numbers. The results of the 2011 national staff survey reflect this. The report highlights a number of areas where we compare favourably with other similar NHS trusts, including the percentage of staff appraised and having well structured appraisals in the last 12 months; percentage of staff having equality and diversity training and job-relevant training, learning or development in the last 12 months.

Over the coming year our aim is to further empower our staff to help make positive changes to enhance the patient experience.

If you think you have what it takes to join our team, please take a look at our website – www.west-middlesex-hospital.nhs.uk – for more details on career opportunities, clinical attachments, volunteering, work experience and much more.

Working to reduce our impact on the environment

The activities of an organisation as large as the NHS inevitably has consequences for the environment. Carbon dioxide emissions attributable to the NHS in England alone are greater than the total emissions from all passenger aircraft departing from Heathrow Airport*. As financial challenges for the health and social care sector increase, so too does the need for services to be delivered in ways that are environmentally sustainable.

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. Please see our detailed Sustainability Report for more information on how we are achieving this. The report can be found on our website at: www.west-middlesex-hospital.nhs.uk or you can request a hard copy by emailing communications@wmuh.nhs.uk / telephone 020 8321 6342.

**Source: The King's Fund*

Finance review

This year has been financially successful for the Trust as we met all the key financial targets including declaring a surplus of £1.5 million against a plan of £1.4 million. This success builds on the positive results from 2010/11 and represents continued improvement in the Trust's financial health.

The key financial targets the Trust met for the year are:

- Break-even on income and expenditure
  Target met - the Trust posted a surplus of £1.5 million
- To manage cash flows with limits set by the Department of Heath (External Financing Limit – EFL). This determines how much cash the Trust can spend compared to that generated from operations
  Target met – the Trust was within its approved limits
- To achieve a 3.5% return on assets employed
  Target met – Trust paid £1.7 million dividends to meet this target
- To limit capital expenditure within limits set by the Department of Health (Capital Resource Limit – CRL)
  Target met – the Trust spent £4.9 million on capital items against a limit of £5.2 million

Although the Trust has achieved a surplus over the last two consecutive years, it suffered from poor financial performance in the years prior to this, resulting in a cumulative deficit coming into the year. This year's surplus reduces this cumulative deficit to £19.8 million and so the Trust is yet to meet its cumulative breakeven duty.

The key driver for this year's surplus was the delivery of the Trust's significant programme of cost reduction and increased efficiency, which led to total savings of £12.2 million. This means that over the past three years, the Trust has achieved savings of £27.7 million.

This level of success is a result of the hard work and innovative ideas from staff across the organisation and allows the Trust to be more prepared to operate within a more financially challenging climate over the coming years.

Over the past year, the Trust invested £4.9 million: in medical equipment (£2.0 million), Information Technology (£1.6 million) and in facilities (£1.3 million). This underlines the Trust's commitment to providing modern, well equipped facilities that meet the needs of the local population. We have also set aside £5.2 million next year for capital expenditure to further improve the patient environment and for new medical equipment.

Other financial issues

In 2008/09, the Trust received a loan of £17.0 million from Department of Health, of which £15.3 million remains outstanding as at the end of this year. The Trust is in discussions with North West London Challenged Trust Board (CTB) over the repayment of this loan. Assistance with the repayment will partly depend on the Trust having a fuller understanding of its long term strategy.

To this end, the Trust is actively engaging with a number of partners most notably NHS North West London on the NWL Reconfiguration Programme – "Shaping a healthier future" to develop a sustainable healthcare landscape for the population of this part of London. The conclusion of this and other work programmes will help determine the future configuration of services at this Trust.

Looking ahead

For the coming year, the financial climate looks increasingly challenging as services are

redesigned so that more patient care is provided out of hospital. As a result, income from commissioners will reduce by £4.5 million next year compared to the amount we received in 2011/12. Improving efficiency and reducing costs will remain a focal point to cope with this challenge and the Trust has planned savings of £7.0 million for 2012/13. This will enable a surplus of £1.4 million to be delivered in 2012/13. This highlights our commitment to provide high quality healthcare within the resources at our disposal and continue our journey to a sustainable financial base.

Directors' representation

The statement of directors' responsibilities in respect of the accounts is signed by the Chief Executive and Director of Finance. The statement confirms that the directors have to the best of their knowledge complied with all audit requirements and that there is no relevant information of which the Trust's auditors are not aware. 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.

Counter fraud

Counter fraud services are provided via a contract with Parkhill Audit Consortium. The Trust also has a whistle blowing policy in place. The counter fraud specialist helps promote an anti-fraud culture within the Trust and investigates any suspected cases of fraud or corruption. During the year a number of cases were investigated with some leading to dismissal or prosecution.

Rakesh Patel
Director of Finance

Financial performance summary

Annual accounts

The Secretary of State for Health has directed that the financial statements of NHS Trusts shall meet the accounting requirements of the NHS Trusts Manual for Accounts, which is agreed with HM Treasury.

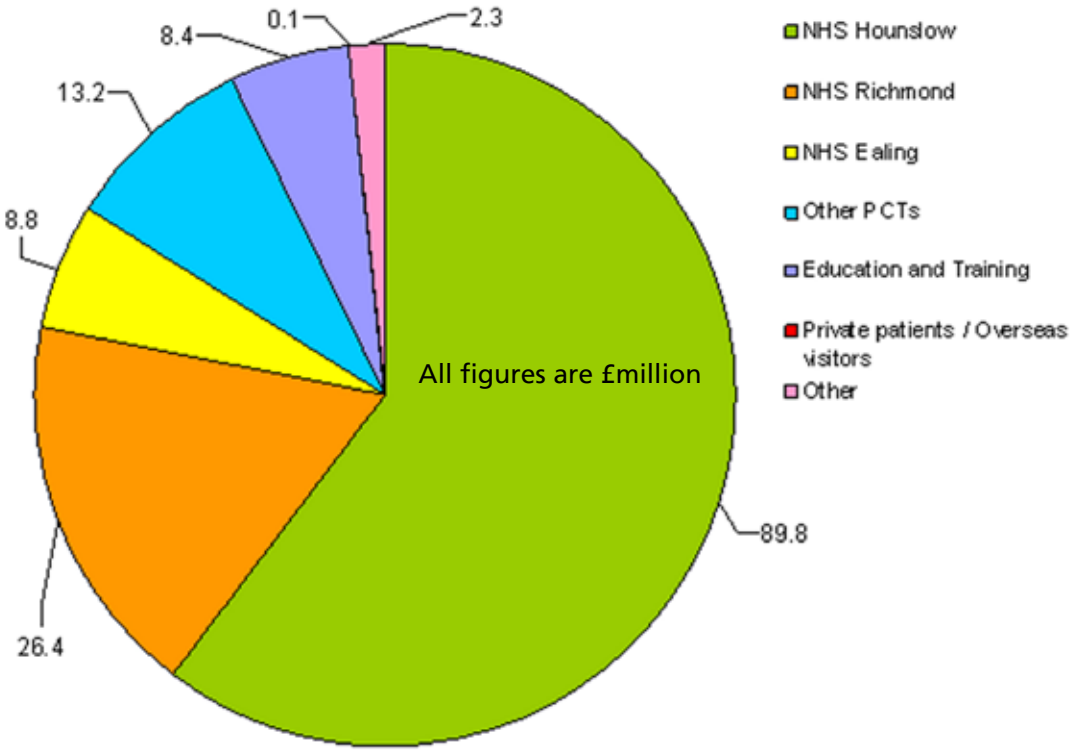
The following financial statements, therefore, have been prepared in accordance with the 2011/12 NHS Trusts' Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board (FRAB). Where the NHS Trusts' Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. They have been applied consistently in dealing with items considered material in relation to the accounts.

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 2011/12 Statement of Comprehensive Income is shown on the next page.

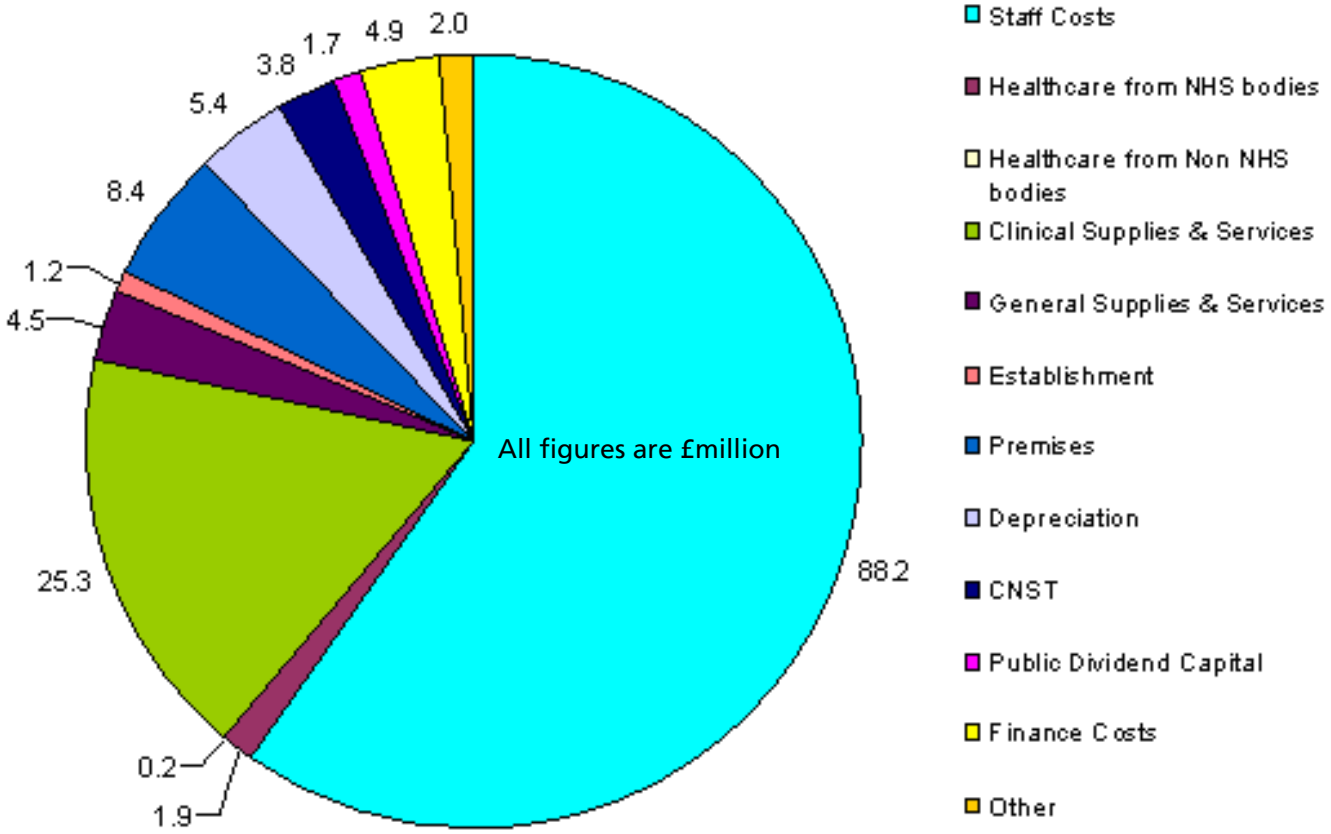
Statement of comprehensive income for year ended 31 March 2012

	2011/12 £000	2010/11 (restated) £000
Employee benefits	(88,153)	(90,989)
Other costs	(52,685)	(52,148)
Revenue from patient care activities	136,115	137,251
Other operating revenue	12,828	12,356
Operating surplus	**8,105**	**6,470**
Investment revenue	16	12
Other gains and losses	5	0
Finance costs	(4,879)	(4,719)
Surplus for the financial year	**3,247**	**1,763**
Public dividend capital dividends payable	(1,700)	(1,690)
Retained surplus for the year	**1,547**	**73**
Other comprehensive income		
Impairments and reversals	(2,621)	0
Net gain on revaluation of property, plant and equipment	8	342
Total comprehensive income for the year	**(1,066)**	**415**
	2011/12 £000	2010/11 £000
Financial performance for the year		
Retained surplus for the year	1,547	73
IFRIC 12 adjustment	199	110
Adjustment in respect of donated assets/government grant reserve elimination	31	0
Adjusted retained surplus	**1,777**	**183**

Income for the year totalled £148.9 million, a decrease of £0.7 million (0.4%) from 2010/11. A breakdown of the sources of this income is shown below.



Total expenditure for the year totalled £147.4 million, a decrease of £2.2 million (1.4%) from 2010/11. A break down of expenditure is shown below.



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. It should be noted that the Department of Health working capital loan of £15.3m is due within one year. The Trust's balance sheet as at 31st March 2012 is shown below.

Statement of financial position as at 31 March 2012		
	31 March 2012 £000	31 March 2011 (restated) £000
Non-current assets:		
Property, plant and equipment	104,565	107,854
Intangible assets	415	410
Trade and other receivables	466	494
Total non-current assets	**105,446**	**108,758**
Current assets:		
Inventories	1,261	1,419
Trade and other receivables	7,612	6,992
Cash and cash equivalents	1,370	708
Total current assets	**10,243**	**9,119**
Total assets	**115,689**	**117,877**
Current liabilities:		
Trade and other payables	(11,049)	(10,801)
Provisions	(389)	(826)
Borrowings	(1,072)	(1,106)
Working capital loan from Department of Health	**(15,300)**	(8,740)
Total current liabilities	**(27,810)**	**(21,473)**
Non-current assets plus/less net current assets/liabilities	**87,879**	**96,404**
Non-current liabilities:		
Provisions	(466)	(494)
Borrowings	(39,295)	(40,166)
Working capital loan from Department of Health	0	(6,560)
Total non-current liabilities	(39,761)	(47,220)
Total assets employed	**48,118**	**49,184**
Financed by: Taxpayers' equity		
Public dividend capital	21,362	21,362
Retained earnings	(15,854)	(17,566)
Revaluation reserve	42,610	45,388
Total Taxpayers' Equity	**48,118**	**49,184**

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 for the year ended 31 March 2012

	Public dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000	£000	£000	£000	£000
Balance at 1 April 2011	**21,362**	**(17,566)**	**45,388**	**0**	**49,184**
Changes in taxpayers' equity for 2011/12					
Surplus for the year	0	1,547	0	0	1,547
Net gain on revaluation of property, plant, equipment	0	0	8	0	8
Impairments and reversals	0	0	(2,621)	0	(2,621)
Transfer between reserves	0	165	(165)	0	0
Net recognised revenue/(expense) for the year	0	1,712	(2,778)	0	(1,066)
Balance at 31 March 2012	**21,362**	**(15,854)**	**42,610**	**0**	**48,118**
Changes in taxpayers' equity for 2010/11					
Balance at 1 April 2010	21,362	(17,814)	45,216	5	48,769
Surplus for the year	0	73	0	0	73
Net gain on revaluation of property, plant, equipment	0	0	342	0	342
Transfer between reserves	0	175	(170)	(5)	0
Net recognised revenue/(expense) for the year	0	248	172	(5)	415
Balance at 31 March 2011	**21,362**	**(17,566)**	**45,388**	**0**	**49,184**

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 2012

	2011/12	2010/11
	£000	£000
Cash flows from operating activities		
Operating surplus	8,105	6,470
Depreciation and amortisation	5,447	5,298
Impairments and reversals	117	0
Interest paid	(4,879)	(4,719)
Dividend paid	(1,760)	(1,761)
Decrease in inventories	158	105
(Increase)/decrease in trade and other receivables	(592)	1,448
(Decrease) in trade and other payables	(19)	(2,296)
Provisions utilised	(508)	(127)
Increase in provisions	53	684
Net cash inflow from operating activities	**6,122**	**5,102**
Cash flows from investing activities		
Interest received	16	12
(Payments) for property, plant and equipment	(4,713)	(3,618)
(Payments) for intangible assets	(85)	(426)
Proceeds of disposal of assets held for sale (PPE)	180	0
Net cash outflow from investing activities	**(4,602)**	**(4,032)**
Net cash inflow before financing	**1,520**	**1,070**
Cash flows from financing activities		
Other loans repaid	(35)	0
Capital element of payment in respect of finance leases and On-SoFP PFI	(870)	(912)
Capital grants and other capital receipts	47	0
Net cash outflow from financing activities	**(858)**	**(912)**
Net increase in cash and cash equivalents	**662**	**158**
Restated cash and cash equivalents at beginning of the period	**708**	**550**
Cash and cash equivalents at year end	**1,370**	**708**

Salary and pension entitlement of senior managers

Trust senior managers' salary and pension entitlements are disclosed in the following tables.

Salary entitlements of senior managers

Name and title	2011/12				2010/11			
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus payments (Bands of £5,000)	Benefits in kind (Rounded to the nearest £000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus payments (Bands of £5,000)	Benefits in kind (Rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000	£000	£000
Tom Hayhoe - Chairman (started September 2010)	20 - 25	-	-	-	10 - 15	-	-	-
Dame Jacqueline Docherty Chief Executive	180 - 185	15 - 20	-	-	180 - 185	-	-	-
Anne Gibbs - Director of Strategy / Deputy Chief Executive	95 - 100	-	-	-	85 - 90	-	-	-
Simon Marshall - Chief Finance Officer (left January 2012)	80 - 85	-	-	-	95-100	-	-	-
Rakesh Patel - Director of Finance (started February 2012)	15 - 20	-	-	-	NA	-	-	-
Stella Barnass - Medical Director	45 - 50	95 - 100	-	-	45 - 50	40 - 45	-	-
Yvonne Franks - Director of Nursing & Midwifery (left August 2011)	35 - 40	-	-	-	85 - 90	-	-	-
Julie Wright - Director of Nursing & Midwifery (started November 2011)	35 - 40	-	-	-	NA	-	-	-
Nina Singh - Director of Workforce & Development	80 - 85	-	-	-	75 - 80	-	-	-
Andrew Daws - Non-Executive Director (left April 2011)	0 - 5	-	-	-	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	-	-	-
Mark Jopling- Non-Executive Director	5 - 10	-	-	-	NA	-	-	-

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 aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Dame Jacqueline Docherty Chief Executive	Information not available as not directly employed by the Trust							
Anne Gibbs - Director of Strategy / Deputy Chief Executive	0 - 2.5	5 - 7.5	15 - 20	50 - 55	227	147	80	-
Rakesh Patel - Director of Finance (started February 2012)	NA	NA	15 - 20	50 - 55	281	NA	NA	-
Stella Barnass Medical Director	0 - 2.5	0 - 2.5	35 - 40	110 - 115	777	716	61	-
Julie Wright - Director of Nursing & Midwifery (started November 2011)	Information not available as not directly employed by the Trust							
Nina Singh - Director of Workforce & Development	0 - 2.5	7 - 9.5	15 - 20	50 - 55	294	215	79	-

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.

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 Strategic Health Authority, 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. Discussions with our Strategic Health Authority, NHS London, over the recovery of our accumulated deficit continue.

Breakeven Performance

The Trust's historical breakeven performance is as follows:

	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000
Turnover	129,285	132,894	143,804	149,638	148,943
Retained surplus/(deficit) for the year	19	(3,534)	(5,541)	104	1,547
Adjustment for:					
• 2006/07 Prior Period Adjustment (relating to 1997/98 to 2005/06)	0	0	0	0	0
• Adjustments for Impairments	0	0	20	0	0
• Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12	0	0	525	110	199
• Adjustments for impact of policy change regarding donated/government grant assets	0	0	0	0	31
Break-even in-year position	19	(3,534)	(4,996)	214	1,777
Break-even cumulative position	(13,252)	(16,786)	(21,782)	(21,568)	(19,791)
Materiality test (i.e. is it equal to or less than 0.5%):					
Break-even in-year position as a percentage of turnover	0.01	(2.66)	(3.47)	0.14	1.19
Break-even cumulative position as a percentage of turnover	(10.25)	(12.63)	(15.15)	(14.41)	(13.29)

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 £1,367k.

Capital resource limit (CRL)

The Trust under spent its Capital Resource Limit by £309k in 2011/12.

Better Payment Practice Code - measure of compliance				
	2011/12		2010/11	
	Number	£000	Number	£000
Non-NHS payables				
Total Non-NHS trade invoices paid in the year	30,585	52,466	31,474	51,877
Total Non-NHS trade invoices paid within target	27,917	47,358	26,159	43,670
Percentage of Non-NHS trade invoices paid within target	91.28%	90.26%	83.11%	84.18%
NHS payables				
Total NHS trade invoices paid in the year	1,348	13,258	1,239	13,228
Total NHS trade invoices paid within target	765	9,059	582	5,247
Percentage of NHS trade invoices paid within target	56.75%	68.33%	46.97%	39.67%

Prompt payments code

The Trust has signed up to the prompt payments code.

Remuneration report

The Remuneration Committee is a sub-Committee of the Trust, which determines the contractual terms, conditions and benefits, including salaries, of Trust Executive Directors.

Membership of the Committee comprises all the Non-Executive Directors and the Chairman. The Chief Executive and Director of Workforce and Development attend at the invitation of the Committee.

The Committee meets at least twice a year or ad hoc as required, to determine pay policies and other matters referred to it by the Board. The following key principles applied by the Committee are:

- Objectives are set for Executive Directors that are linked to the Trust's corporate objectives and strategic priorities
- Performance is assessed through the annual appraisal process
- The framework for remuneration of Executive Directors is guided by benchmarking within and outside the NHS to determine appropriate levels. Interim pay rates are agreed by the Remuneration Committee. Individual Executive Director posts may be reviewed in light of changes to responsibilities, market factors, pay relativities or other relevant circumstances. Pay is not performance related

Executive Directors (excluding interims) hold permanent contracts of employment, with the exception of three post holders who are on secondment. One of these secondees includes the Chief Executive. Periods of notice are set out in the terms and conditions of employment and range from three to six months notice. All contracts are made and terminated in accordance with best practice, employment law and NHS requirements.

Each year the Committee approved the arrangements for clinical excellence awards. These awards are part of a national scheme to reward consultants who perform over and above normal expectations of their role. Last year 15 clinical excellence awards were made with a total value of £65,054.

Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce. The banded remuneration of the highest paid director in Trust in the financial year 2011-12 was £195k - £200k (2010-11, £180k-185k). This was 5.5 times (2010-11, 5.4) the median remuneration of the workforce, which was £36.1k (2010-11, £34.1k). There are no employees who received a payment higher than the highest paid Director in both 2011-12 and 2010-11. There have been no significant movements in the ratio between 2011-12 and 2010-11.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Staff sickness absence

	2011/12	2010/11
Total days lost	10,679	11,192
Total staff years	1,695	1,766
Average working days lost	6.3	6.3

Reporting of other compensation schemes - exit packages

Exit packages agreed in 2011/12

	2011/12			2010/11		
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
	Number	Number	Number	Number	Number	Number
Less than £10,000	25	5	30	0	7	7
£10,001 - £25,000	3	3	6	1	6	7
£25,001 - £50,000	0	0	0	0	3	3
£50,001 - £100,000	0	3	3	0	1	1
Total number of exit packages by type (total cost)	28	11	39	1	17	18
Total resource costs (£000s)	180	260	440	11	320	331

Compulsory redundancies have been paid in accordance with the provisions of Agenda for Change scheme. Other departures have been made through the Mutually Agreed Resignation Scheme (MARS). Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme.
Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.
Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Governance statement

Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer Memorandum.

A wide range of arrangements have been put in place to ensure the Trust works closely with our partner organisations. Key examples include:

- Chief Executive and Director forums across NHS London
- Performance Review Meetings with NHS Hounslow, NHS Richmond and NHS London
- Joint Board to Board meetings with NHS Hounslow and NHS Richmond
- The Health and Social Care Partnership Committee
- The Health Overview and Scrutiny Committee
- Children's and Older People's forums
- Hounslow and Richmond LINks

The governance framework of the organisation

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 being 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, is made up of a mixture of Executive and Non-Executive Directors. 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 impartiality and specialised expertise to the Board, providing the necessary scrutiny to ensure the effective governance of the organisation.

Board meetings take place eight times a year and are open to the public (details of these meetings can be found on our website www.west-middlesex-hospital.nhs.uk). The Trust Board has a number of sub-committees to provide greater scrutiny over the governance arrangements and to oversee the procedural and financial management of the hospital. At the time of writing this report, the Trust Board is in the process of carrying out an annual review of the effectiveness of all its sub-committees. The results will be presented to the Board during 2012/13.

Non-Executive Directors

Tom Hayhoe, Chairman
Committees: Remuneration (Chair), Charitable Funds (Chair), Finance & Performance (member), Clinical Excellence (member)

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

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

Mark Jopling (see note 1)
Committees: Equalities (Chair), Charitable Funds (member), Remuneration (member), Integrated Governance (member)

Jenny Higham
Committees: Integrated Governance (Chair), Remuneration (member)

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

Notes:

1. Andrew Daws left the Trust on 30 April 2011 and was replaced by Mark Jopling on 1 May 2011.

Executive Directors

Dame Jacqueline Docherty
Chief Executive (see note 1)

Anne Gibbs
Director of Operations and Strategy

Stella Barnass
Medical Director

Rakesh Patel
Director of Finance
(see note 2 & 3)

Julie Wright
Director of Nursing and Midwifery
(see notes 4, 5, 6)

Nina Singh
Director of Workforce and Development

Notes:

1. Dame Jacqueline Docherty was appointed permanent Chief Executive on 1 April 2012, after being interim Chief Executive from 23 February 2009.
2. Simon Marshall was Chief Financial Officer until 27 January 2012. From 30 January 2012 he was seconded to NHS North West London.
3. Rakesh Patel was acting Director of Finance up until 1 February 2012 when he was appointed to the post substantatively.
4. Yvonne Franks was Director of Nursing and Midwifery until 19 August 2012.
5. Sue Daw was acting Director of Nursing and Midwifery from 20 August 2011 to 7 November 2011.
6. Julie Wright joined the Trust as Director of Nursing and Midwifery on 8 November 2011.

Mr Hayhoe declared an interest as a trustee of Arthritis Research UK as from 21 March 2012. None of the Executive or Non-Executive Directors hold company directorships or other significant interests which may conflict with their management responsibilities.

The directors confirm that as far as they are aware there is no relevant audit information of which the NHS body's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

The tables below details attendance at the Trust Board and Committee meetings.

	Trust Board	Trust Board seminars	Audit	Finance and Performance
Number of meetings held	9	2	4	12
Tom Hayhoe	9 of 9	2 of 2	NA	11 of 12
Nick Gash	9 of 9	2 of 2	4 of 4	12 of 12
Stephen Clark	6 of 9	2 of 2	3 of 4	11 of 12
Mark Jopling (1)	7 of 8	1 of 2	NA	NA
Jenny Higham	6 of 9	1 of 2	NA	NA
Luke de Lord	8 of 9	2 of 2	3 of 4	8 of 12
Jacqueline Docherty	9 of 9	2 of 2	NA	9 of 12
Anne Gibbs	8 of 9	1 of 2	NA	9 of 12
Stella Barnass	7 of 9	2 of 2	NA	NA
Rakesh Patel	9 of 9	2 of 2	NA	9 of 12
Julie Wright (3)	4 of 4	1 of 1	NA	NA
Nina Singh	9 of 9	2 of 2	NA	NA

	Integrated Governance	Remuneration	Equalities	Clinical Excellence
Number of meetings held	4	5	5	9
Tom Hayhoe	4 of 4	5 of 5	2 of 5	9 of 9
Nick Gash	NA	5 of 5	5 of 5	8 of 9
Stephen Clark	2 of 4	5 of 5	NA	8 of 9
Mark Jopling (1)	2 of 4	3 of 5	2 of 4	NA
Jenny Higham	4 of 4	3 of 5	NA	NA
Luke de Lord	NA	4 of 5	NA	NA
Jacqueline Docherty	4 of 4	5 of 5	4 of 5	6 of 9
Anne Gibbs (2)	2 of 3	NA	NA	4 of 7
Stella Barnass	3 of 4	NA	NA	5 of 9
Rakesh Patel	1 of 1	NA	NA	NA
Julie Wright (3)	2 of 2	NA	NA	2 of 4
Nina Singh	NA	NA	5 of 5	NA

Notes

1. Mark Jopling joined the Trust on 1 May 2011
2. Anne Gibbs attended Integrated Governance and Clinical Excellence when she was Director of Operations and Strategy
3. Julie Wright joined the Trust on 8 November 2011

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal

control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in West Middlesex University Hospital NHS Trust for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust gives a high priority to addressing the risk management process. As Chief Executive Officer I have explicit ultimate responsibility for the management of risk through the Director of Nursing and Midwifery who acts as executive lead for Governance and Risk covering all aspects of clinical and non-clinical risk with the exception of specific financial risks.

The Governance and Risk function supports the Trust wide-dissemination of risk management through the clinical and business unit Quality and Risk groups where learning from incidents, complaints and audit as well as best practice is shared. All risk management issues are reported to the Clinical Quality and Risk and Corporate Governance Committees. Both of these committees are chaired by an Executive Director and include other Executive Directors of the Trust. The Governance and Risk department in conjunction with the Department of Training and Development provides and monitors an extensive training programme to all staff covering all statutory and mandatory elements of risk management. This also includes training on risk awareness, assessment and mitigation.

The risk assessment and control framework

The Trust has a risk management policy and strategy that is reviewed and updated at least annually. The strategy defines the process by which risk to the organisation is identified and quantified using a risk scoring matrix to represent actual, not residual risk. The policy lays down the structure of the Trust Risk Register and the arrangements for regular review of the Register at both the corporate and business unit levels.

Risk management is embedded throughout the organisation from the level of the Trust Board to the individual employee. The Trust Board reviews corporate risk identified through the Assurance Framework. At division and service level risk is identified in the divisional Risk Register and reviewed through the Divisional Quality and Risk groups that report to the overarching Integrated Governance Committee. Aspects of risk management, particularly related to statutory and mandatory training are monitored centrally and followed up through the Trust's appraisal processes.

Revision of the risk register provides automatic updating of the risks identified in the Assurance Framework. The Assurance Framework clearly identifies gaps in controls and assurances and contains summary details of the action plans developed to address these.

There is a robust system for reporting and responding to adverse incidents. Analysis of incidents, actions taken and evidence of representation in the Risk Register are reported to the Clinical Quality and Risk and Corporate Governance Committees. Service users and the wider public and key external stakeholders are engaged in the risk management process through formal contacts, development of clinical networks and academic links. Results of patient and staff surveys are incorporated into the risk register and resulting action plans. Complaints and the resulting actions are reviewed and analysed through the Divisional Clinical Quality and Risk Groups. The Integrated Governance Committee, is chaired by a Non-Executive Director, and oversees these arrangements on behalf of the Trust Board.

The Board's Assurance Framework was in place throughout the year ending 31 March 2012. It is regularly reviewed by the Integrated Governance Committee and is central to the Trust's assessment of corporate risk and the actions required to ensure the Trust delivers its key objectives.

The Assurance Framework identified the following key gaps in assurance during the year, which are subject to ongoing work with NHS London and the North West London Challenged Trust Board:

- the repayment of our accumulated deficit
- Identifying an appropriate path towards Foundation Trust status within the timescales laid down by the Department of Health

The Trust is fully compliant with the Care Quality Commission's essential standards of quality and safety.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act are met.

Information Governance activity is overseen by the Information Governance Committee, which reports to the Board. We had no incidents of untoward personal data loss with a severity rating of 3 and above during 2011/12 (neither did we in 2010/11).

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive directors within the organisation who have responsibility for the development and maintenance of the system of internal control also provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by reports received from our external auditors, core standards self assessment declaration, the Care Quality Commission, NHSLA assessments, the Strategic Health Authority and NHS North West London monitoring of performance and clinical governance and other external bodies listed in the Assurance section of the Assurance Framework.

The Audit Committee provides assurance to the Board on governance and internal controls through monitoring and interrogation of evidence throughout the year.

Internal audit has reviewed and reported on the controls, governance and risk management

processes based on the audit plan approved by the Audit Committee.

Internal audit concluded, based on their work undertaken in 2011/12, that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2010/11 SIC and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

I have been advised on the implications of the results of my review of the effectiveness of the system of internal control by the Trust Board, the Audit Committee, the Integrated Governance Committee and the Workforce and Development Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

Significant issues

The Trust has a £15.3 loan from the Department of Health (DH) and the Trust is in discussions with both DH and the North West London Challenged Trust Board over a plan to repay this.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

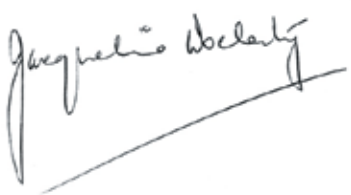
The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officer are set out in the Accountable Officer Memorandum by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place, and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as Accountable Officer.

The auditors have issued unqualified reports on the full annual financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors' report on the full annual financial statements contained the following statements on matters on which they are required, by the Code of Audit Practice, to report by exception. *The auditors have qualified their value for money conclusion because in their view the Trust does not have confirmed plans to recover its accumulated deficit and repay its £15.3 million loan from the Department of Health. The Trust remains reliant on an ongoing process with the North West London Challenged Trust Board to resolve this.*



Dame Jacqueline Docherty
Chief Executive Officer
West Middlesex University Hospital NHS Trust

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.
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).
Care Quality Commission (CQC)	The CQC are the independent regulator of all health and social care services in England. They have replaced the Healthcare Commission. All NHS trusts must be registered with the CQC and are subject to regular and unannounced inspections to check that their services are meeting essential standards.
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.
Never Events	Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
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 2012 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 Remuneration Report that is described as having been audited.

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 implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement. The other information comprises only Finance Director's Review, Financial Performance Summary, Chief Executive's Statement, Chairman's Statement and the unaudited part of the Remuneration Report.

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, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and of Audited Bodies (Local NHS Bodies) published by the Audit Commission in March 2010 and for no other purpose. 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.

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' Report 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 West Middlesex University Hospital NHS Trust for the year ended 31 March 2012 and complies with the relevant requirements of the directions issued by the Secretary of State.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements on 1 June 2012 and the date of this statement.

Our opinion on the statutory financial statements included an emphasis of matter paragraph because of the significant uncertainty relating to the Trust's liquidity.

Emphasis of matter – liquidity

We draw attention to the Statement of Financial Position which shows that the Trust has a £15.3 million loan from the Department of Health outstanding as at 31 March 2012. The Trust negotiated a revised repayment schedule for the loan at the beginning of 2009/10 but has subsequently not made any payments of the principal element of the loan in 2009/10, 2010/11 or 2011/12. The full value of outstanding loan is due in 2012/13 which indicates the existence of a material uncertainty which may cast significant doubt about the Trust's liquidity. Our opinion is not qualified in respect of this matter.

Sarah Isted Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP - Appointed Auditors, London
29 June 2012

Directors' Statement

The auditors have issued unqualified reports on the full annual financial statements; the part of the directors' remuneration report that is described as having been audited; and on the consistency of the directors' report with those annual financial statements.

The auditors' report on the full annual financial statements contained the following statements on matters on which they are required, by the Code of Audit Practice, to report by exception:

- the auditors have qualified their conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness because in their view the Trust does not have robust plans in place to recover its brought forward cumulative deficit and repay a significant loan balance with the Department of Health

The Trust remains reliant on an ongoing process with the North West London Challenged Trust Board to resolve this.

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 Middlesex 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 your comments to tellus@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 feedback on the NHS Choices website by visiting www.nhs.uk and typing 'West Middlesex Hospital' into the search box and clicking on our page.

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

A first class hospital for our community

West Middlesex University Hospital NHS Trust
Twickenham Road, Isleworth
Middlesex, TW7 6AF
020 8560 2121

Website: www.west-middlesex-hospital.nhs.uk
Follow us on Twitter at: twitter.com/WestMidHospital