West Middlesex
University Hospital
NHS Trust

Annual Report 2012/13

A first class hospital
for our community

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We are a busy acute hospital in Isleworth, west London, serving 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 in 2012/13 were Hounslow and Richmond and Twickenham Primary Care Trusts (PCTs). From 1 April 2013 PCTs have been replaced, under the Government's Health and Social Care Act 2012, by new GP-led organisations called Clinical Commissioning Groups (CCGs), directly responsible for buying and planning health services. Our main commissioners of acute service are now the Hounslow CCG and Richmond CCG.

Our vision is to be a first class hospital for our community

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.

Message from the Chief Executive and Chairman

2012/13 was a pivotal year for West Middlesex University Hospital.

2013 marks the ten year anniversary of the opening of our new hospital, which dramatically improved the facilities and way we care for our patients.

When we opened the doors of our new hospital, patients were provided with the very latest facilities, purpose built for the 21st century. Even today, people visiting the hospital for the first time remark at how modern and new it looks.

We are very proud of our hospital, and we continue to invest in updating the equipment and technology to ensure our patients receive the very best diagnosis and treatment and that staff have the right environment and resources to deliver high quality care.

Our vision of being a first class hospital for our community was adopted well before the new hospital opened. However, the way we achieve this vision has evolved over the past decade.

In 2012, NHS North West London launched a consultation to improve healthcare for the two million people it serves. In February 2013 we were delighted to learn that following this consultation we are set to become a Major Hospital (see page 9 for more information).

As a Major Hospital we can look forward to further significant investments in our facilities and staffing, expanding a number of our services including accident and emergency and our award winning maternity service.

This is good news for the long term future of the hospital and for our local population. However it does not address our requirement to become a Foundation Trust by the Government deadline of April 2014. This has led us to look at joining forces with another NHS trust, to strengthen both organisations and secure our future.

Following a rigorous appraisal process, we have selected Chelsea and Westminster Hospital NHS Foundation Trust as the preferred organisation with whom to explore a potential partnership.

From our initial analysis, we believe that joining with Chelsea and Westminster Hospital will build on our combined successes and existing links, to strengthen our reputation across North West London and beyond.

Over the next year more detailed work will be undertaken including development of a full business case to assess the benefits of coming together. If all goes to plan, we anticipate that the formal partnership will commence in 2014.

Staff from across both hospitals will be closely involved with this work in order to ensure maximum benefits for both organisations and the communities they serve.

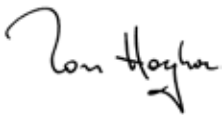
One of our main focuses over the coming year will be to consider the recommendations of the Francis report and formulate our response.

Whilst the final report centres on what took place at Mid Staffs, it includes 290 separate recommendations for the Government, the NHS and everyone who works in it, as well as the organisations set up to monitor it. Our Executive team have been reviewing the recommendations and will present the Trust's formal response to the Board in late 2013. In the meantime we have been running a number of listening events with staff so that we reflect their views in our plans.

In the following report we hope you will be encouraged to see the variety and depth of developments we have made over the past year, and the enthusiasm with which our staff strive to deliver high quality care on a daily basis.

On behalf of the Trust Board, we would like to thank everyone involved in our journey to date and we look forward to ensuring a strong and bright future for our hospital and the community.

Jacqueline Docherty DBE
Chief Executive



Tom Hayhoe
Chairman

Services we provide

Our core services include:

- Full emergency department service for major and minor accidents and trauma. The department is supported by a separate on site Urgent Care Centre.
- Emergency assessment and treatment services including critical care. The Trust is designated as a trauma unit and stroke unit.
- Acute and elective surgery and medical treatments such as day and inpatient surgery and endoscopy, outpatients, services for older people, acute stroke care, and cancer services.
- Comprehensive maternity services including consultant led care, a midwifery led Natural Birth Centre, community midwifery support, antenatal care, postnatal care and support for home births. There is a special care baby unit.
- Children's services including. emergency assessment, inpatient and outpatient services.
- Diagnostic services including an accredited pathology and imaging service.
- A wide range of therapy services including physiotherapy and occupational therapy.
- Education, training and research.

Clinical services are also provided in the community and we have a range of visiting specialist clinicians from tertiary centres to provide care close to home for our patients. For a number of highly specialised services, patients may have to travel to other trusts.

There were 241,987 outpatient attendances in 2012/13, an increase of 2.93% / 6,880 patients compared to 2011/12

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

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 and where appropriate family and carers in their care and treatment decisions.
- Being open and honest when giving and receiving feedback.
- Encouraging the involvement of patient, public and staff in the development of services.

2012 will be remembered as the year the Olympic and Paralympic Games came to London

Preparations were underway almost from the moment it was announced in the summer of 2005 that London had won the bid to host the 2012 Games, to ensure that everything would go smoothly.

For West Middlesex this meant establishing a special group to coordinate our plans and link these with those of the rest of the NHS in London as well as other local colleagues such as the council and ambulance service.

By the time the Games began we had carried out several role play exercises to test our plans and ensure that all our staff were prepared for any eventuality.

Whilst the Games required special planning, we always have robust procedures for dealing with major incidents, surges in activity and crises that may have an impact on our normal services. These are tested regularly and refined when necessary.

Some of our staff were able to get more directly involved in the Games...

Passing on the flame

Left: A&E Sister Emma Harley's golden moment, carrying the Olympic torch.

> "It was incredible. There were crowds of people along the route and there was an amazing atmosphere"

Emma was chosen for her dedicated work with street children and disadvantaged communities in Kenya.

Performing for the world

> It was an honour to be part of the greatest show on Earth

Bruntha Nurendran, Learning and Development Coordinator, and Edwin de la Cruz, Head of Faculty of Nursing, took part in the opening ceremony. They performed in the NHS sequence of the show and met director Danny Boyle.

Bruntha said: “It was a privilege and an incredible feeling to walk into the Olympic Stadium knowing the world was watching.”

Edwin said: “It was an honour to be part of the greatest show on earth, which I will cherish.”

On the reserve for Team GB

Neil Schofield, who works for Bouygues ES in the maintenance department, was at the Olympic Park as official warm-up partner / reserve for the Team GB judo squad.

He ranks number three in the UK and has won gold, silver and bronze medals in national and international competitions.

Neil is pictured (on the left) receiving a sponsorship cheque from David Carr, Bouygues ES Managing Director.

Our performance

During 2012/13 we met the vast majority of the key standards that the Government and our commissioners – the NHS organisations that buy services from us on behalf of our patients - set for us. You can find details of our current performance, updated each month, on our website at www.west-middlesex-hospital.nhs.uk/about-us/

Performance indicator	Target 2012/13	Our performance 2012/13	Target 2011/12	Our performance 2011/12
A&E waiting times patients: treated, admitted or discharged within 4 hours	>95%	95.45%	>95%	97.84%
18 week referral to treatment times: Patients admitted Patients not admitted	 >=90% >=95%	 97.0% 97.7%	 >=90% >=95%	 98.27% 98.13%
Patients with breast cancer symptoms waiting less than two weeks from referral	>=93%	97.92%	>=93%	98.5%
Cancer 2 week wait	>=93%	94.3%	>=93%	94.7%
31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group	 >=96% >=94%	 99.8% 100%	 >=96% >=94%	 99.5% 100%
62 days urgent referral to treatment for cancer: 62 day standard – tumour	 >=85%	 86.6%	 >=85%	 91.7%
62 day screening standard – tumour	>=90%	73.7% (see note 1)	>=90%	82.5%
62 day consultant upgrade	>=85%	90.4%	>=90%	96.0%
Cancelled operation: Operations cancelled, by the hospital, for non-clinical reasons, at last minute	<=0.81	0.5	<0.406	0.33%
MRSA bacteraemia cases (in the blood)	<=3	4 (see note 2)	<=3	2
Clostridium difficile infection cases	<=23	21	<=23	28

Notes

1. Due to the low volume of patients screened, the Trust is exposed to high variation in performance resulting from single breaches when they occur.
2. All cases of MRSA bacteraemia are investigated in line with the requirements of the Strategic Health Authority. This enables the hospital to identify the causes and contributory factors, so that action can be taken to prevent further cases. All of our clinical staff, doctors and nurses included, are aware of the need to prevent healthcare associated infections, and are working to improve our performance in this important area. We know that our patients expect nothing less when they use our services.

Looking ahead / moving forward

Shaping a Healthier Future

2012/13 has also been an exciting period for the future development of West Middlesex.

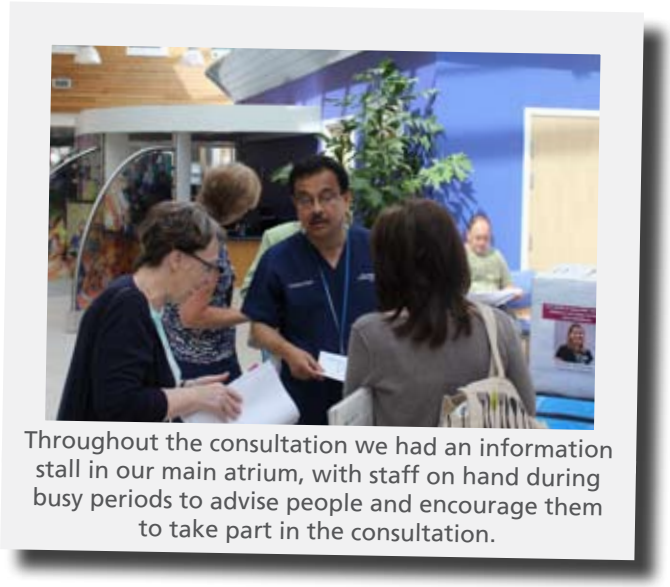
In July 2012 NHS North West London launched an extensive public consultation on its Shaping a Healthier Future programme, which aims to improve the healthcare for the two million people it serves. This programme is being taken forward by eight clinical commissioning groups made up of GPs from NW London working with hospital doctors, nurse leaders, providers of community care, volunteer groups and charities. They believe that the way our health services are delivered needs to change now to ensure we can provide the highest quality care in the future.

The consultation put forward a preferred option, whereby West Middlesex would become a Major Hospital, expanding our award-winning maternity, high performing A&E and other key services.

The consultation ran until October 2012, with consultation documents sent out to over 70,000 local residents, hundreds of local meetings were held, as well as public roadshows and displays, and it had its own dedicated website.

During the consultation period we carried out our own public engagement, with a range of activities to inform our community, stakeholders and staff of the proposals.

We were overwhelmed by the help and support we received, and it was an excellent opportunity to hear what people thought of their local hospital.



Throughout the consultation we had an information stall in our main atrium, with staff on hand during busy periods to advise people and encourage them to take part in the consultation.

Members of the Trust Board, clinicians and senior staff attended a number of events and heard first hand how much value our community places on their local hospital.

Over 17,000 responses were received in total, which were analysed by Ipsos MORI. More details can be found at: www.healthiernorthwestlondon.nhs.uk

On 19 February 2013, the Joint Committee of Primary Care Trusts (JCPCT) agreed with all the recommendations put forward by the Shaping a Healthier Future programme following the public consultation.

This is great news for our local community and for the long term future of the hospital. The proposals will now take 3-5 years to implement and we look forward to being a key part in these improvements, for the benefit of our local community and more widely across north west London.

Looking ahead / moving forward

Becoming a Foundation Trust

By April 2014 all NHS trusts must become foundation trusts in line with the Health Act. Foundation trust status brings a range of benefits, including:

- Stronger links with local communities.
- Greater independence to develop services in line with the needs of local people and patients.
- Staff and patients having more influence in developing services.
- Greater financial freedom, such as reinvesting surplus funds in new services.

All trusts must demonstrate that they have a robust plan in place to become foundation trusts. This requires a plan that shows how the organisation is financially and clinically viable in the short, medium and long term.

We have continued to improve our financial position over the last few years. Attaining major hospital status as part of the Shaping a Healthier Future programme further strengthens our long term future.

However, we face significant financial challenges over the coming years: we have a historic deficit, and commissioners have ambitious plans to change the way care is delivered outside of hospital which will impact on us.

As a Trust we are therefore unable to develop a sufficiently strong financial plan to become a foundation trust as a stand alone organisation.

In September 2012 we began exploring options to partner with another NHS organisation.

A number of bids were received and were assessed by a team of our senior clinicians and managers against four criteria:

- Clinical quality, sustainability and access.
- Financial sustainability.
- Deliverability and timescales.
- Education and research.

An objective detailed assessment was carried out over a number of sessions and a final moderation meeting concluded the assessment before a recommendation was made to the Trust Board.

Representatives from the Hounslow and Richmond Clinical Commissioning Groups and other key stakeholders were also present at the meeting to ensure a fair and transparent process was undertaken.

The successful bid scored the highest points from the evaluation process.

At the beginning of April 2013 we announced that, following this options appraisal process, Chelsea and Westminster Hospital NHS Foundation Trust has been chosen as the preferred bidder to explore a potential partnership to achieve foundation trust status.

This is a significant step towards securing a bright and vibrant future for the West Middlesex site as a major provider of services to our local residents. However, there is still a long journey ahead before any final decision can be made.

Over the coming months we will be developing detailed plans to reassure ourselves and the NHS Trust Development Authority that this partnership will work and that it is in the best interest of everyone involved. If all goes to plan, we anticipate that the formal partnership will commence in 2014.

In the meantime we remain committed to delivering high quality clinical services whilst the partnership option is explored. This includes delivering the recommendations of the Shaping a Healthier Future programme in conjunction with our commissioners and local health and social care providers.

We also look forward to continuing our long standing collaborative relationship with Imperial College Healthcare NHS Trust with whom we share joint clinical appointments.

45,563 patients were admitted to our hospital - 34 / 0.07% more than the previous year

Safe, high quality care

One of our top priorities continues to be making sure our patients receive safe and high quality care. There are many ways we can assure ourselves, our patients, and the various external organisations that monitor our performance that we are achieving this

Meeting essential standards

In their most recent, unannounced, inspection in April 2012, the Care Quality Commission (CQC) reported that West Middlesex is meeting all the essential standards of quality and safety.

Highest level of safety for maternity care

The Trust demonstrated that its maternity department has the highest standards for patient safety after a rigorous assessment was undertaken independently for the NHS Litigation Authority under its Clinical Negligence Scheme for Trusts. West Middlesex retained the highest level possible, Level 3, having previously achieved it at the last assessment in 2010.

Excellent standard of stroke care

Our Stroke Unit was congratulated for its 'significant achievements' and 'excellent standard of care' following another successful external assessment.

The North West London CardioVascular and Stroke Network and NHS North West London carried out the assessment to see if our Stroke Unit was meeting their criteria for patient care and future funding.

In May 2012 local MPs joined patients, staff and community groups to discuss further improvements to our Stroke Unit.

Mary Macleod, Brentford and Isleworth MP, said:

> "Hounslow residents are very fortunate to have a dedicated Stroke Unit here"

Our multi-disciplinary stroke team was commended for providing an excellent standard of care

Seal of approval for endoscopy procedures

Our Endoscopy Unit was reaccredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.

It met all competency and quality standards for service, procedures and training set by the JAG to ensure patients having endoscopies receive safe, high quality care.

An endoscopy is a procedure to examine the inside of the body using a thin, flexible tube that has a light source and a video camera at one end. Images are relayed to a screen viewed by the endoscopist.

Regular Board updates

At each Trust Board meeting, our Directors receive an update on our key performance measures and whether we are meeting these.

A selection of these are shown on page 8 and can be found in our Board Reports available on our website: www.west-middlesex-hospital.nhs.uk/about-us/

Our Board of Directors have ultimate responsibility for the safety and wellbeing of our patients. In addition to monitoring the performance of the Trust through regular reports, the Board undertake walk arounds of the hospital on a regular basis, to different areas and at different times of the day, where they speak to staff and patients to get a better idea of any issues there may be.

Listening to our patients

In 2012 we launched our Patient, Family and Carers Experience Strategy

This sets out our plans to deliver exceptional experiences and to measure our progress towards being a first class hospital for our community.

To help us improve, we now ask inpatients (patients staying overnight) and those who visit A&E whether they would recommend us to their friends and family. This gives us timely feed-back, enabling us to make improvements where necessary, for all our patients.

> "Everybody is so helpful and polite. You are made to feel very comfortable and relaxed"

Sharing experiences with video

This is one of a range of methods we use to find out what our patients think of the care and treatment they receive from us.

Among the most powerful tools we use are patient video stories. Patients and their relatives are filmed talking about their experiences at the hospital - where things have not gone the way they expected. These films are shown to staff when they join the Trust, at ward and departmental training events, and at Board meetings, where the Board get to see these first hand accounts of patients' stories and discuss the lessons learnt with the staff involved and agree any remedial action.

We invite patients to share and discuss their experiences and ideas with us. In February we held an 'open space' event where patients discussed with A&E staff how experiences could be improved

Awards and recognition

This year we have continued to receive awards and recognition for our exceptional work to improve patient care

Leading

A training course supporting clinical staff to improve patient care won an award for excellence from the London Deanery.

The hospital's Clinical Leadership Programme received an Elisabeth Paice Award for Educational Excellence in Postgraduate Medical and Dental Education. It won in the category for Best Clinical Leadership Development Initiative - selected above other hospital trusts across London.

The yearly programme aims to equip staff with leadership skills to help improve clinical outcomes, safety and experience for patients. It includes sessions on management, finance, and workshops using patient feedback and actors to re-create real life scenarios.

Empowering

A care plan empowering patients with lung diseases to manage their condition after they have left hospital won praise from the Health Quality Improvement Partnership (HQIP). The team caring for patients with chronic obstructive pulmonary disease (COPD) were congratulated after their scheme was runner up for HQIP's national clinical audit award for sustainability. The same scheme also reached the final three, out of 60 entries, in the NICE (National Institute of Clinical Excellence) Shared Learning Awards.

Informing

Our library team developed an innovative service to equip patients and their families with high quality information about their condition. This empowers them to make lifestyle changes.

The library team worked with the cardiology team and patients to develop a comprehensive online information portal, which has been recognised by the Information Standard as containing good quality information. They also provide information to patients on request, by post or email.

Details of this have been published in the British Journal of Cardiac Nursing. The service has recently been extended for stroke and a number of other long term conditions.

Research and innovation

2012/13 has been a successful year for research at West Middlesex. We passed our original target of recruiting 350 patients into National Institute for Health Research (NIHR) registered studies, achieving 715 patients to date.

Participation in clinical research demonstrates our commitment to improving the quality of care we offer and making our contribution to wider health improvement. Our clinical staff stay abreast of the latest approved treatment possibilities and our active participation in research leads to the most successful patient outcomes.

The Trust was involved in 35 clinical research studies in Cancer, Gastroenterology, Paediatric, Obstetric, Haematology, Respiratory, Cardiology, Radiology, Rheumatology, Dermatology and Stroke during 2012/13.

Thirty two clinical staff participated in research, approved by a Research Ethics Committee, covering 12 medical specialities at the Trust during 2012/13.

2012/13 has also seen the successful implementation of three CLAHRC (Collaboration for Leadership in Applied Health Research and Care) funded service improvements projects

Telemonitoring for COPD (INSIGHT)

This project, funded by CLAHRC for £35,000, aims to improve the assessment, treatment and quality of care for long term COPD (chronic obstructive pulmonary disease)/chronic respiratory patients by implementing a telemonitoring programme.

This will ultimately reduce the need for patients to visit their GP or be admitted to hospital by detecting increases in severity of their condition at an earlier stage, and allowing more timely treatment.

For patients this means improvements in their quality of life and the ability to self manage their condition.

Diabetic foot care project (DIAFOOT)

The Trust was awarded £104,000 by North West London CLAHRC for the implementation of a Diabetic Foot Care Pathway. The aim of the project is to provide rapid treatment of foot ulcers for diabetic inpatients and reduce their risk of amputation and mortality. It has already proved very successful since its implementation.

Ambulatory care project

This project, funded by CLAHRC for £80,000, involves collaborative work with the Hounslow Clinical Commissioning Group to develop an ambulatory care service at West Middlesex. We are developing a clear clinical and administrative infrastructure to ensure continuity of care between hospital and community for any patients managed by the ambulatory care service.

Working in partnership

In November 2011, Imperial College London announced plans to form a new partnership with healthcare providers in north west London, with the aim of improving the health and care of the local population of 2 million people.

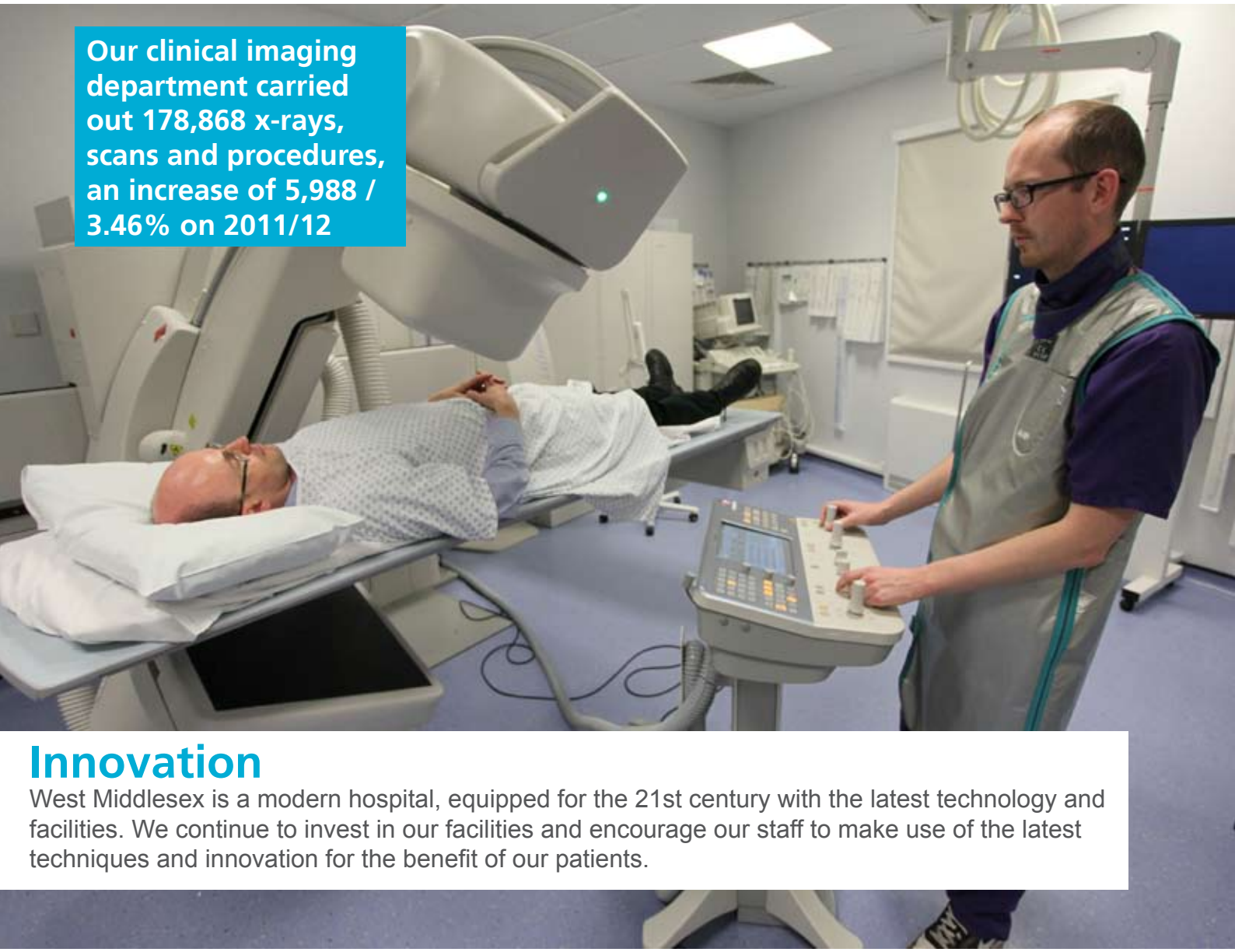
West Middlesex was **one of the founding members** of this partnership, known as the Imperial College Health Partners.

The partners have applied to become an Academic Health Science Network (AHSN) representing north west London.

The aim of the AHSN is to act as the driving force for collaborative working across north west London delivering improvements in patient care and population health, generate value for the taxpayer, support and develop our staff and create wealth for the economy.

Since then we have played an active role in the development of the AHSN, represented at a series of workshops held to plan how the network can best meet its objectives over the coming years.

We recommended and supported the inclusion of projects on chronic diseases – specifically diabetes and COPD – which will build on our existing **award-winning work** for the benefit of not only our patients but those across north west London.



Our clinical imaging department carried out 178,868 x-rays, scans and procedures, an increase of 5,988 / 3.46% on 2011/12

Innovation

West Middlesex is a modern hospital, equipped for the 21st century with the latest technology and facilities. We continue to invest in our facilities and encourage our staff to make use of the latest techniques and innovation for the benefit of our patients.

Research and innovation

A passport to health

We created a 'passport' to help diabetic patients get the right treatment.

It contains vital information about the patient such as how their diabetes is managed, what insulin they take, their clinical appointments, and important contact numbers.

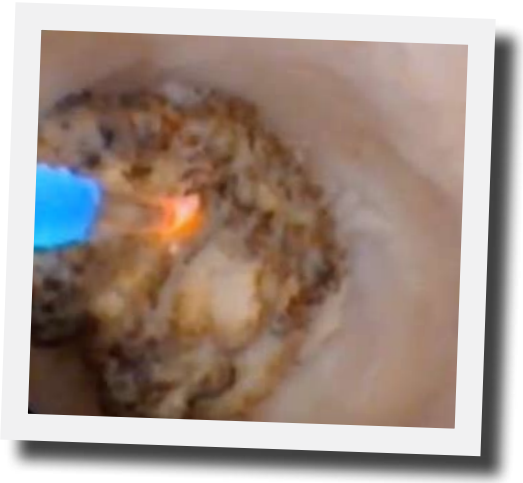
Diabetes is particularly prevalent in Hounslow and the passport helps empower patients in managing their condition.

Pain control at the touch of a button

Labouring women are now able to **take control** of their pain relief, with a new method of administering epidurals which has become the standard for all epidurals. Rather than relying on a midwife to top up the epidural following insertion by an anaesthetist, women are **empowered** to give themselves additional doses of pain relief safely at the touch of a button - as soon as they start to feel discomfort returning.

Zapping away stones

We have been using the **latest laser technology** to 'zap' kidney stones, as well as stones lodged in the bladder and urethra, breaking them up into tiny pieces. This procedure means most patients are able to return home the same day and make a much **faster recovery**. The majority of suitable patients now opt for this method. You can see footage of the procedure on our You Tube channel at: www.youtube.com/user/WestMidHospital/videos



Infection control in our hands

In our ongoing efforts to reduce hospital acquired infection we introduced new hand foam dispensers across the hospital, which are longer lasting, more eye-catching, and clearly show when they are running low and need topping up. Most importantly they are motion activated, to cut down on the risk of germs spreading through touch.

Incredible voyage

Science fiction is now a reality, since the introduction of the latest hi-tech tool to help diagnose patients with gastro-intestinal problems. Previously patients would need a quite invasive and uncomfortable procedure to help doctors pinpoint what was causing their symptoms, which also meant journeying into central London to get it done. Now patients swallow a capsule the size of a jelly bean, which records images as it passes naturally through their body, helping consultants find out what is wrong.

Online activity

Our website got a refresh, making it more user-friendly and designed around the needs of its users. The new website is much more colourful and interactive, incorporating a number of new features as well as being more accessible.

2012/13 has seem some significant additional improvements to the way we deliver emergency care to our patients

In the spring of 2012 we saw the opening of the brand new Hounslow Urgent Care Centre (UCC) at the front of our Accident and Emergency Department (A&E).

This is an excellent example of our **partnership working** with Hounslow and Richmond Community Healthcare NHS Trust, who run the Centre.

On arrival at the UCC, which is open 24/7, patients are assessed and prioritised according to the severity of their condition. They are then either referred to their GP, treated within the UCC by a team of experienced GPs, nurses, therapists and other health professionals or are brought through to the adjoining A&E Department.

This ensures that patients are seen in the right place by the right staff and get the treatment they need without delay.

Patients are seen in the right place by the right staff, without delays

In 2012/13 a total of 126,259 patients attended either our A&E or attached UCC - an increase of 19% / 20,132 patients on 2011/12

Programme to improve care

In May 2012 we asked the Department of Health's Emergency Care Intensive Support Team to visit us as a '**critical friend**' and review the way we provide emergency care.

Their report acknowledged the significant progress that we had already made and gave us helpful recommendations on how we can improve even further.

This led to us establishing an Improving Care Programme, made up of a number of individual projects, to put these recommendations into action.

We have **streamlined** the way we care for patients who need additional treatment and tests after attending A&E or being referred by their GP.

Our Acute Medical Unit (AMU) is where patients are initially admitted, so that they can receive ongoing care and assessment by one of our specialist consultants (senior doctors).

Most patients are only on AMU for a short period of time before either being discharged safely back home or, if necessary, transferred to one of our **specialist wards** appropriate for their condition.

The most significant changes to come out of the Improving Care Programme are through our new Older Adults Specialist Intervention Service (OASIS).

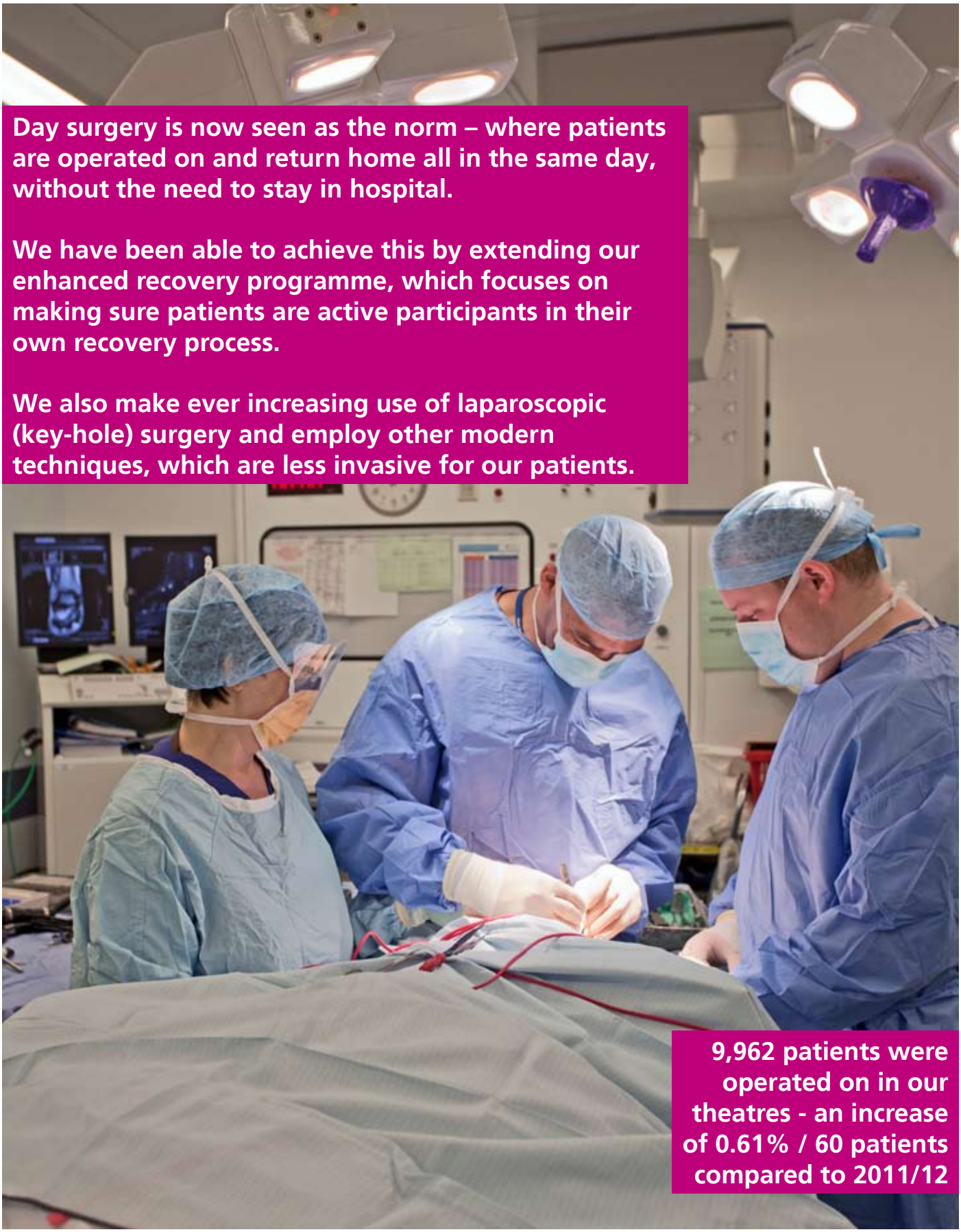
The aim of this service is the early assessment of older patients, many of whom have complex needs, so that we can organise the different elements of care they may need during their stay with us right from the very outset.

This means **specialist teams** within the hospital can start to plan the patient's **safe discharge** and **avoid** any unnecessary **delays** that can occur towards the end of their treatment.

For example, by involving our therapy team early on, patients do not suffer any avoidable loss of mobility while they are in hospital and, by working closely with our community colleagues, the patients receive the follow-up care they need once they return home.

Specialist teams work with older patients during their stay

Taking the stress out of surgery



Day surgery is now seen as the norm – where patients are operated on and return home all in the same day, without the need to stay in hospital.

We have been able to achieve this by extending our enhanced recovery programme, which focuses on making sure patients are active participants in their own recovery process.

We also make ever increasing use of laparoscopic (key-hole) surgery and employ other modern techniques, which are less invasive for our patients.

9,962 patients were operated on in our theatres - an increase of 0.61% / 60 patients compared to 2011/12

Tailored care for patients with dementia and delirium

Many of our patients are affected by dementia or temporary memory loss, and we recognise that this has an important impact on how we care for them.

We now have a special multi-disciplinary team lead by Consultant Dr Ravneeta Singh, who raise awareness, provide training and **expert advice** for staff **on caring for patients with dementia** and delirium.

We now require all our staff to undergo training to help them identify and communicate effectively with these patients.

We have also joined the **Butterfly Scheme**, an award-winning and nationally recognised scheme, which sets out **best practice** guidance for communicating with this particularly vulnerable group of people.

Patients admitted to West Middlesex can now request to be placed on the scheme.

Staff will then use communication and care techniques that have been proven to work well at other participating hospitals to help patients to understand what is happening to them throughout their stay, be comfortable and less stressed in their hospital environment, and recover and **return home without delay**.

Expanding maternity facilities

Our award-winning maternity service has seen a significant increase in the number of births over the past few years – with 3,977 births in 2008/09 rising steadily to 4,868 in 2012/13. Our rates of home births and natural births have also increased and we are proud to be able to offer a full range of birthing options. We created an additional three post natal beds for women after giving birth and our bid to improve patient and visitor facilities successfully secured £210,000 funding. This is being used to refurbish a waiting area and update and upgrade a number of bathrooms in the unit.

Speedy medication for stroke patients

Stroke patients are benefiting from a new service, which ensures they are given medication to prevent blood clots without delay.

Following treatment for a stroke, patients are started on warfarin before they leave hospital, which enables them to return home and get on with their lives sooner.

Reducing our environmental impact

We are committed to a long-term reduction of our carbon emissions

We have made a long term commitment to reduce our carbon emissions and are working with our facilities management partner Bouygues ES FM (BYes) to cut down our gas and electrical consumption. To achieve this BYes have a rolling programme of installing **energy efficient equipment**, such as the latest LED lighting, together with measuring our carbon emissions.

Staff enjoyed a nature tour of Syon Park

Throughout the year we carried out a number of interactive events and activities to encourage our staff, patients and visitors to get involved in saving the environment.

In May 2012 we encouraged staff to sign up to our **Walk to Work Week** challenge – giving out goodie bags which included pedometers to keep track of the number of steps walked during the week and entering all participants into a prize draw. Catering Assistant Kulvinder Nirwall clocked up half a million steps in the week – roughly 35 miles each day!

We also encouraged staff to make the best of their lunch breaks by organising a series of **guided walks** around neighbouring Syon Park.

In June 2012 it was the turn of national **Bike to Work Week**, with anyone signing up to the challenge being rewarded with a free bikers' breakfast each morning!

The hospital's **Bicycle User Group** held a roadshow during the week and were joined by the London Borough of Hounslow's Active Travel Advisor, Moore's Cycles, Velo City Cycling and the hospital's security team.

In March 2013 we were commended for achieving **stage three of the London NHS Cycling Strategy** having implemented a range of initiatives to encourage staff to enjoy the benefits of cycling.

Also in March 2013 we installed three **charging points for electrical cars**, which can be used by staff, patients and visitors. These were completely funded by Transport for London.

Please see our detailed **Sustainability Report** for more information on our work to deliver environmentally sustainable services. 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.

Community involvement

Our vision is to be a first class hospital for our community and we aim to involve local people in our development

In 2010 we were very grateful for the assistance of the Richmond Local Involvement Network (LINk) who carried out a review of compassionate care of our older patients.

In 2012 we again asked Richmond LINk for their assistance in carrying out a 'Mystery Shopper' audit of our A&E Services.

This forms part of our approach to being open, transparent and accountable to local patient groups.

The audit looked at our public area, reception and the Patients' Pathway and Experience in A&E.

The LINk report made a number of helpful observations and recommendations, which the Trust has acted upon. A successful 'Open Space' event was held in February 2013 where a number of the issues raised in the audit were reviewed and discussed jointly by staff and patient groups.

In the coming year, we will be inviting Richmond Healthwatch, the new body replacing LINk this year, to repeat the compassionate care audit in our inpatient ward areas.

Linking with schools and colleges

Dr Anna Babb, Consultant in Haematology, launched an Art of Pathology competition with the intention of increasing awareness and understanding of this speciality and marking National Pathology Year in 2012. Pupils from schools across Hounslow, Richmond upon Thames and Ealing, as well as young offenders from HM Prison Feltham, created some stunning artwork inspired by the human body and its ability to fight diseases. Following a prize giving ceremony the artwork was put on display at the hospital.

Linking with spiritual leaders

Clergy and faith leaders from across the community met with managers, nurses and chaplaincy staff at the hospital to discuss the role of our multi-faith service and how spiritual care can be offered to patients, their families and staff. The meeting was organised by the Hounslow Friends of Faith in partnership with our chaplaincy team. It was an opportunity to share information, ideas about the facilities available, and how community faith leaders can support the hospital.

Great for staff

We know that there is lots of evidence to suggest that a good experience for staff is closely linked to a good experience for patients

We have 2,192 staff, including our partners Bouygues ES. This is a 5.44% / 113 increase on the previous year

Improve staff experience and wellbeing

Each year, as part of the national NHS staff survey, our staff receive a questionnaire asking them a range of questions about their experiences of working here.

The results of the 2012 National NHS Staff Survey show we have made **significant improvements** over the previous year.

Our **staff motivation** at work is better than average, compared to other acute trusts. We have seen a substantial increase in the number of staff saying they would recommend us as a place to work or receive treatment, and in staff saying they feel they can contribute towards improvements at work. There was a large increase in the number of **staff** saying they **feel satisfied** with the quality of work and patient care they are able to deliver. We compare very favourably with other acute trusts for the percentage of staff having well structured appraisals in the last 12 months, and staff receiving job-relevant training, learning or development.

We also came out above average for staff reporting errors, near misses or incidents – meaning we have a **good culture for reporting potentially harmful incidents**, enabling us to learn from them and make improvements. Over the coming year we intend to build on this good performance.

Flexible e-learning

The survey highlighted below average performance in some other areas including the percentage of staff saying they had received health and safety training in the last 12 months. This is something we are addressing through our innovative use of 'e-learning'.

As part of the Trust's continued commitment to support innovation in the delivery of education and training, the library team decided to facilitate web-based learning as the preferred method of statutory / mandatory training.

Given the volume and complexity of delivering training, e-learning offers a more flexible approach where staff can take control over their own learning.

A web-based training portal was launched in October 2012 which is accessible via the Internet at work or elsewhere.

An e-learning zone has also been created in the hospital's library giving staff a dedicated space to complete their on-line learning with access to support from the library team.

The project has been a huge success with 75% of all recorded core mandatory training since November 2012 now delivered via e-learning.

E-learning offers a more flexible approach where staff can control their own learning

Improving recruitment

Another area highlighted as below average was for staff feeling work pressure.

A direct impact of not recruiting to vacancies in a timely way results in staff feeling work pressure, as well as an increase in work related stress and poor patient experience.

Although we have improved in this area compared to the previous year we have plans in place to improve further by monitoring vacancy rates and encouraging managers to proactively recruit to vacant posts in a timely way.

The full NHS staff survey can be found online at: www.nhsstaffsurveys.com

Developing a respectful and positive culture

Rather than waiting for the results of the annual staff survey, we now carry out our own monthly survey – focusing on key themes to help us obtain more timely feedback, which we can use to enhance the staff experience.

In 2012 we held a series of events and workshops to listen to staff views on how we can improve both their experience and the patient experience by developing a more respectful and positive culture. The themes from these events are shown below.

Staff highlighted th need to develop a and honest dialogu colleagues and pa involving them in decisions that affe

Staff were keen to emphasise the importance of team working within their own team and also the importance of cross team working.

Celebrating success

Saying thank you

Being positive - can do

back

Taking action

Recognising *you*

nect each her

Staff want to have recognition for doing their job particularly well, to have an opportunity to thank each other and for patients to be able to do so too.

Spreading good news

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ct them.

Developing a respectful and positive culture

From this, a number of departments are piloting projects to translate these into specific actions, which they can take forward to improve the experience of staff and ultimately our patients and service users.

Great for staff

We could not deliver high quality service without our staff, and we appreciate the importance of recognising their achievements. Throughout the year we held a number of events to celebrate the work of our exceptional staff

Exceptional service to patient care was recognised at our **Staff Excellence and Achievement Awards**. We were joined by special guest Amanda Holden, no stranger to judging talent, who spoke of her own personal experiences of the fantastic care and treatment she had witnessed from the hospital's maternity team. A total of eight awards were presented:

- Joint Team of the Year - Health Records and Sexual Health.
- Nurse of the Year – Aibhin Burke.
- Doctor of the Year – Bobby Mann.
- Midwife of the Year – Chelone Lee-Wo.
- Care Assistant of the Year – Diane Stokoe.
- Therapist of the Year – Anne McLaughlin.
- Support Worker of the Year- Kiran Aswani.
- Student of the Year – Beverley Smith.

We also celebrated the loyalty of staff at our **Long Service Awards**, for those staff who have worked at the Trust for ten or more years. Fifty employees attended the event, with a combined 760 years of service between them. The longest serving staff member at the ceremony was midwife Philomena Laurence, who has worked in the maternity department for 35 years. Specialist nurse Guillian Anderson celebrated 25 years service and said: "The hospital has always been a very friendly place, and I feel that there is respect between everyone for the different roles that we all do."

As a university hospital we place a strong emphasis on learning and development for all our staff. Our **STAR** (staff training and recognition) awards give us an opportunity to publicly honour the dedicated efforts of staff in achieving qualifications and also in providing tuition and mentorship. Guest speaker Mr H.S. Pattar, Headmaster of Heathland School in Isleworth, gave an inspiring talk about the value of learning and perseverance to achieve excellence.

West Middlesex is fortunate to have one of the most hi-tech simulation training centres in London, which has continued to expand over the past few years

Simulation training is used increasingly to teach the next generation of doctors and other healthcare professionals, providing life-like medical scenarios which can be paused and repeated over and over again. Trainee doctors are put through their paces by a highly skilled team using state-of-the-art 'mannequins' in a realistic hospital environment.

The mannequins are able to simulate almost any medical condition and can even hold conversations with the doctors, describing how they are feeling and reacting to the treatment they are given. The range of simulation training we provide continues to grow.

As well as medical students from Imperial College we now provide simulation training to those from neighbouring Hillingdon Hospitals. Our aim for the future is to expand the use of simulation training to include more nurses, therapists, pharmacists and others from the multidisciplinary teams.

The range of simulation training we provide continues to grow

In December 2012 the hospital was highly commended in the London Deanery's Simulation and Technology-enhanced Learning Initiative awards, at which we were asked to demonstrate our innovative use of simulation to learn from complaints.

We have a long and proud history of teaching new generations of doctors, nurses and other health professionals

As a university hospital we have a close association with Imperial College London, educating medical students as they rotate around other teaching hospitals across the capital – honing their knowledge and practical skills before they become doctors.

To ensure we are providing the highest standards of education, **Imperial College** closely monitors our performance. Following their annual governance visit at the end of 2012 they **rated us** as **excellent** and ranked us first for a number of specific attachments including obstetrics and gynaecology, general surgery, emergency medicine, orthopaedics, and surgery. Feedback gathered by Imperial College from the medical students was also full of praise.

As part of their training, year three medical students are asked to come up with quality improvement ideas and present a poster on this theme to their peers and senior staff at the hospital. The winning team year had a theme of 'Do you know your doctor?', which highlighted how many inpatients do not know the names of the people looking after them or what their role is in providing care. We hope that some of their ideas to address this issue will be implemented across the hospital.

Supporting our staff

The Trust has a range of services to support our staff, in addition to our comprehensive learning and development programme. We are keen to support health and wellbeing through:

- Encouraging all our staff to be vaccinated against seasonal flu to protect themselves, their patients, their family and their colleagues. In 2012/13 we exceeded our target with forty two per cent of staff being vaccinated.
- Providing access to a fast-track physiotherapy service for staff with musculoskeletal problems.
- Access to confidential and independent counselling services.
- We also provide a range of initiatives in response to staff requests such as a weight-loss programme, stop smoking services and support for staff wishing to cycle to work.

If you think you have what it takes to join our team, 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.

Investing in staff

We have invested in additional senior doctors and nurses including two new consultant anaesthetists with a special interest in obstetrics, a seventh consultant paediatrician, an extra emergency medicine consultant, four extra posts in obstetrics and gynaecology, and additional nursing staff on the medical assessment unit.

This will help ensure we are able **to provide the same high standards of safe care for all our patients**, 24/7.

To help support our aim of having robust clinical leadership across the organisation we also improved our consultant recruitment process to ensure we appoint those who are not only excellent doctors but also excellent leaders.

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 are in our second year of the Equality Delivery System (EDS), which was designed to assist NHS organisations improve their equality performance and embed it into their culture. The four objectives of the EDS are:

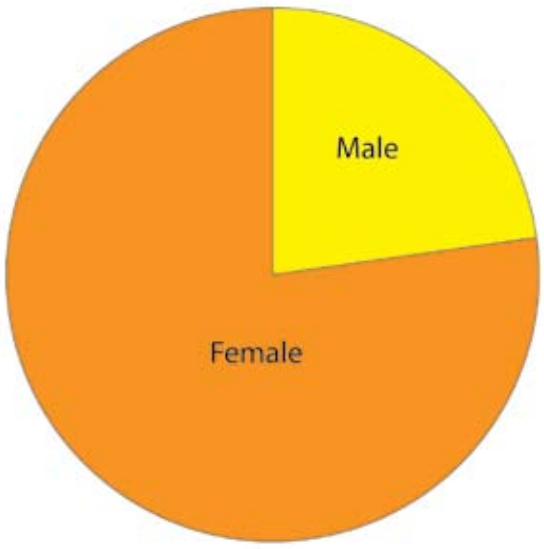
- Better health outcomes for all.
- Improved patient access and experience.
- Empowered, engaged and well-supported staff.
- Inclusive leadership at all levels.

Following the success of our EDS objective setting in 2012/13 we developed key actions and objectives for Patient Services and our workforce.

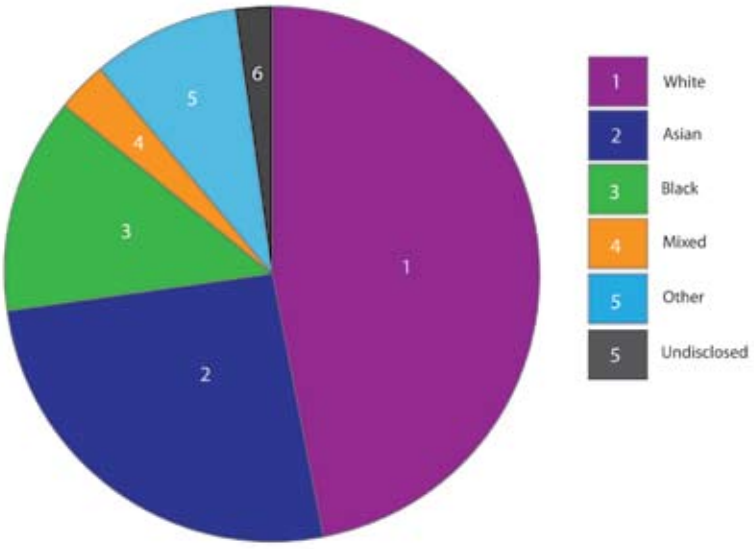
The progress of these objectives were overseen by the Equalities Committee, which is a sub committee of the Trust Board and reported progress bi monthly.

Based on our yearly publication of our Statutory Monitoring report we have set our Equality Objectives for 2013/14.

Staff by gender



Staff by ethnicity



Finance review

Similar to previous years, the Trust faced a challenging environment in 2012/13, with increasing demand and limited cash within the local health economy. Despite this, the Trust **met** its key in-year **financial targets** including **delivering a surplus of £1.7 million** against a plan of £1.4 million. This represents the third consecutive year the Trust has achieved this.

The key financial targets for the year were:

- ☑ Break-even on income and expenditure during the year.
  Target met – the Trust posted a £1.7 million surplus.
- ☑ Manage cash within limits set by the Department of Health (External Financing Limit – EFL). This determines how much cash the Trust can spend compared to that generated from normal activities.
  Target met – the Trust operated within its approved limits.
- ☑ Achieve a 3.5% return on assets employed.
  Target met – the Trust paid £1.6 million dividends to the Department of Health to meet this target.
- ☑ Limit capital expenditure within limits set by the Department of Health (Capital Resource Limit – CRL).
  Target met – the Trust spent £5.1 million on capital expenditure against a limit of £5.1 million.
- ☒ Cumulative break even duty.
  Target not met – due to deficits in previous years, the Trust started this year with a cumulative deficit of £19.8 million. This year's surplus of £1.7 million has reduced the cumulative deficit to £18.1 million, and so cumulative break even duty continues to be unmet.

The current year's financial results are underpinned by successfully delivering savings and efficiencies on a sustained basis over the past few years.

We have **delivered** a programme of **cost reduction totalling £28.7 million** or 19% over the last three years, of which £7 million were achieved during this year – meeting our target.

This level of success is a result of hard work, commitment and innovative ideas from staff across the organisation. The Trust will continue to deliver patient focused services in more efficient manner and is planning for further efficiencies of £6.4 million in 2013/14.

Over the past year, the Trust **invested £5.1 million**: in medical equipment (£1.8 million), Information Technology (£1.4 million) and in facilities (£1.9 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 improve the patient environment further and for new medical equipment.

Other financial issues

During the year, the Board concluded that the Trust could not achieve Foundation Trust status as a stand alone organisation due to an unviable long-term financial outlook. The Trust therefore embarked on the search for a partner and selected Chelsea and Westminster Hospital NHS Foundation Trust as the preferred partner.

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 and we have no plans to make any repayments in 2013/14. The Trust is currently in discussions with NHS England and the NHS Trust Development Authority regarding the repayment of this loan, which will now take into consideration the long term future of the Trust and its proposed partnership with Chelsea and Westminster Hospital NHS Foundation Trust.

Looking ahead

The commissioners' strategy to move services to the community will mean further reduction in activity for the Trust in 2013/14. In light of this, the Trust reduced the planned surplus for 2013/14 from 1% in the current year to 0.3% or £0.4 million.

Improving efficiency and reducing costs will remain a focal point to cope with this challenge

and the Trust has planned efficiencies of £6.4 million for 2013/14.

The Trust also participated in the NHS North West London Reconfiguration Programme - Shaping a Healthier Future - to develop a sustainable healthcare landscape for the local population of this part of London.

The programme has concluded that this site is designated a **Major Hospital** in the future.

Over the coming year, the Trust will be developing business cases for the reconfiguration, such as the **expansion** of **maternity**, **A&E** services and **inpatient facilities**.

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

The Trust has a **whistle blowing policy** to ensure that all staff feel able to report concerns regarding any aspect of work, the conduct of others, or the running of the Trust, in confidence and with confidence.

Counter fraud services are provided via a contract with Parkhill.

The Counter Fraud Specialist helps **promote an anti-fraud** culture within the Trust and to promote this attends the Trust's induction, for new starters, and presents other specific training sessions within the hospital.

A review of Trust policies is also carried out to ensure that they are aligned with the most up to date and current legislation. The Counter Fraud Specialist investigates any suspected cases of fraud, bribery or corruption and undertakes proactive reviews of areas identified to be at risk during Fraud Risk Assessments.

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 2012/13 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.

However, the following summary financial statements do not contain sufficient information to allow a full, in depth, understanding of the results and state of affairs of the Trust. Where more detailed information is required a copy of the Trust's full accounts and reports are obtainable free of charge from the Trust's Finance Department and will be made available on our website www.west-middlesex-hospital.nhs.uk.

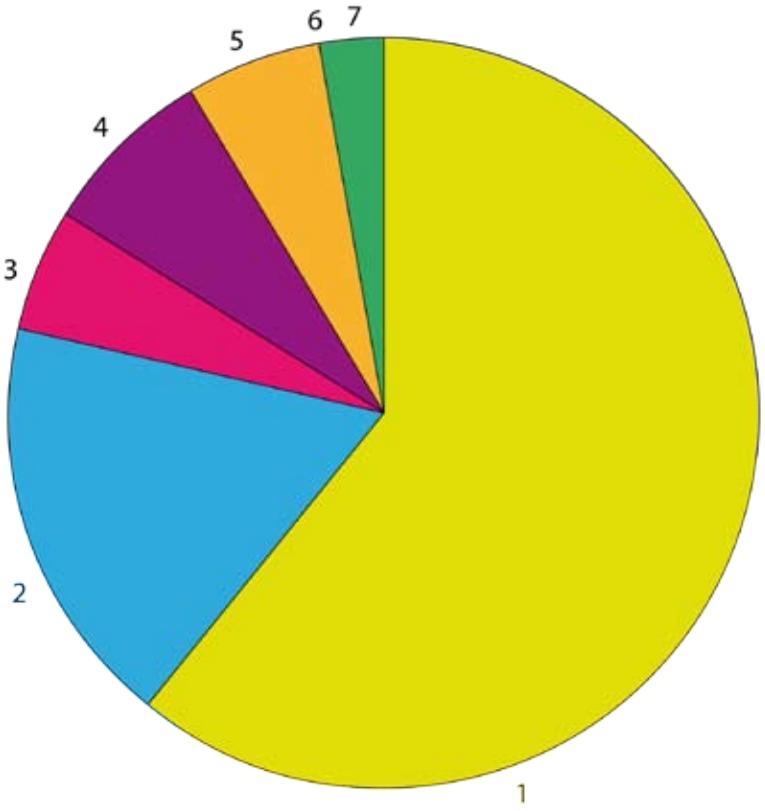
Finance

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 the depreciation charge on our property, plant and equipment. 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's 2012/13 Statement of Comprehensive Income is shown below.

Statement of comprehensive income for year ended 31 March 2013

	2012/13 £000	2011/12 £000
Gross employee benefits	(89,708)	(88,153)
Other costs	(56,238)	(52,685)
Revenue from patient care activities	140,526	136,115
Other operating revenue	13,661	12,828
Operating surplus	**8,241**	**8,105**
Investment revenue	18	16
Other gains and (losses)	0	5
Finance costs	(4,995)	(4,879)
Surplus for the financial year	**3,264**	**3,247**
Public dividend capital dividends payable	(1,597)	(1,700)
Retained surplus for the year	**1,667**	**1,547**
Other comprehensive income		
Impairments and reversals	(3,257)	(2,621)
Net gain on revaluation of property, plant and equipment	1,006	8
Total comprehensive income for the year*	**(584)**	**(1,066)**
*This sums the rows above and the retained surplus for the year		
Financial performance for the year		
Retained surplus for the year	1,667	1,547
IFRIC 12 adjustment	0	199
Impairments	47	0
Adjustment in respect of donated assets/government grant reserve elimination	28	31
Adjusted retained surplus	**1,742**	**1,777**

Income for the year totalled £154.2 million, an increase of £5.2 million (3.5%) from 2011/12. A breakdown of the sources of this income is shown below.



1 NHS Hounslow - £93.9 million

2 NHS Richmond - £27.4 million

3 NHS Ealing - £8.3 million

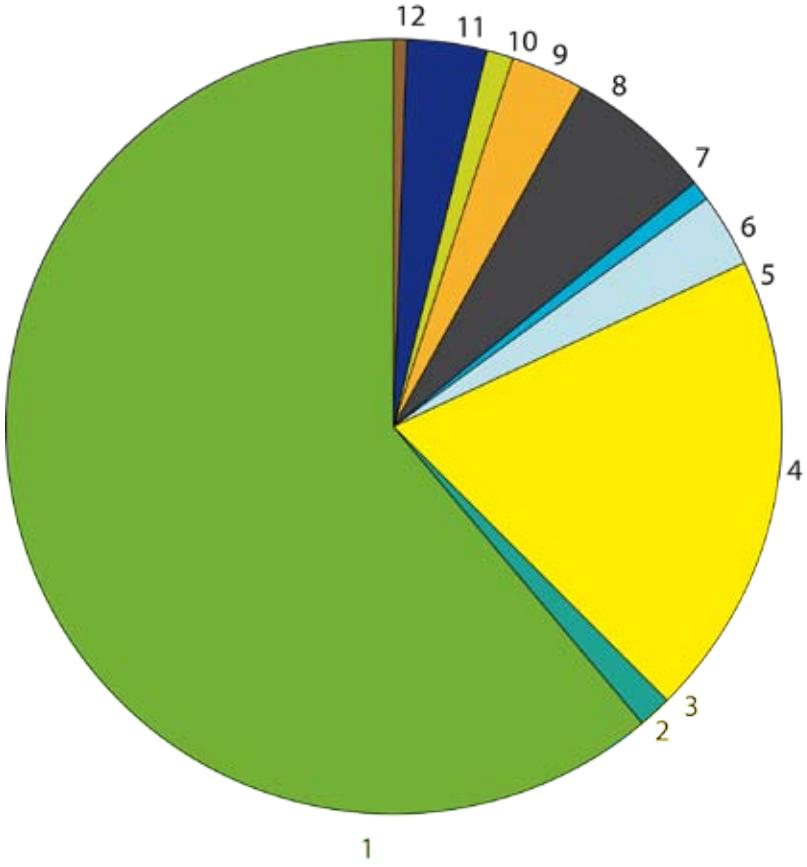
4 Other PCTs - £11.7 million

5 Education and training - £8.8 million

6 Private patients / overseas visitors - £0.2 million

7 Other - £3.9 million

Expenditure for the year totalled £152.5 million, an increase of £5.1 million (3.5%) from 2011/12. A break down of expenditure is shown below.



1 Staff costs - £89.7 million

2 Healthcare from NHS bodies - £1.9 million

3 Healthcare from non-NHS bodies - £0.2 million

4 Clinical supplies and services - £28.6 million

5 General supplies and services - £4.7 million

6 Establishment - £1.1 million

7 Premises - £9.0 million

8 Depreciation - £5.3 million

9 Clinical Negligence Scheme for Trusts (CNST) - £4.3 million

10 Public dividend capital - £1.6 million

11 Finance costs - £5.0 million

12 Other - £1.1 million

Finance

The Statement of Financial Position provides a snapshot of the Trust's financial condition at the end of the financial year. It lists assets (everything the Trust owns that has monetary value), liabilities (money owed to external parties) and taxpayers' equity (public funds invested in the Trust). At any given time, the assets minus the liabilities must equal taxpayers' equity. The Trust's balance sheet as at 31st March 2013 is shown below.

Statement of financial position as at 31 March 2013		
	31 March 2013 £000	31 March 2012 £000
Non-current assets:		
Property, plant and equipment	102,191	104,565
Intangible assets	313	415
Trade and other receivables	0	466
Total non-current assets	**102,504**	**105,446**
Current assets:		
Inventories	1,677	1,261
Trade and other receivables	6,910	7,612
Cash and cash equivalents	2,816	1,370
Total current assets	**11,403**	**10,243**
Total assets	**113,907**	**115,689**
Current liabilities:		
Trade and other payables	(10,601)	(11,049)
Provisions	(172)	(389)
Borrowings	(1,008)	(1,072)
Working capital loan from Department of Health	**(15,300)**	**(15,300)**
Total current liabilities	**(27,081)**	**(27,810)**
Non-current assets plus/less net current assets/ liabilities	**86,826**	**87,879**
Non-current liabilities:		
Provisions	(494)	(466)
Borrowings	(38,798)	(39,295)
Total non-current liabilities	(39,292)	(39,761)
Total assets employed	**47,534**	**48,118**
Financed by: Taxpayers' equity		
Public dividend capital	21,362	21,362
Retained earnings	(14,187)	(15,854)
Revaluation reserve	40,359	42,610
Total Taxpayers' Equity	**47,534**	**48,118**

The Statement of Changes in Taxpayers' Equity provides a summary of all the Trust's gains and losses in year, including both realised and unrealised gains and losses.

Statement of changes in taxpayers' equity for the year ended 31 March 2013

	Public dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	21,362	(15,854)	42,610	48,118
Changes in taxpayers' equity for 2012/13				
Retained surplus for the year	0	1,667	0	1,667
Net gain on revaluation of property, plant, equipment	0	0	1,006	1,006
Impairments and reversals	0	0	(3,257)	(3,257)
Net recognised revenue/(expense) for the year	0	1,667	(2,251)	(584)
Balance at 31 March 2013	**21,362**	**(14,187)**	**40,359**	**47,534**
Balance at 1 April 2011	21,362	(17,566)	45,388	49,184
Changes in taxpayers' equity for 2011/12				
Retained surplus for the year	0	1,547	0	1,547
Net gain on revaluation of property, plant, equipment	0	0	8	8
Impairments and reversals	0	0	(2,621)	(2,621)
Movement in other reserves	0	0	0	0
Transfers between reserves	0	165	(165)	0
Net recognised revenue/(expense) for the year	0	1,712	(2,778)	(1,066)
Balance at 31 March 2012	**21,362**	**(15,854)**	**42,610**	**48,118**

Finance

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 2013

	2012/13	2011/12
	£000	£000
Cash flows from operating activities		
Operating surplus	8,241	8,105
Depreciation and amortisation	5,296	5,447
Impairments and reversals	47	117
Interest paid	(4,967)	(4,879)
Dividend (paid)	(1,655)	(1,760)
(Increases)/decrease in inventories	(434)	158
(Increase)/decrease in trade and other receivables	1,226	(592)
Increase/(decrease) in trade and other payables	87	(19)
Provisions utilised	(162)	(508)
Increase/(decrease) in provisions	(55)	53
Net cash inflow from operating activities	**7,624**	**6,122**
Cash flows from investing activities		
Interest received	18	16
(Payments) for property, plant and equipment	(5,670)	(4,713)
(Payments) for intangible assets	0	(85)
Proceeds of disposal of assets held for sale (PPE)	35	180
Net cash inflow/(outflow) from investing activities	**(5,617)**	**(4,602)**
Net cash inflow/(outflow) before financing	**2,007**	**1,520**
Cash flows from financing activities		
Other loans received	490	0
Other loans repaid	(93)	(35)
Capital element of payment in respect of finance leases and On-SoFP PFI	(958)	(870)
Capital grants and other capital receipts	0	47
Net cash outflow from financing activities	**(561)**	**(858)**
Net increase in cash and cash equivalents	**1,446**	**662**
Cash and cash equivalents (and bank overdraft) at beginning of the period	**1,370**	**708**
Cash and cash equivalents (and bank overdraft) at year end	**2,816**	**1,370**

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	2012/13				2011/12			
	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	20 - 25	-	-	-	20 - 25	-	-	-
Dame Jacqueline Docherty - Chief Executive	180 - 185	-	-	-	180 - 185	15 - 20	-	-
Anne Gibbs - Director of Strategy / Deputy Chief Executive	105 - 110	-	-	-	95 - 100	-	-	-
Rakesh Patel - Director of Finance (started February 2012)	100 - 105	-	-	-	15 - 20	-	-	-
Stella Barnass - Medical Director	50 - 55	100 - 105	-	-	45 - 50	95 - 100	-	-
Julie Wright - Director of Nursing & Midwifery (started November 2011, left March 2013)	90 - 95	-	-	-	35 - 40	-	-	-
Lesley Stephen - Director of Operations (started March 2012, left March 2013)	110 - 115	-	-	-	-	-	-	-
Nina Singh - Director of Workforce & Development	90 - 95	-	-	-	80 - 85	-	-	-
Stephen Clark - Non-Executive Director (left March 2013)	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	-	-	-	5 - 10	-	-	-

Pension entitlements of senior managers

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	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	0 - 2.5	5 - 7.5	60 - 65	185 - 190	-	-	-	-
Anne Gibbs - Director of Strategy / Deputy Chief Executive	0 - 2.5	5 - 7.5	20 - 25	60 - 65	274	227	36	-
Rakesh Patel - Director of Finance (started February 2012)	2.5 - 5	7.5 - 10	20 - 25	60 - 65	356	281	60	-
Stella Barnass - Medical Director	0 - 2.5	2.5 - 5	40 - 45	120 - 125	865	777	47	-
Nina Singh - Director of Workforce & Development	0 - 2.5	2.5 - 5	15 - 20	55 - 60	340	294	30	-
Julie Wright - Director of Nursing & Midwifery (started November 2011, left March 2013)	Information not available as not directly employed by the Trust							
Lesley Stephen - Director of Operations (started March 2012, left March 2013)	Information not available as not directly employed by the Trust							

Cash equivalent transfer values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

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

Finance 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 SHA over the recovery of our accumulated deficit continue.

Breakeven Performance								
	2005/06 £000	2006/07 £000	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
Turnover	103,117	118,854	129,285	132,894	143,804	149,638	148,943	154,187
Retained surplus/(deficit) for the year	(9,024)	(3,295)	19	(3,534)	(5,541)	104	1,547	1,667
Adjustment for:								
• 2006/07 Prior Period Adjustment (relating to 1997/98 to 2005/06)	3,991	0	0	0	0	0	0	0
• Adjustments for impairments	0	0	0	0	20	0	0	47
• Adjustments for impact of policy change regarding donated/ government grant assets	0	0	0	0	0	0	31	28
• Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12	0	0	0	0	525	110	199	0
Break-even in-year position	(5,033)	(3,295)	19	(3,534)	(4,996)	214	1,777	1,742
Break-even cumulative position	(9,976)	(13,271)	(13,252)	(16,786)	(21,782)	(21,568)	(19,791)	(18,049)
Materiality test (i.e. is it equal to or less than 0.5%):								
Break-even in-year position as a percentage of turnover	(4.88)	(2.77)	0.01	(2.66)	(3.47)	0.14	1.19	1.13
Break-even cumulative position as a percentage of turnover	(9.67)	(11.17)	(10.25)	(12.63)	(15.15)	(14.41)	(13.29)	(11.71)

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 £2,252,000.

Finance / Remuneration report

Capital resource limit (CRL)

The Trust under spent its Capital Resource Limit by £210,000 in 2012/13.

Better Payment Practice Code

The Better Payment Practice Code requires Trusts to pay all undisputed NHS and non-NHS trade invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is the latter. The target in the NHS is for Trusts to pay 95 per cent of invoices within 30 days. This note reports on how the Trust performed against this target.

Better Payment Practice Code - measure of compliance				
	2012/13		2011/12	
	Number	£000	Number	£000
Non-NHS payables				
Total Non-NHS trade invoices paid in the year	35,440	58,856	30,585	52,466
Total Non-NHS trade invoices paid within target	31,449	55,073	27,917	47,358
Percentage of Non-NHS trade invoices paid within target	88.7%	93.6%	91.3%	90.3%
NHS payables				
Total NHS trade invoices paid in the year	1,312	13,829	1,348	13,258
Total NHS trade invoices paid within target	979	12,053	765	9,059
Percentage of NHS trade invoices paid within target	74.6%	87.2%	56.8%	68.3%

The Trust has signed up to the Prompt Payments Code. This code ensures that you pay suppliers on time (within the terms agreed at the outset of the contract), give clear guidance to suppliers (ensuring there is a system for dealing with complaints and disputes) and encouraging good practice.

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. 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 hold permanent contracts of employment, with the exception of two post holders who were on secondment. Periods of notice are set out in the terms and conditions of employment and range from three to six month's notice. All contracts are made and terminated in accordance with best practice, employment law and NHS requirements.

Each year the Committee approves 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 17 clinical excellence awards were made with a total value of £88,976.

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 the Trust in the financial year 2012/13 was £180,000 - £185,000 (2011/12, £195,000 - £200,000). This was 5.2 times (2011/12, 5.5) the median remuneration of the workforce, which was £35,200 (2011/12, £36,100).

There are no employees who received a payment higher than the highest paid Director in either 2012/13 or 2011/12. There have been no significant movements in the ratio between 2012/13 and 2011/12.

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

	2012/13	2011/12
Total days lost	10,277	10,679
Total staff years	1,613	1,695
Average working days lost	6.4	6.3

Reporting of other compensation schemes - exit packages

Exit packages agreed

	2012/13			2011/12		
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	0	0	0	25	5	30
£10,001 - £25,000	1	0	1	3	3	6
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	3	3
Total number of exit packages by type (total cost)	1	0	1	28	11	39
Total resource costs (£000s)	15	0	15	180	260	440

This note provides an analysis of exit packages agreed during the year. Compulsory redundancies have been paid in accordance with the provisions of Agenda for Change scheme. Exit costs in this note are accounted for in a full year 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 agreed with staff in the year.
Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

The redundancies in 2011/12 were part of our cost improvement plan.

Governance statement

Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of the Trust 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.
- 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 Board leads 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 the Trust 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, finance and performance.

The Board, led by a Non-Executive Chair, is made up of both 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).

The Trust Board has a number of sub-committees to provide greater scrutiny over the governance arrangements and to oversee all aspects of managing a complex organisation including clinical quality (patient experience, clinical effectiveness and safety) and the operational performance of the hospital. The Trust Board also has a number of sub-committees to oversee procedural and financial management of the hospital. The Trust Board sub-committees are:

- Remuneration Committee – sets executive salary levels and monitors the NHS pay scheme.
- Audit Committee – reviews financial governance and control.
- Charitable Funds Committee – oversees the hospital's charitable funds.
- Finance and Performance Committee – oversees progress with financial management and performance.
- Integrated Governance Committee – monitors the clinical and non-clinical governance arrangements.
- Clinical Excellence Committee – assesses and evaluates clinical performance.
- Equalities Committee – oversees the delivery of the statutory duties in terms of staff and service delivery agendas.

During 2012 the Trust Board undertook a review of the effectiveness of its sub-committees. A number of recommendations were presented to the Board in September 2012, to strengthen the committee structure. The changes will be implemented during 2013.

Throughout 2012/13, the Board has continued to build on the principles of good corporate governance - the way in which organisations are directed, controlled and led. It defines relationships and the delegation of roles and responsibilities of those who work within the organisation, determines the rules and procedures through which the organisation's strategic objectives are set, and provides the means of attaining those strategic objectives and monitoring performance. Most importantly, it defines where accountability lies throughout the organisation, and ensures that the Trust discharges its statutory responsibilities.

The Board complies with the Corporate Governance Code. All Board members follow the Nolan Principles on conduct in public life. In addition, where relevant, Board members also work within the requirements of their professional regulatory bodies.

Non-Executive Directors

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

Stephen Clark (see note 1)
Committees: Equalities (chair), Clinical Excellence (member), Remuneration (member), Finance & Performance (member), Audit (member).

Jenny Higham
Committees: Clinical Excellence (chair), Remuneration (member).

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

Mark Jopling
Committees: Integrated Governance (Chair), Charitable Funds Committee (member).

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

Sarah Cuthbert
(see note 2)

Executive Directors

Dame Jacqueline Docherty
Chief Executive

Stella Barnass
Medical Director

Lesley Stephen
Director of Operations
(see note 3)

Julie Wright
Director of Nursing & Midwifery
(see note 4)

Anne Gibbs
Director of Strategy /
Deputy Chief Executive

Rakesh Patel
Director of Finance

Nina Singh
Director of Workforce and Development

Julie Hunt
Director of Operations and Nursing & Midwifery
(see note 5)

Notes:

1. Stephen Clark stood down on 31 March 2013.
2. Sarah Cuthbert was appointed from 1 April 2013.
3. Lesley Stephen was seconded to the Trust from 26 March 2012 to 31 March 2013.
4. Julie Wright was seconded to the Trust from 7 November 2011 to 31 March 2013.
5. Julie Hunt started as Director of Operations and Nursing & Midwifery on 24 April 2013.

Governance

None of the Executive or Non-Executive Directors hold company directorships or other significant interests, which may conflict with their management responsibilities.

All Trust Board members have signed up to the NHS Code of Conduct and Accountability. The Register of Interests and Hospitality Register are updated on an annual basis, as set out in the Trust's policies. At the start of each Trust Board meeting, any conflicts of interest are formally recorded in the minutes.

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 themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

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

	Trust Board	Trust Board seminars	Audit	Finance and Performance
Number of meetings held	8	3	5	10
Tom Hayhoe	8 of 8	3 of 3	NA	7 of 10
Nick Gash	8 of 8	3 of 3	5 of 5	10 of 10
Stephen Clark	8 of 8	3 of 3	5 of 5	8 of 10
Mark Jopling	7 of 8	3 of 3	NA	NA
Jenny Higham	6 of 8	3 of 3	NA	NA
Luke de Lord	8 of 8	3 of 3	5 of 5	8 of 10
Jacqueline Docherty	8 of 8	3 of 3	NA	10 of 10
Anne Gibbs	8 of 8	3 of 3	NA	6 of 10
Stella Barnass	7 of 8	3 of 3	NA	NA
Rakesh Patel	8 of 8	3 of 3	NA	10 of 10
Julie Wright	8 of 8	3 of 3	NA	NA
Nina Singh	8 of 8	3 of 3	NA	7 of 10
Lesley Stephen	6 of 8	1 of 3	NA	7 of 10

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

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 2013 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. The Chief Executive has 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 divisional 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 divisional levels.

Risk management is embedded throughout the organisation from the level of the Trust Board to the individual employee. The Trust Board reviews corporate risks in achieving the Trust objectives which are identified on the Board 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 into the overarching Integrated Governance Committee. Aspects of risk management, particularly related to statutory and mandatory training are monitored centrally and followed up with individual staff members through the Trust's appraisal processes.

Revision of the Risk Register provides automatic updating of the risks identified in the Board Assurance Framework (BAF). The BAF clearly identifies gaps in controls and assurances and contains summary details of the action plans developed to address these.

During 2012/13 there were 12 high scoring (red) risks identified within the Trust, which have reduced to 5 as at 31 March 2013. These high scoring risks are managed and monitored via the Divisions and corporate risk registers, where they identify the source of the risk and the respective actions or treatment required to either reduce or eliminate such risks.

A common theme over the year mainly relates to infection control type risks. Other red rated risks have been addressed as a matter of urgency and continue to be monitored.

Governance

The Clinical/Corporate Quality and Risk Committees, which meet bi-monthly, have an overarching responsibility for ensuring that there is continuous and measurable improvement in the quality of services provided. Through regular monitoring of their own work and the work of groups and committees from which they receive reports, it will assure the Integrated Governance Committee (sub-group of the Trust Board) of progress in the management of risks associated with its activities of all types – clinical, financial, environmental and organisational – and that those risks are being appropriately managed. The Clinical Quality and Risk Committee receives the minutes from the monthly meetings of the Divisional or Corporate departments and reports on other business considered by those Committees.

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. Serious Incidents are reviewed on a regular basis by the Trust Board.

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 and resulting action plans are incorporated into the Risk Register. 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 overseas these arrangements on behalf of the Trust Board.

The Board's Assurance Framework was in place throughout the year ending 31st March 2013. It is reviewed by the Integrated Governance Committee and Trust Board and is central to the Trust's assessment of corporate risk and the actions required to ensure the Trust delivers its key objectives.

The Trust is fully compliant with Care Quality Commission (CQC) essential standards of quality and safety.

As an employer with staff entitled to membership of the NHS Pension scheme, the Trust has control measures 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. Progress is monitored by the Equalities Committee which is a sub-committee of the Trust Board.

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 Corporate Quality & Risk Committee. We had no incidents of untoward personal data loss with a severity rating of 3 and above during 2012/13 (neither did we in 2010/11 or 2011/12).

Review of effectiveness

As Accountable Officer, the Chief Executive has 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 Board 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 Board 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, compliance with Care Quality Commission standards of quality and safety, 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 Board 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. Overall the review concluded that while there were a number of areas of good practice there are other aspects of the Board Assurance Framework and risk management processes that required improvement. An action plan to address this has been agreed and progress will be monitored by the Integrated Governance and Audit Committee's over the coming year.

The Chief Executive of the NHS has 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

All trusts must demonstrate that they have a robust plan in place to become foundation trusts – demonstrating how the organisation is financially and clinically viable in the short, medium and long term.

We have made **continued good progress** over the last few years to improve our financial position, and we have **attained Major Hospital** status as part of the Shaping a Healthier Future programme.

However, **we face significant financial challenges** over the coming years. We have a £15.3 million loan from the Department of Health (DH) for which we are in discussions with both DH and the NHS Trust Development Authority over a plan to repay this. In addition our commissioners have ambitious plans to change the way care is delivered outside of hospital.

We are therefore unable to develop a strong financial plan as a stand alone organisation that will enable us to become a foundation trust. We began exploring options to partner with another NHS trust in September 2012 to strengthen our financial position and help resolve our historic deficit.

In April 2013 we announced that following an options appraisal process we have agreed that **Chelsea and Westminster** Hospital NHS Foundation Trust is the preferred bidder to explore a **potential partnership** to achieve **foundation trust** status.

This is the first step towards a potential partnership and there is still a long journey ahead before any final decision can be made. During the spring and summer of 2013 we will be developing detailed plans to reassure ourselves that this partnership will work and that it is in the best interest of everyone involved.

If everything goes to plan we anticipate that the formal partnership will commence in 2014.

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

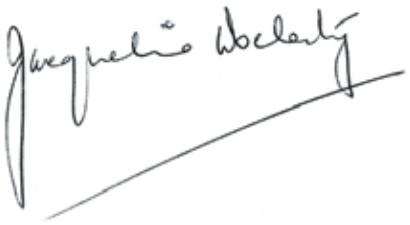
The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers' Memorandum issued by the Department of Health. These include ensuring that:

- 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 conforms to the authorities which govern them.
- Effective and sound financial management systems are in place.
- 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 an 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.

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 2013 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, the related notes and the information in the Directors' Remuneration Report that is described as having been audited.

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 for Health.

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

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 Trust's full annual statutory financial statements describes the basis of our audit opinion on those financial statements, the Directors' Report and the Directors' Remuneration Report.

Opinion

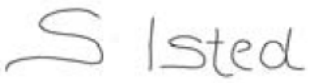
In our opinion the summary financial statement is consistent with the full annual statutory financial statements and the Directors' Remuneration Report of West Middlesex University Hospital NHS Trust for the year ended 31 March 2013 and complies with the relevant requirements of the directions issued 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 full annual statutory financial statements on 5 June 2013 and the date of this statement.

Our auditor's report on the statutory financial statements included an emphasis of matter paragraph because of the uncertainty relating to the Trust's future, its financial position and its ability to meet its loan liability.

Emphasis of matter

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosures made in note 1.1, note 20 and note 27 to the financial statements concerning the Trust's future, its financial position and ability to meet its loan liability. During the year the Trust Board carried out an assessment and concluded that the Trust was not viable as a standalone entity and has been looking for another NHS organisation to partner with or to acquire the Trust. The Trust announced in April 2013 that its preferred acquirer was Chelsea and Westminster Hospital NHS Foundation Trust. In addition the Trust has not met the schedule of repayments on a loan from the Department of Health and the balance due on the loan is presently £15.3 million.



Sarah Isted, Engagement Lead
For and on behalf of PricewaterhouseCoopers LLP
Appointed Auditors
London
June 2013

Director's statement

The auditors have issued unmodified opinions 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 included an Emphasis of matter paragraph, where the auditors stated they have considered the adequacy of the disclosures made in note 1.1, note 20 and note 27 to the financial statements concerning the Trust's future, its financial position and ability to meet its loan liability. The auditors' report is not modified in that respect.

The auditors' report on the full annual financial statements contained a qualification of their value for money conclusion because in their view, in considering the Trust's arrangements for securing financial resilience, they identified that the Trust did not have robust plans in place to:

- recover its brought forward cumulative deficit; or
- repay the significant loan balance disclosed in note 20 of the financial statements with the Department of Health.

The auditors' report contained no statement on any of the matters on which they are required, by the Code of Audit Practice, to report by exception.

The auditors' report on the full annual financial statements stated that the audit could not be formally concluded and a certificate issued in accordance with the requirements of the Audit Commission Act 1998 and the Code of Practice issued by the Audit Commission because the auditors have not yet issued our limited assurance report on the Trust's Quality Account maintained under the Code of Audit Practice.

Guide to terms used in this section

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 inventory (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, inventories, 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.

Find out more

You can access more information about us on our website www.west-middlesex-hospital.nhs.uk including details of how to make a Freedom of Information request, and accessing your health records. The majority of this information is available free of charge and we comply with the Treasury's guidance on setting charges for information.

Tell us what you think

We are keen to hear your thoughts, experiences and opinions about West Middlesex.

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 booklet in a language or format of your choice please contact: pals.service@wmuh.nhs.uk or call 020 8321 6261.

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