Annual Report 2013/14

A first class hospital for our community

West Middlesex University Hospital NHS Trust

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Russell Grant opened our new dementia-friendly ward, which features artwork from Springwell Junior School - read more on page 12

Foreword by the Chairman and Chief Executive

2013/14 has been another challenging year for our Trust, but despite this we have continued to make some very positive progress. We would like to thank all the staff and volunteers for their hard work, loyalty and dedication and for rising to some huge challenges and changes affecting the health service. Whilst we acknowledge that we don't always get things right first time we remain committed to being a first class hospital for our community.

The NHS in England has undergone a fundamental transformation in its structure, the biggest in its history. Ministers believe these changes are essential to allow the health service to become more efficient and meet the challenges it faces. Clinical Commissioning Groups, made up of GPs, are now responsible for deciding what local services to fund and local authorities have been given a bigger role in influencing health services. Most of the changes took effect on 1 April 2013 but it will take some time for them all to become fully embedded. For us, this has meant working with some new colleagues as well as many familiar faces, albeit in slightly different roles.

A number of critical reports looking at NHS services were published during the past year. These included the Francis report, the culmination of a public inquiry into the care provided at Mid Staffordshire NHS Foundation Trust. The report centred on failings in care at one hospital but it has far reaching consequences and every NHS trust has been studying it and using its recommendation to make improvements. The development of our response to the Francis report has been a regular item at our Trust Board meetings throughout 2013/14. We first reviewed the report's recommendations and grouped these into a number of themes. For each of these we then looked to see what we were already doing well, what was in our existing plans, where there were further areas for enhancement, and what was new for us. This has allowed us to make further improvements in safety and care, particularly in regard to safeguarding vulnerable patients. You can read more about this in our Board reports, which are published on our website.

In last year's annual report we brought you news that, following a public consultation set up to consider proposals for improving the healthcare services provided to the two million people served by NHS North West London, West Middlesex had been designated a major hospital. We are fortunate to have excellent modern facilities and capacity for further expansion. Since this announcement we have been planning how we can best meet the needs of the people we currently serve as well as expanding our services for a wider population, and maintaining a first class service both during the transition and into the future. This has seen us investing in staff and facilities, with further plans for next year.

Our last annual report also included an update on our progress towards becoming a Foundation Trust and how we were exploring a potential partnership with Chelsea and Westminster Hospital NHS Foundation Trust. The opportunities this offers are very exciting. However, bringing two organisations together is complex and we have to be certain that the change will be in the best interest of everyone involved, particularly our patients and staff. During the year clinical staff have been working closely with colleagues at Chelsea and Westminster to explore the benefits. An Outline Business Case from Chelsea and

report

Westminster needs to be approved by the NHS Trust Development Authority before we proceed to the next stage. This is likely to be later on in 2014 and we will keep you updated on progress.

In September 2013 we held a special open day to celebrate the tenth anniversary of the opening of our new hospital building. It was an opportunity for our local community to see behind the scenes and interact with staff from across the hospital. We were joined by local dignitaries and a number of the partner organisations who we work with to deliver integrated care for our patients. There was a real buzz of excitement at the event and we enjoyed meeting local people and hearing all the positive things they had to say about the hospital and its staff.

During 2013/14 we asked hospital inpatients, people using our accident and emergency department, and mothers using our maternity service whether they would recommend us to their friends and family. We were encouraged to see that 94% said they would. Getting such positive feedback from the people who use our services is an important measure of how well we are doing. However, the 2013 national survey of inpatient experience highlighted a number of areas where we do not do as well as we would like. We are exploring the results of this survey in conjunction with the results of the national survey of staff experience as we believe that they are inextricably linked and will help us identify how we can improve. In addition to the feedback from patients and staff, we received some very positive reports from external assessors scrutinising our services. You can read more about these later in this report.

The NHS has featured a great deal in the media recently. One area of attention has been the intense pressure on accident and emergency departments. Ours was no exception but our winter plans worked well and overall performance remained high. We have undertaken a great deal of work over the past few years, in partnership with our health and social care colleagues, to meet the ever growing demand on these services. You can read about some of this work later on in the report. We also continue to work with the wider NHS to help people understand how best to use the range of services available to them if they are unwell. This includes the new NHS 111 free telephone service you can call if you have an urgent non-life-threatening healthcare need but don't know where to go.

The coming years are certain to provide even more challenges but we are confident that West Middlesex has a positive future with many exciting opportunities, and that we will continue to provide a first class hospital here for our community.

Jacqueline Docherty DBE
Chief Executive

Tom Hayhoe
Chairman

Welcome to our annual report, which sets out our key achievements, successes and challenges during 2013/14. Our annual quality report complements this, and is available on our website: www.west-middlesex-hospital.nhs.uk. Additional information about our performance and strategies can also be found on our website, as well as our equality information report.

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

Your feedback on this report is appreciated. Please contact: communications@wmuh.nhs.uk / 020 8321 6342.

About us

West Middlesex is 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.

Since 1 April 2013 most of our services have been commissioned by new GP-led organisations called Clinical Commissioning Groups (CCGs), which are responsible for buying and planning health services. Our main commissioners of acute service are Hounslow CCG and Richmond CCG.

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.

Our core services include:

- Full emergency department service for major accidents and trauma. The department is supported by a separate on site urgent care centre, which is run by GP and community partners
- Emergency assessment and treatment services including critical care. The Trust is a designated trauma unit and stroke unit
- Emergency and elective (scheduled in advance) 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, midwifery led natural birth centre, community midwifery support, antenatal care, postnatal care and home births. The service is supported by a special care baby unit
- Children's services including emergency assessment, inpatient and outpatient services
- Sexual health services (which are commissioned by the local authorities rather than the CCGs)
- Diagnostic services including a pathology and imaging service
- A wide range of therapy services including physiotherapy and occupational therapy
- A comprehensive array of education, training and research opportunities
- Corporate and support services

Some clinical services are also provided in the community including consultant led outpatient services, maternity antenatal and post natal care, and sexual health. 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.

Our vision

A first class hospital for our community

Our commitment to you

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

Our commitment to you, explained

We will provide high quality and safe care by:

- Delivering high standards of safety and cleanliness to patients, staff and visitors
- Supporting and developing staff to deliver safe and high quality care
- Working with educational institutions to deliver high standards of staff training and development
- Learning from the things we do well and improve 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 patients, the public and staff in the development of services

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.

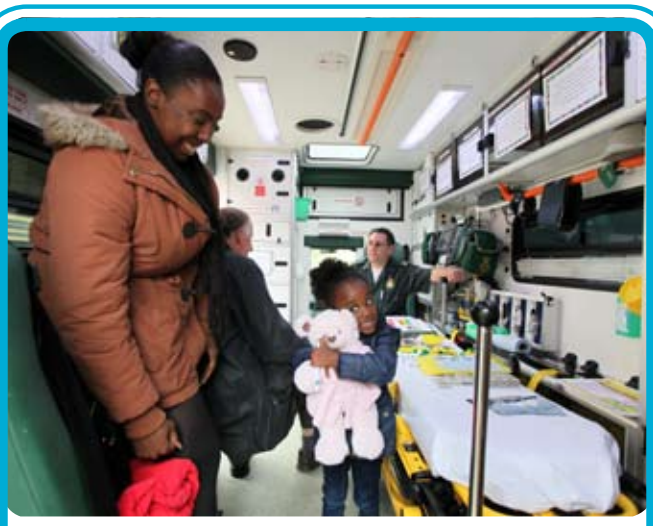
Ten year anniversary

2013 was an historic year for us, as it marked the tenth anniversary of the opening of our new hospital building. To celebrate this milestone we invited our local community to join us at a special open day.

We were overwhelmed when over two thousand people came to visit us, and joined the two hundred staff volunteers, on Saturday 21 September.

The hospital atrium was filled with around sixty different stalls representing a broad range of different hospital services from Audiology through to a Zumba class for stroke patients, led by a very entertaining Elvis impersonator!

The organ donation stand signed up over fifty people, which potentially can help save the lives of 450 people. Other stands tested visitors for a number of common health conditions including diabetes and blood pressure and assessed their body mass index (BMI).



A number of partner organisations joined us including Hounslow and Richmond Community Healthcare NHS Trust, London Ambulance Service which brought along one of its ambulances for people to explore and the London Fire Brigade which brought a fire engine. We were also supported by local businesses who contributed prizes and sponsorship.

Our behind the scenes tours proved popular and to add to the atmosphere there was a variety of live entertainment including a Filipino cultural presentation - by the hospital's London 2012 Olympics and Paralympics volunteers.

The children's zone went down well with families, with a magic show, face painting, cake decorating and allergy testing. Also popular was our career's zone, with experts on hand to give information and advice.

MP for Brentford and Isleworth Mary Macleod joined the celebration, as did the Mayor of Hounslow, the leader of Hounslow Council and the Mayor of Richmond.

We are already planning our next open day, scheduled for Saturday 13 September 2014.

Improvements to patient care and facilities

Unscheduled care

Unscheduled care is sometimes referred to as unplanned care, urgent care or emergency care. It is care which cannot reasonably be foreseen or planned in advance, so services must be available 24 hours a day, seven days a week.

Unscheduled care makes up a large proportion of our work, and is generally focused around our accident and emergency (A&E) department. Since 2012 our A&E department has been supported by an urgent care centre (UCC). The UCC, run by Greenbrook Healthcare and Hounslow and Richmond Community Healthcare NHS Trust, is staffed by experienced GPs and nurses, healthcare assistants and other healthcare practitioners. It treats minor injuries and illnesses that require urgent treatment. Seriously ill patients requiring immediate attention are seen in our adjoining A&E department.

In 2013/14 more than 130,000 people visited either the UCC or A&E department here. All are assessed and prioritised on arrival and the vast majority (over 97%) were treated, admitted or discharged within the national target of 4 hours.

West Middlesex and our local community health and social care partners benefited from additional funding from NHS England to help address pressures on NHS services over the busy winter period.

We developed a detailed winter plan with our local healthcare colleagues to ensure this funding was used efficiently. This allowed us to respond to capacity pressures by investing in extra A&E staff, appropriately resourced additional beds and provide additional access to therapies out of hours. It also helped us safely discharge patients earlier and avoid unnecessary inpatient admissions.

Over the busy winter period we worked with our primary care partners and the British Red Cross to pilot a new scheme to improve discharge arrangements for some of our more vulnerable patients. The British Red Cross team, based in A&E during the week, accompany patients once they are well enough to return home. They make the patients a hot drink, make sure they are warm and comfortable, and even wait for a relative or carer to arrive before leaving them. They also check on the patient the next day.

This scheme has proved hugely successful and we are hoping it will be extended next year.

We have has been working with our colleagues from West London Mental Health NHS Trust's Psychiatric Liaison Service to care for patients with mental health issues who frequently attend A&E - even though in most cases it is not the most appropriate place to help with their needs. They identified the top frequent A&E attenders to try to understand each patient's needs and join up their care with other organisations. The aim is to create a more comprehensive assessment of each patient and devise a more dynamic and flexible care plan which can then be regularly reviewed.

Team of the Year – Acute Medical Unit (AMU)

The AMU team received multiple nominations who all agreed that they are highly professional and compassionate in their care of patients and who epitomise effective team working.

The AMU works closely with A&E, admitting patients who need further medical assessment and treatment.

They are pictured receiving their award from Seema Malhotra MP and Chief Executive Jacqueline Docherty DBE.

Emergency preparedness

Whilst dealing with emergencies is a routine part of our work, we are continually refining our plans and procedures for major incidents and issues affecting the normal running of the hospital.

We have special equipment and appropriately trained staff, for example in the event of a chemical contamination incident. We also undertake regular exercises throughout the year involving multi-agencies, such as the emergency services and local authority, to ensure we have a joined up approach to major incidents that may affect the local community.

Middlesex-born television celebrity Russell Grant took time out from his busy schedule to open our newly refurbished dementia-friendly ward in January 2014. Russell has long campaigned on dementia issues as his grandmother had Alzheimer's disease, the most common cause of dementia. He is an ambassador for the Alzheimer's Society and an ardent supporter of Alzheimer's Research UK, helping to raise funds for both charities as well as increasing awareness of their work.

Care of the elderly

People are living longer than ever before and the proportion of older people is increasing. This means that the overall number of people needing care and treatment is rising and will continue to do so. Many older people have multiple and often complex needs, living with a range of long term health conditions such as diabetes, respiratory issues and heart disease.

We have been making a range of improvements, working closely with other local health care organisations, to improve our services for patients.

One of the most significant areas of improvement this year has been around dementia care.

Crane Ward has been the hospital's main acute care of the elderly ward for treating older patients for a number of years. During 2013 the ward was refurbished to improve the environment for patients with dementia with a £99,000 grant from the Department of Health and a further £10,000 from Bouygues Energies and Services. It reopened at the end of 2013 and has already shown noticeable improvements for patients' wellbeing.

Soothing colours, vintage crockery and glasses, and special flooring to prevent falls are among the touches that help those with dementia and delirium. The ward also features a dedicated social area with a TV and kitchen facilities, nature-inspired artwork created by pupils from Springwell Junior School in Heston, and simplified signage to make it easier for confused patients to find their way around.

To measure the success of the refurbished ward, staff are monitoring the number of patient falls, agitated patient behaviour, and the need for one-to-one patient care and comparing this with data from the old ward. Early indications seem to support improvements in all these areas.

During the year we established a Carer's Café at the hospital. This is open to people who are caring for a patient currently in the hospital who has dementia. It gives them an opportunity to meet up with other people in a similar situation as well as hospital doctors and nurses and community support workers to get advice and support for their circumstances.

Older Adults Specialist Intervention Service (OASIS)

In 2012 we launched a new service to improve the early assessment of older patients, many of whom have complex needs, so that we can organise the different elements of care they need during their inpatient stay right from the outset. The aim is to better plan patients' safe discharge, avoid delays, and prevent unnecessary readmissions.

Now that the service has been running for over a year we have been able to measure its success. The evaluation, undertaken with the help of Brunel University has shown a significant reduction in the length of time older patients spend in hospital, meaning they return home sooner without losing their independence or mobility. Not only is this better for the patients, but it frees up beds for other patients and makes better use of public money.

Women's health service

Our Queen Mary Maternity Unit was built in the 1930s and whilst we have been continually improving its facilities there were some areas in need of upgrading. Thanks to a Government grant we have been able to refurbish a waiting area, update bathrooms on the labour ward, and purchase special reclining chairs for birthing partners to relax and sleep in if they stay over-night. These improvements will make things more comfortable for mums, dads, and everyone else who uses the maternity unit. We have also fitted a brand new roof to the maternity unit this year.

We have appointed four additional obstetrics and gynaecology consultants as well as an anaesthetist with a special interest in obstetrics and gynaecology. This will ensure we are achieving our aims of having a consultant-led service for women with complex needs and meeting safe standards for round the clock consultant cover on our labour ward.

Midwife of the Year Jenny Ryan

Jenny has provided exemplary support for midwives and women coming to terms with bereavement whilst covering this role.

Jenny is pictured (centre) receiving her award from Mary Macleod MP and Chairman Tom Hayhoe.

Facts and figures:
We helped deliver 4,848 babies in 2013/14 - just 20 less than in 2012/13.

Since January 2014 we have a dedicated midwifery team for home births. This change is in response to an increase in the number of women who are choosing to deliver their babies in the comfort of their own homes.

Home birth has a number of benefits including a higher chance of normal delivery, that women and their partners tend to feel more in control and that they will have received continuity of care throughout their pregnancy, during the birth and in postnatal follow-up.

As part of the Shaping a Healthier Future programme, which aims to improve NHS services for the people who live in North West London, we are looking forward to expanding our maternity service further to meet the anticipated increased demand, and have already begun to make plans in readiness for this.

We made major improvements to our early pregnancy unit (EPU). The EPU cares for women experiencing problems early in their pregnancy. We have expanded the unit by investing in additional consultants and scanning rooms. Women requiring urgent assessment can be seen much more promptly, improving their experience and reducing unnecessary anxiety.

Quality and safety

The provision of safe high quality care is of utmost importance to us and underpins everything we do.

External assessments

Following a rigorous assessment in 2013, we achieved the highest standard for patient safety. The assessment was undertaken by the NHS Litigation Authority, who provides indemnity cover for legal claims against NHS organisations. West Middlesex became one of the few trusts in England to have achieved their level 3 standards for both maternity services and acute services. This clearly demonstrates that we are providing safe and high quality care for our patients.

Also in 2013 we received an unannounced but routine inspection from the Care Quality Commission - the independent regulator of all health and social care services in England - to check that we are meeting essential standards of quality and safety.

We were pleased that the CQC's subsequent report of their findings recognised the many good aspects of our care for patients and that the majority of feedback they received from people who use our service and their representatives was positive.

Ten key standards were assessed and the CQC found that we were meeting seven of these fully:

- ☑ Respecting and involving people who use services
- ☑ Care and welfare of people who use services
- ☑ Meeting nutritional needs
- ☑ Safeguarding people who use services from abuse
- ☑ Staffing
- ☑ Assessing and monitoring the quality of service provision
- ☑ Complaints

The Trust did not meet the standards in the following three areas, although the inspectors noted a variety of positive aspects but asked us to make some further progress around:

- Cooperating with other providers – the report highlights significant progress that has been made over the past year to improve the discharge arrangements for patients but we recognise the areas we need to improve and will continue to drive through changes that ensure we are meet this standard
- Cleanliness and infection control – preventing hospital acquired infections is of great concern to our patients and consequently is a high priority for us. We acknowledge the areas highlighted in the report that require improvements and have robust plans in place to ensure we are fully compliant with this standard. Actions taken include improved communications with staff and patients when a patient requires isolation measures as a result of an infection
- Supporting workers – the Trust has a strong track record in supporting our staff and plans are in place to strengthen the clinical supervision of nurses

We take the recommendations very seriously and since the CQC inspection have developed action plans to address all the issues they raised. You can read more in our quality report and on the CQC website at www.cqc.org.uk

Protecting patients

Following a sustained campaign throughout the autumn and winter, we were the second best performing trust in London, and achieved our target of immunising 75% of our front line staff against flu; protecting themselves, their colleagues, and most importantly their patients from the spread of flu. Medical director Dr Stella Barnass was one of the first to get the flu jab.

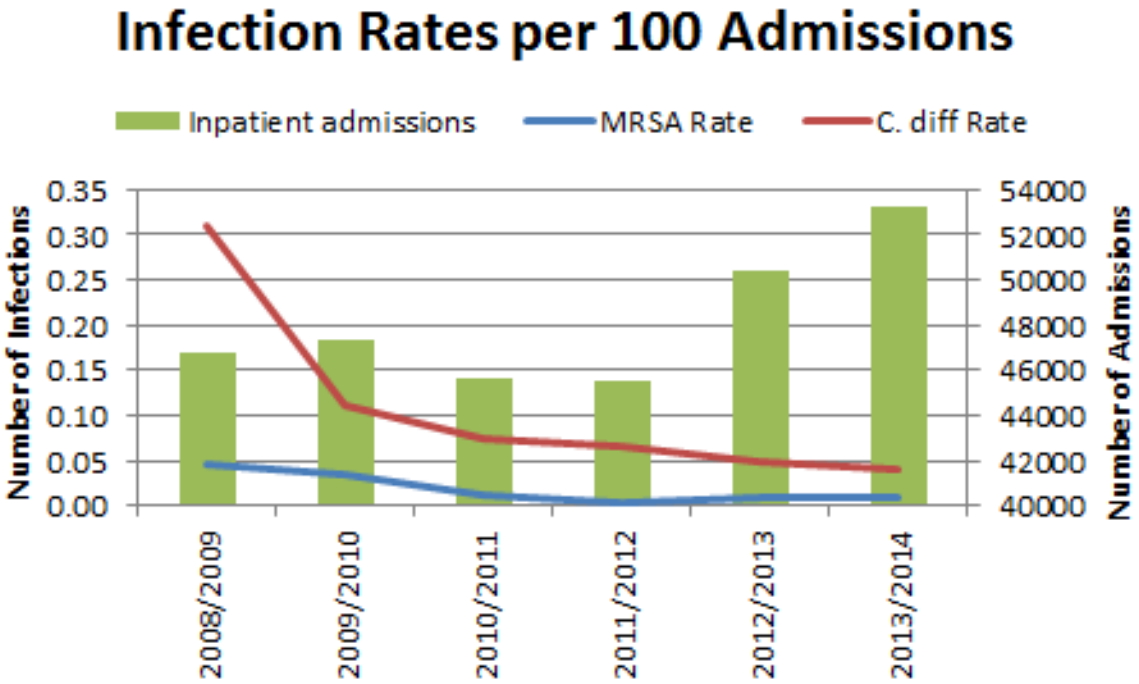
As part of our on-going work to improve patient safety we have introduced special non-slip socks. These have proved popular amongst patients and are one of a number of methods that are helping reduce inpatient falls.

In 2013/14 we have seen an increase in cases of pressure ulcers, which can be caused through a variety of reasons. To help reduce these we have introduced special pressure relieving mattresses and comfort rounds; these reduce pressure ulcers as patients are encouraged to move out of bed wherever possible or regularly change position. The comfort rounds help patients with nutrition, hydration and pain relief, all of which contribute to the reduction in pressure ulcers. More information can be found in our quality report.

Fighting infections

Preventing patients from acquiring infections whilst they are in hospital is one of our top priorities for keeping patients safe from harm. The two most common types of potentially serious infections are MRSA bacteraemia and Clostridium difficile. We are required to record all cases of these infections found in patients.

Over the past few years we have seen reduced rates of these infections, which reflect the efforts of all our staff.



For 2013/14 we set some extremely challenging targets for 0 cases of hospital acquired MRSA bacteraemia (in the blood stream) and no more than 12 cases of Clostridium difficile. Regrettably, although we have reduced the number of cases of Clostridium difficile from 21 cases in 2012/13 to 17 cases this year, we did not meet the target of no more than 12 cases. We also exceeded the zero target for MRSA bacteraemia, reporting 5 cases. In 2012/13 we reported 4 cases.

A range of measures have been implemented to minimise the number of infections. These include ensuring all our staff attend infection prevention and control training and apply the principles in practice. A programme of deep cleaning of the wards was completed in 2013 with a further deep clean planned in 2014, and close monitoring of hand hygiene. Safe care of all our patients is our utmost priority and we can reassure patients that appropriate measures are in place to achieve this. You can read more about our work to achieve this in our quality report.

Senior staff carry out regular visits around the hospital to speak to patients and staff at the front line and pick up on any issues.

Our performance

Performance indicators

During 2013/14 we met the 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, and only narrowly missed others. Doing well against these standards demonstrates that we are providing our patients with the best possible care. Below is a summary of some of our key performance for 2013/14. However this should be read in conjunction with the main narrative of the annual report for a better understanding of the context of these performance measures as well as in our separate annual quality report. You can find details of our current performance, updated on a monthly basis, on our website at www.west-middlesex-hospital.nhs.uk

Area	Performance indicator	Target 2013/14	Performance 2013/14	Target 2012/13	Performance 2012/13
Safety	MRSA Bacteraemia cases (in the blood)	0	5 (see note 1)	<= 3	4
Safety	Clostridium difficile infection cases	<=12	17 (see note 1)	<= 23	21
Quality	Total time in A&E / UCC – (all types*) patients treated, admitted or discharged within 4 hours	>95%	97.4%	>95%	97.82%
Quality	Total time in A&E – (type 1*) patients treated, admitted or discharged within 4 hours	>95%	94% (see note 2)	>95%	95.45%
Quality	Patients with breast cancer symptoms waiting less than two weeks from referral	>=93%	96.9%	>=93%	97.92%
Quality	Cancer 2 week wait	>=93%	94.1%	>=93%	94.3%
Quality	31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group: Surgery Drug	>=96% >=94% >=98%	99.6% 100% 100%	>=96% >=94% >=98%	99.8% 100% 100% 100%
Quality	62 days urgent referral to treatment for cancer: 62 day standard – tumour	>=85%	81.9% (note 3)	>=85%	86.6%
Quality	62 day screening standard – tumour	>=90%	60.0% (note 4)	>=90%	73.7%
Quality	62 day consultant upgrade	>=85%	92.9%	>=85%	90.4%
Patient experience	18 week referral to treatment times: Admitted patients Non-admitted patients	>=90% >=95%	95.4% 97.1%	>=90% >=95%	97.0% 97.7%

Notes

1. Please see page 17 for details of how we have been fighting infections at the hospital this year.
2. See page 10 for information on our improvements to unscheduled care this year.
3. The main reason for our struggle to achieve the 62 day standard is that demand has increased and stretched our capacity. The number of cancer two week wait referrals has increased between 2010/11 and 2013/14 by 32% and this has put a lot of pressure on our services especially the diagnostic services who have also experienced increase demands from non-cancer areas at the same time. We have developed a recovery plan which includes reviewing the current capacity and what additional resources (outpatient, theatre lists, diagnostics and staffing) are required to ensure capacity is in line with demand.
4. Due to the low volume of patients screened the Trust is exposed to high variation in performance resulting from single breaches when they occur.

Creating a learning culture

The Trust has an open and transparent culture. We encourage staff to report incidents, which is backed by our whistle blowing policy. All staff are required to undertake health and safety and risk management training so that they know how to identify risks and incidents as well as how to report them so that appropriate actions can be taken.

The Trust takes patient safety incidents very seriously. We involve all staff who cared for the patient in the investigation process. We also ensure that the patients, and where appropriate their personal representatives, are kept informed of the incident and the outcome of the investigation.

Never events are serious patient safety incidents that should not occur if the available preventative measures had been implemented. Regrettably we reported four never events in 2013/14. All of these incidents were the subject of a robust investigation, reviewed by the Trust Board with lessons learnt cascaded to staff in order to minimise the risk of any reoccurrences. More information can be found in our quality report.

Patient and public involvement

Our ambition is to provide the highest quality patient experience with care delivered by competent and compassionate staff, putting the patient, their family and carers at the heart of everything we do.

The Patient Experience Committee provides a forum for staff, and representatives from partner organisations such as Healthwatch (previously known as the Local Involvement Networks or LINks) to discuss the feedback we receive and ensure that services are monitored and improved. Patient complaints are a regular agenda item and are also discussed at each Divisional Clinical Quality and Risk meeting and by the Trust Board.

To ensure that lessons have been learnt from feedback, patients have shared their experiences in a variety of ways, including participation in the recording of educational DVDs, telling their story in person or having their experiences recorded and shared with staff.

We adhere to the best practice for complaints handling as set out by the Parliamentary and Health Service Ombudsman under their Principles for Remedy (www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-for-remedy). This includes an individual approach to each complaint, being open and transparent, and seeking to put things right through continuous improvement. Details of our complaints procedure and our complaints annual reports can be found on our website as well as in our 'How to make a complaint' leaflet or by emailing complaints@wmuh.nhs.uk or calling 020 8321 5630.

Since December 2012 we have been asking patients whether they would recommend us to their friends and family. Initially this was for adult inpatients and those using A&E, but since October 2013 it now includes maternity.

Between April 2013 and March 2014 we have had responses from almost 8,000 patients. The vast majority (94%) of those responding said they would be either 'likely' or 'extremely likely' to recommend us and their additional comments have been overwhelmingly positive.

Known as the Friends and Family Test (FFT) this has enabled us to celebrate and share success and make improvements when patients have reported a less satisfactory experience. FFT results are published each month on our website.

You said...we did

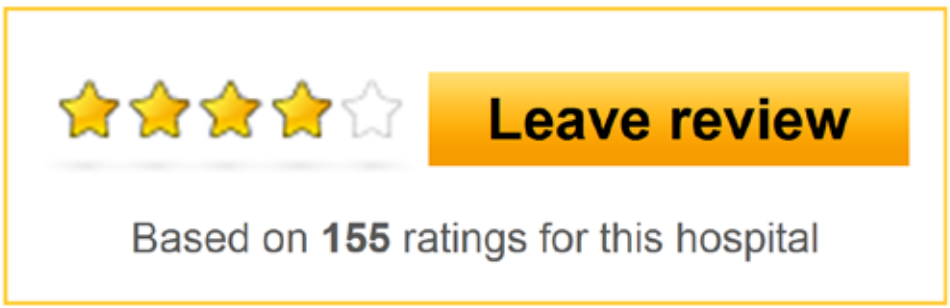
We have special boards on display around the hospital that allow patients and carers to view what other patients have been saying about these areas, and how we have responded to their feedback.

One example of using feedback to make improvements to patient care is in A&E. We have a group of volunteers based in A&E who befriend patients who are on their own or particularly vulnerable. They assist them in a variety of simple but helpful ways such as making them a cup of tea, explaining the A&E process, contacting their next of kin and offering to stay with them while they are waiting to be treated.

Some of the recent comments include: 'Every single person I have seen - porter, nurses, radiologist and doctor has been very professional and friendly and I was seen and treated very quickly.'

'I was well looked after. I really enjoyed the atmosphere; the staff were extremely friendly, helpful and pleasant. I felt welcome and I would never have expected to enjoy my time in hospital.'

NHS Choices is the official website for the NHS (www.nhs.uk). Patients can post comments and rate the care they have received. During 2013/14 many patients and their carers have left feedback about their experiences in our hospital and overall we have a four out of five star rating.



paula gave General Surgery at West Middlesex University Hospital a rating of 5 stars

Day Surgery

I visited the Day Surgery Unit at West Middlesex Hospital and the care and service I received was outstanding. This is the 4th time I have been to the Day Surgery department in the last 4 years and the staff never fail to please. Their care and support from the nurses, Health Care Assistants right down to the staff in the operating theatre was absolutely fantastic very friendly, helpful and caring. These people really deserve a medal for the work they do. I was treated with lots of care, information and understanding and made to feel comfortable and calm. I would like to thank everyone for everything they did and all their hard work and commitment in what can sometimes be a very difficult time yet the moral remains high and the care exceptional. Thank You.

Visited in March 2014. Posted on 06 March 2014

NHS choices

Facts and figures:
10,210 patients were operated on in our theatres - an increase of 2.49% / 248 patients compared to 2012/13.

Increasingly people are using social media, such as Twitter, to share their experiences in hospital. We have over 4,400 followers on our Trust Twitter profile - @WestMidHospital - and use it as another means to interact with our local community. Some of our services now are also on Twitter, including sexual health - @SHHounslow

Dinah Liversidge @DinahLiversidge · Mar 6
@WestMidHospital superb team on CCU - thank you for making me feel comfortable & safe at a challenging time #NHSHeroes

Expand Reply Retweet Favorite More

We have a number of other mechanisms in place for obtaining patient feedback. This includes regular surveys, undertaken independently on behalf of the Care Quality Commission which is the independent regulator of all health and social care services in England.

We were disappointed, however, with the results of the 2013 survey of adult inpatients, which highlighted a number of issues where patients scored us low compared to other hospitals.

We recognise that we need to make improvements, and are looking at this in conjunction with staff feedback and are holding a patient and staff experience event in June 2014.

Technology and innovation

We continue to invest in the latest technology and use innovative ways of working to improve the patient and staff experience.

For clinical staff, IT can play a vital role in providing them with up-to-date information about the patients they are looking after. This includes, where appropriate and with patient consent, sharing information securely with other health professionals.

Using the 'RealTime' system we now send a significant amount of inpatient information, summarising the patient's care at the hospital, directly to their GPs. This means that GPs have an update of their patient's care within 24 hours of them leaving hospital. Patients also receive a copy detailing the treatment they have received. This supports a much more joined up approach to patient care.

We have been updating computers across the hospital with the latest models and newer software, so staff are able to get on with their work without delay.

We have replaced out-dated printers, copiers, scanners and faxes with the very latest multi-function devices which can perform all these functions and more.

We are predicting an overall saving of £200,000 per annum as well as environmental benefits by reducing paper wastage and lowering energy consumption.

Within our A&E department there have been a number of successful IT based improvements. Clinicians are now able to access patients' GP records, with their permission, on computers in the treatment cubicle, improving continuity of care.

Patients' A&E records are now scanned in digitally, within hours of their attendance, making it easier for staff to view their information at any follow-up appointments or visits.

Facts and figures:
Our hi-tech clinical imaging department carried out 193,804 x-rays, scans and procedures, an increase of 14,936 / 8.35% on 2012/13.

Time is valuable to both patients and staff at the hospital. The Trust is seeking to reduce the growing number of appointments going to waste.

We have launched a new text reminder service, prompting patients that they have a hospital appointment coming up so that they don't miss it. If they are unable to make the appointment it also asks the patient to call the hospital so the slot can be offered to another person rather than being wasted.

The reminder service, available free of charge to patients, is part of a wider programme to reduce missed appointments.

A simple but effective new scheme to improve patient care and staff experience is being rolled out across the hospital wards following a successful pilot.

In October 2013 Osterley 1 Ward was the first to trial the 'Heads-Up' system - a structured method for staff to discuss issues affecting the smooth running of the ward. At the start of each day, as part of their existing ward round, staff have a brief discussion about any problems they have encountered using a simple form and as a multidisciplinary team discuss the best ways to overcome them.

Some of the areas identified through this system include access to equipment, blood tests and the discharge process. The aim of the project is to empower staff to resolve issues themselves where possible, while others are referred into a range of on-going improvement projects.

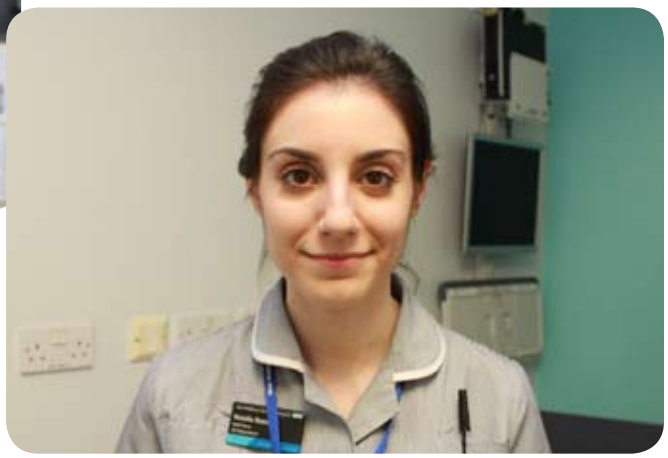
The Trust gives the highest priority to protecting patient confidentiality and it is regrettable that we had three incidents involving data loss and confidentiality breaches during the year. There were two separate and unrelated incidents that involved a patient being sent a letter containing personal and confidential information meant for another patient. The third incident involved a draft response to a complaint letter being emailed to the wrong recipient, breaching patient confidentiality. We take these errors very seriously and have investigated each incident and have reinforced our policies and procedures. All staff are required to have annual information governance training and for 2013/14 we achieved our target of 95%.

Facts and figures:
There were 246,032 outpatient attendances in 2013/14, an increase of 4,045 / 1.67% compared to the previous year

Investing in our staff

We have some 2,202 staff who work at the hospital – 1,877 are directly employed by the Trust with a further 325 employed by our partners ISS and Bouygues Energies and Services.

In January 2014 Julia Dufour (left) joined the Trust as matron to lead on care of the elderly.
"I have found everyone at the Trust to be friendly and welcoming."



Staff nurse Natalia Rueda (right) joined the Trust in 2013 as one of the additional clinical staff.
"The A&E department here is a really friendly place to work."

This year we have made significant investments in clinical staffing. This has included additional senior doctors, including four new obstetric and gynaecology consultants and a paediatric consultant.

During 2013/14 we have also made plans to improve our clinical staffing levels further to take account of future developments. This will ensure we are prepared for the combined impact related to the Shaping a Healthier Future programme and new London health clinical standards with the additional activity they will bring to our hospital.

Our careers and volunteering zone proved hugely popular at our open day. We invited local school, colleges and universities to send their students along to find out more about the varied career opportunities on offer here.

Volunteer of the Year Dennis Griggs

Our small but dedicated group of volunteers play an essential role in improving the patient experience and supporting our staff in their duties. Dennis is an excellent example of this, demonstrated through his involvement in the open day success as well as collecting friends and family test questionnaires.

Dennis is pictured (centre) receiving his award from Cllr Meena Bond, Mayor of Richmond, and Chief Executive Jacqueline Docherty DBE

We successfully reduced our vacancy rates during the year to 6.75%, attracting high calibre staff to work here.

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

Retention of staff is just as important as recruitment. It is widely recognised that a happy and well-motivated workforce leads to an improved environment for patients.

At our annual long service awards in February 2014 we invited staff with 10 to over 40 years' service to a celebratory event, representing more than 900 years of combined service.

Karen Beck from Teddington has worked as a midwife at West Middlesex for over twenty years and is now midwife on the new dedicated homebirth team. She said:
"I trained as a midwife at West Middlesex and then went on to have both of my children here. I've always found West Mid a friendly place to work and have enjoyed being able to specialise and promote breastfeeding and home birth."

Listening to our staff and responding to their feedback helps us to improve morale and ultimately leads to a better patient experience. We obtain feedback from an in-depth annual staff survey, as well as through regular mini-surveys.

During 2013/14 we have taken forward our Developing a Respectful and Positive Culture programme, which was launched in 2012.

We developed a set of postcards that patients and the public as well as staff can use to say thank you when they have received great care or help and support from a colleague.

Therapist / Scientist of the Year Lee Curtis

All of Lee's nominations agreed that he is an excellent role model, highly respected and an inspiration to other staff. As one nominator said: "Lee is one of the most positive people I have ever met – there should be more people like him in the world. He is a credit to his profession!"

Lee is pictured (centre) receiving his award from Mary Macleod MP (left) and Chief Executive Jacqueline Docherty DBE

Support Services Person of the Year Vivienne Lonsdale

An outstanding team player, who is always friendly, helpful, polite and welcoming to visitors and staff.

Vivienne is pictured (centre) receiving her award from Cllr Meena Bond, Mayor of Richmond, and Chief Executive Jacqueline Docherty DBE.

Promoting equality and diversity for our patients and staff

We are committed to promoting equality and diversity. We continue to work towards being an inclusive employer and delivering services with an understanding of the impact that our policies have on patients and community.

Facts and figures:
45,974 patients were admitted to our hospital in 2013/14 - 949 more than the previous year.

Over the past 12 months we have made significant progress in achieving our equalities objectives, more details can be found in our equality information report 2013, available on our website or on request from communications@wmuh.nhs.uk / 020 8321 6342.

Our workforce

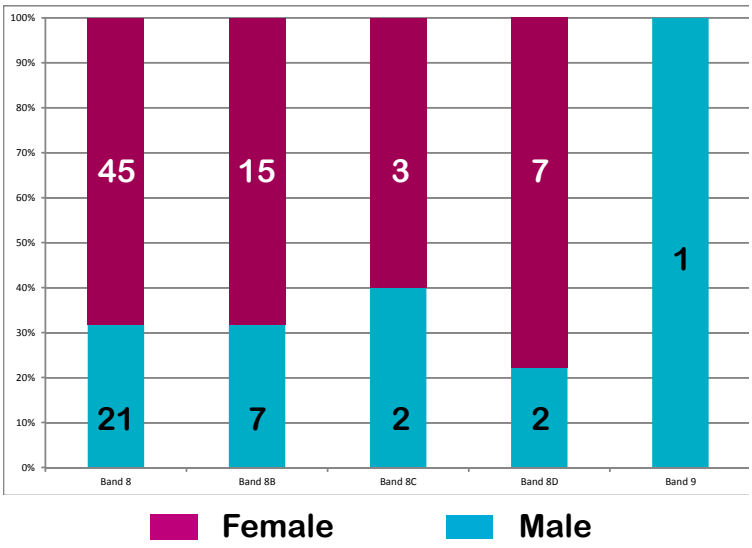
Gender distribution

All staff*		
Male	392	21%
Female	1476	79%
Total	1868	100%

Directors		
Male	5	42%
Female	7	58%
Total	12	100%

Senior Managers		
Male	33	32%
Female	70	68%
Total	103	100%

Senior Managers Gender Breakdown by Agenda for Change Bands



Recruitment activity

Of 7.961* job applications received, 230 people declared themselves to have a disability. Of these, 78 were shortlisted and 14 people were appointed.

The Trust has maintained the two ticks' symbol in recognition of its positive steps in employing and supporting disabled staff.

*Calculated for period January to December 2013

Education, learning and development

As a university hospital we are proud to contribute to the development of the next generation of doctors, nurses and other health professionals. We have an excellent reputation for providing the very best teaching and facilities, as well as being a very friendly place to learn in.

Further expansion of simulation training

The Trust's modern simulation centre provides life-like medical scenarios in which trainee doctors and other healthcare professionals are put through their paces by our highly skilled team using state-of-the-art 'mannequins'.

Over the past few years the hospital has developed and expanded its hi-tech simulation training, whilst at the same time building an excellent reputation amongst its students and peers.

March 2014 marked the end of another very successful year with the latest group of recently qualified doctors completing their final simulation training session. High fidelity simulation training is mandatory for all foundation year 1 and 2 doctors – those in their first and second years as fully fledged doctors.

In addition to doctors based at West Middlesex, for the first time we have been providing simulation training to doctors from other hospitals, and also involving student nurses who add to the realism of the situation whilst challenging the way the doctors communicate.

Doctor of the Year Sadia Khan

Consultant cardiologist Dr Khan received multiple nominations and was described as being a brilliant clinician and a brilliant teacher who has a great rapport with her patients and is well respected by her peers.

Sadia is pictured (centre) receiving her award from Mary Macleod MP and Chief Executive Jacqueline Docherty DBE.

Nursing and healthcare assistant development

We are the preferred site of Buckinghamshire New University (Bucks) for nurse training. Over the last year we have increased the number of student nurses at West Middlesex, all of whom are working towards a BSc or PGDip in nursing.

We have teaching sessions given by senior nurses, doctors and other multidisciplinary team members to supplement student nurses' bedside experience, which is why the Trust is one of the most popular choices in North West London for pre-qualifying nurses to complete their home-base placement.

Since April last year we have employed 72 newly qualified nurses. The fact that so many newly qualified nurses chose us for their first job, as well as the excellent feedback we receive from them, demonstrate that West Middlesex is a desirable place to work and develop a career in nursing.

Student of the Year Rebecca Scott

Rebecca was observed by a senior nurse, who was so impressed by her professionalism that she recommended Rebecca apply for a job here once she qualified. Rebecca has now been recruited as a staff nurse in our ITU / HDU department.

Rebecca is pictured centre receiving her award from Mary Macleod MP and Chairman Tom Hayhoe.

All newly qualified nurses and those who are new to the Trust benefit from a period of support and guidance when they start working at the hospital. In the past year we have tailored this for West Middlesex and a new booklet has been developed to help nurses work their way through the programme.

Nurse of the Year Haidee Venturina

Ward manager Haidee successfully ran the additional winter pressures ward and demonstrated great leadership, supporting her staff and improved patient care.

Haidee is pictured centre receiving her award from Mary Macleod MP and Chairman Tom Hayhoe.

Supporting our healthcare assistants

Healthcare assistants (HCAs) work under the guidance of qualified healthcare professionals and play a vital role in patient care.

Following the recommendations of a number of reports in 2013, including the Francis Report, there has been a greater emphasis on training and offering additional support to healthcare assistants to ensure they are able to achieve consistently high standards of patient care we expect of all our staff. This includes specific induction, setting and assessing their competency, ongoing support and local registration. To help us achieve these goals we have a dedicated lead, to help facilitate the training and support of HCAs so that they are safe practitioners and meet national minimum training standards.

Care Assistant of the Year
Joyce Sewell

Joyce is dementia champion on Crane ward and also acts as a mentor to more junior healthcare assistants.

Joyce is pictured (centre) receiving her award from Cllr Meena Bond, Mayor of Richmond, and Chairman Tom Hayhoe.

Nurturing the next generation of leaders

Our highly successful clinical leadership programme is in its eighth year. It was set up to give newly qualified doctors the exciting opportunity to learn about the NHS in its broader context, helping them see the bigger picture as well as preparing them for a future role as consultants.

The programme has been expanded to include a range of other clinical staff such as nurses and therapists.

In 2013 our request for approval as an Institute of Leadership Management centre was successful. This means that we are now working in partnership with the largest and longest established management awarding organisation in the UK, and offering these courses to our staff.

Our use of e-learning has increased - after successfully increasing our rates of mandatory and statutory training compliance and proving popular with staff as a flexible alternative to classroom based sessions. It is now used for staff to learn how to use clinical computer systems as well as the theoretical element of basic life support training. We were commended by the Care Quality Commission who noted during their inspection that we had a good balance of e-learning and classroom training.

Research and development

Research and development is a core function of the Trust, with the aim of improving the quality of care not only our patients but also through contributing to wider health improvement.

We have an excellent record of actively involving and engaging patients in the various local research and service improvement projects that have been undertaken in recent years.

2013/14 has been another particularly successful year for research at West Middlesex. We passed our original target of recruiting 560 patients into 39 National Institute for Health Research (NIHR) registered studies, achieving 810 patients.

As part of International Clinical Trials Day, in May 2013 we invited people to take part in a special just-for-fun chocolate trial! The event proved so popular that it was repeated at our Open Day and also taken to Tesco Twickenham, who kindly provided all the chocolate!

For more information on our research work, and to find out how you can get involved, see our website or ask your consultant or nurse at the hospital.

Reducing our environmental impact

West Middlesex is committed to developing energy reduction measures through realistic but ambitious plans which demonstrate of our commitment to the commissioning and delivery of high quality and sustainable health care.

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.

We have made a long term commitment to reduce our carbon emissions and are working with our facilities management partner Bouygues Energies and Services 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 monitoring our carbon emissions.

The Trust is on track for meeting our 2015 carbon reduction target, after taking account of additional activity: having the Urgent Care Centre building added to our estate and the change in use from administrative to clinical areas in the Queen Mary Maternity Unit. Additional building and a higher occupancy density have increased actual usage, but energy savings measures implemented over the last two years are pushing the adjusted usage in a downwards direction.

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

In May 2013 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. We also organised some guided lunchtime walks to encourage staff to take a break and get some fresh air.

In June 2013 we took part in national Bike Week, with anyone signing up to the challenge being rewarded with a free biker's breakfast each morning. We also joined up with the Metropolitan Police Safer Neighbourhoods to hold a cycle safety and security event, offering security marking on site.

In March 2013 we installed three charging points for electrical cars, which are available for use by staff, patients and visitors. These were funded by Transport for London.

Waste minimisation and management

We are working with our facilities provider, ISS Facilities Services on arrangements to improve and consider new opportunities for waste management.

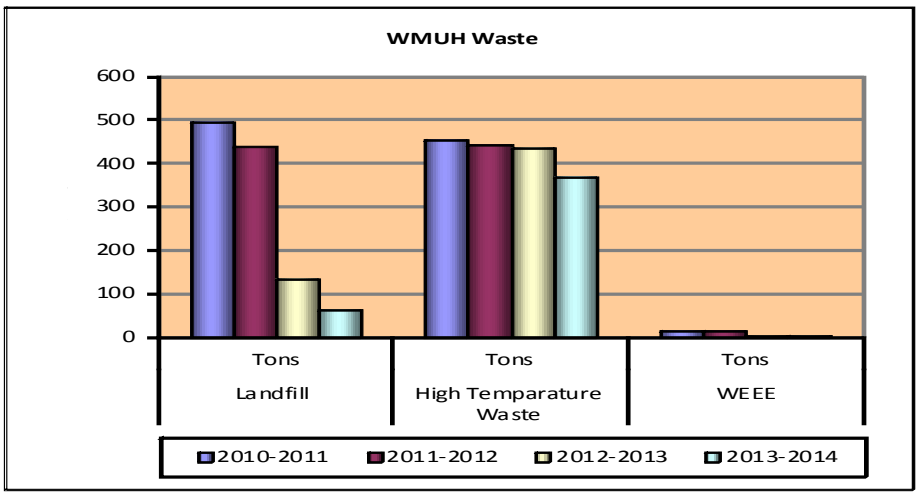
In March 2014, ISS sourced an alternative waste contractor. The new contractor, Biffa, commenced on 1 May 2014. The unique advantages of this arrangement are the assistance in training our staff on compliance with our waste policy, streamlining recyclable waste and offering a single point of disposal for all types of recyclable waste including bulky waste. This will help the Trust to minimise and hopefully eliminate non recyclable waste where possible.

As we can see from the following charts, domestic waste tonnage was significantly lower than in previous years. In fact, this trend continues with clinical waste as can also been seen in the chart below. Clinical waste has reduced considerably over the course of the first year of the ISS contract.

The benefits of this are not just from an environmental perspective but clearly translate into a satisfactory cost saving for the Trust. For example, the cost of clinical waste disposal during year ending 31 March 2013 totalled £189,071 compared with year ending 31 March 2014 which totalled £94,194 representing a 49% cost saving. The recycling figures in the second chart show a sharp increase in tonnage, in comparison. This includes the tonnage attributed to confidential waste which is a recyclable waste stream. The third chart demonstrates a dramatic reduction in waste costs between 2012/13 and 2013/14. These cost savings will be a direct result of the reduced tonnage costs which ISS has been able to negotiate with its disposal contractors. ISS have pledged their commitment to work much more closely with the Trust during 2014 to ensure a joined up approach to waste management. This is essential to in order to promote the significance of waste reduction effectively amongst all staff, Trust and contractors.

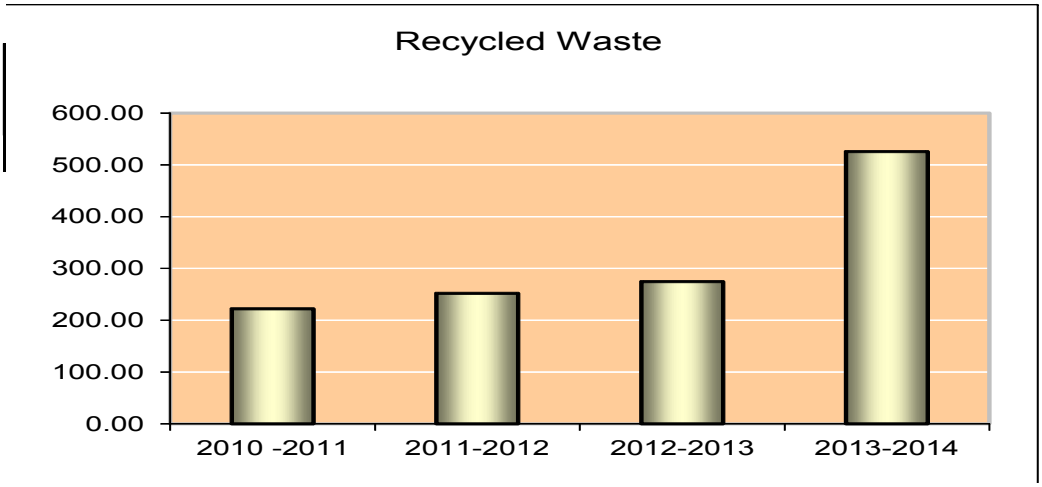
WASTE

		2010-2011	2011-2012	2012-2013	2013-2014
Landfill	Tons	497.2	441.36	133.72	64.02
High Temp	Tons	455	442.65	435.67	367.97
WEEE	Tons	14.23	16.59	4.3	3.9
Total	Tons	966.43	900.6	573.69	435.89



Waste management trends

		2010 -2011	2011-2012	2012-2013	2013-2014
Recycling	Tons	222.28	252.17	274.57	525.56
% of total waste	%	23%	28%	31%	54%



Sustainable procurement

As one of the largest employers in the UK, the NHS is accountable for a lot of carbon dioxide produced by our operational activities. While we are limited as an organisation to influence the travel choices of our patients and staff, we need to look at how we procure our goods and services. While the NHS Supply Chain Framework has set criteria within which providers operate, sustainable practise is still much too low on the evaluation criteria and is often superseded by factors such as cost, customer service, and capacity management. Our Procurement Department have pledged, in support of the Environmental Steering Group's objectives, to find out more about the selection process adopted by the NHS Supply Chain Framework when vetting suppliers.

Biodiversity

Over the past few years we have been working with nature in a number of projects. We make use of several wormeries to convert food waste into compost for our plants and flowers around the hospital. We have also introduced ladybird houses, bat boxes and bug shelters to provide homes for these little creatures.

Finance review

The Trust continues to operate in a challenging financial environment both within the national and local context. In the past three years the Trust has reported surpluses, although this has been after specific financial support from its commissioners. The changes in the NHS environment have contributed to a reduction in financial support over 2013/14 and 2014/15.

In 2013/14 the reduced level of financial support has contributed to the organisation having to plan for a deficit of £5.0 million and the plan has been met. The Trust recognises that it has not met its overall statutory financial duty to breakeven and is working with the NHS Trust Development Authority (TDA) and Chelsea and Westminster Hospital NHS Foundation Trust on developing a sustainable financial plan for the future.

The key financial targets for the year were:

- Income and expenditure during the year
  Target met – the Trust reported a deficit of £5.0 million in line with target
- Manage cash within External Financing Limit (EFL) set by the Department of Health. 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 in dividends to the Department of Health to meet this target
- Capital expenditure is within Capital Resource Limit (CRL) limits set by the Department of Health
  Target met – the Trust spent £4.9 million on capital expenditure against a CRL 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 £18.1 million. This year's deficit of £5.0 million has increased the cumulative deficit to £23.1 million, and so cumulative break even duty target has not been met

The Trust also follows the Better Payments Practice Code (BPPC) and aims to pay creditors within 30 days. In 2013/14 based on the value paid the Trust paid 95.8% of non NHS creditors within 30 days. Further information regarding performance is set out in the relevant note.

Other financial issues

In 2008/09, the Trust received a loan of £17.0 million from the Department of Health, of which £15.3 million remains outstanding as at the end of this year. More information regarding the loan can be found in the Borrowings Note (Note 21) of the Accounts.
The Trust is currently in discussions with the NHS Trust Development Authority (TDA) regarding the repayment of this loan, linked to the long term future of the Trust.

Looking ahead

In 2012/13 the Board concluded that the Trust could not achieve Foundation Trust status as a stand-alone organisation by the April 2014 deadline. The Trust therefore embarked on exploring the partnership and acquisition route, selecting Chelsea & Westminster Hospital NHS Foundation Trust (CWFT) as the preferred partner with whom to explore acquisition.

During 2013/14, CWFT carried out a due diligence exercise to enable them to gain a better understanding of all aspects of West Middlesex Hospital (including finance). Alongside this, there have been various iterations of the Long Term Financial Model (LTFM) in order for CWFT to prepare an outline business case for consideration by the NHS TDA as vendor, Monitor and competition authorities.

The Trust Board has agreed a financial plan for 2014/15 and 2015/16 which was subsequently accepted by the TDA. The plans include income and expenditure deficits of £7.9m and £9.7m respectively and include funding arrangements that will enable the Trust to meet its cash flow and liabilities over this period.

The Trust is part of the North West London Shaping a Healthier Future programme and this will include development of services on the West Middlesex site. It is projected that the Trust will receive significant additional income from 2016/17. The Long Term Financial Model (LTFM) indicates that the Trust will get closer to breaking even on a standalone basis after this.

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.

External auditors' remuneration

The Trust's external auditors Price Waterhouse Coopers (PwC) also provide consultancy advice to the North-West London Pathology Project for which the Trust is a stakeholder. The Trust pays a contribution towards the fees of this project.

Internal audit

Internal audit services are provided by KPMG and the internal auditors report to the Audit Committee. The annual internal plan ensures that regular checks are carried out on the key financial and operational internal controls and compliance with relevant policies and procedures.

Counter fraud

Counter fraud services are provided via a contract with TIAA. The Trust also has a whistle blowing policy in place. The counter fraud specialist helps promote an anti-fraud culture within the Trust and investigates any suspected cases of fraud or corruption.

Finance 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 financial statements and notes, therefore, have been prepared in accordance with the 2013/14 NHS Trusts Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board (FRAB). Where the NHS Trusts Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. They have been applied consistently in dealing with items considered material in relation to the accounts.

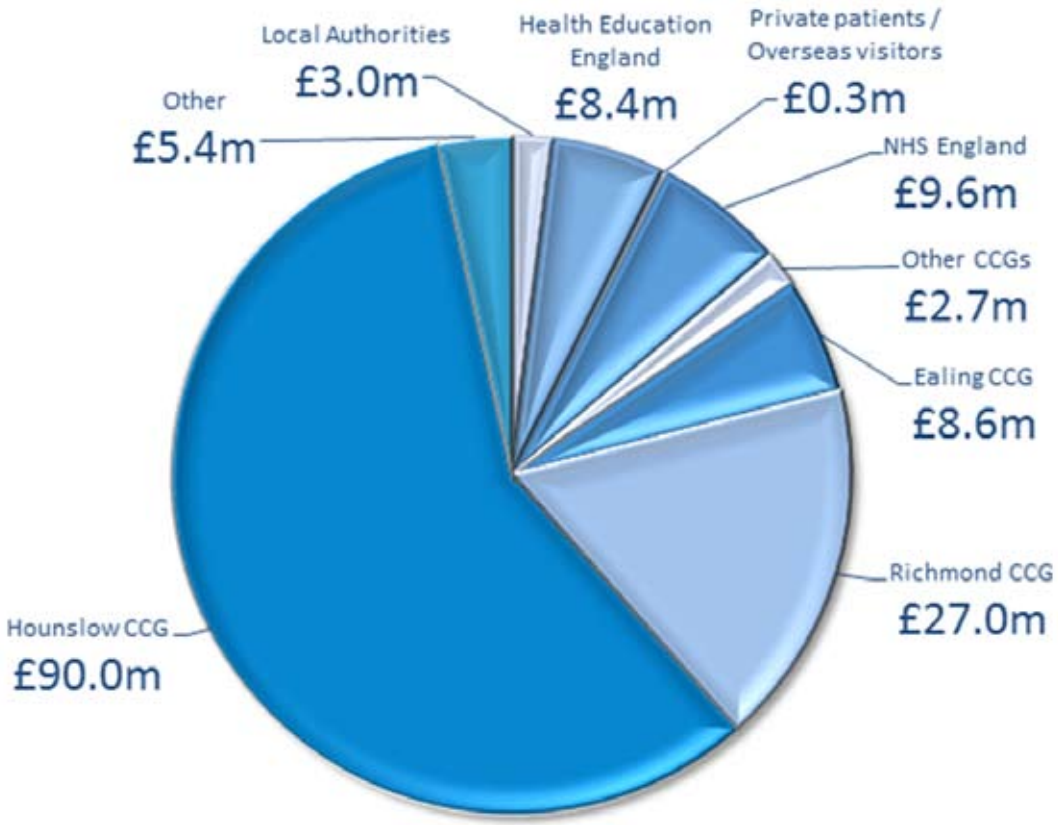
The following summary financial statements do not contain sufficient information to allow a full, in depth, understanding of the Trust. Where more detailed information is required a copy of the Trust's full annual accounts and reports are available free of charge from the Trust's Finance Department or can be downloaded from our website:
www.west-middlesex-hospital.nhs.uk

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.

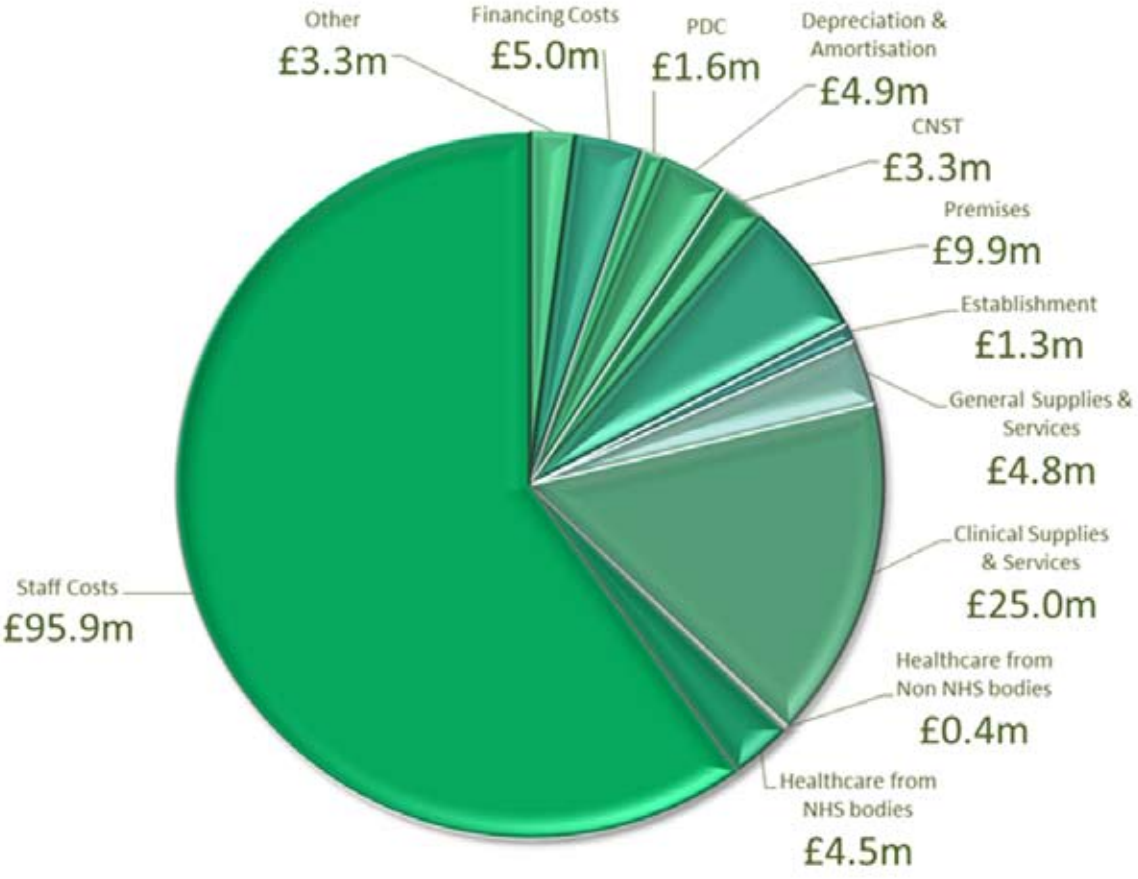
The statement also includes other unrealised gains and losses such as those on the revaluation of our assets or resulting from impairment reviews. The Trust's 2013/14 Statement of Comprehensive Income is shown below.

Statement of comprehensive income for year ended 31 March 2014		
	2013/14 £000	2012/13 £000
Gross employee benefits	(95,855)	(89,708)
Other costs	(57,438)	(56,238)
Revenue from patient care activities	141,285	140,526
Other operating revenue	13,695	13,661
Operating surplus	**1,687**	**8,241**
Investment revenue	17	18
Other gains and (losses)	3	0
Finance costs	(4,975)	(4,995)
Surplus (deficit) for the financial year	**(3,268)**	**3,264**
Public dividend capital dividends payable	(1,624)	(1,597)
(Deficit) / retained surplus for the year	**(4,892)**	**1,667**
Other comprehensive income		
Impairments and reversals	0	(3,257)
Net gain/(loss) on revaluation of property, plant and equipment	9,504	1,006
Total comprehensive income for the year	**4,612**	**(584)**
Financial performance for the year		
(Deficit) / retained surplus for the year	(4,892)	1,667
IFRIC 12 adjustment	0	0
Impairments	(145)	47
Adjustment in respect of donated assets/government grant reserve elimination	23	28
Adjusted (deficit) / retained surplus	**(5,014)**	**1,742**

Income for the year totalled £155.0m, an increase of £0.8m (0.5%) from 2012/13. A breakdown of the sources of this income is shown below.



Total expenditure for the year totalled £159.9m, an increase of £7.4m (4.9%) from 2012/13. A breakdown of expenditure is shown below.



The Statement of Financial Position (SOFP) provides a snapshot of the Trust's financial position 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 SOFP as at 31st March 2014 is shown below.

Statement of financial position as at 31 March 2014		
	31 March 2014 £000	31 March 2013 £000
Non-current assets:		
Property, plant and equipment	113,349	102,191
Intangible assets	341	313
Total non-current assets	**113,690**	**102,504**
Current assets:		
Inventories	1,721	1,677
Trade and other receivables	13,942	6,910
Cash and cash equivalents	2,230	2,816
Total current assets	**17,893**	**11,403**
Total assets	**131,583**	**113,907**
Current liabilities:		
Trade and other payables	(17,305)	(10,601)
Provisions	(189)	(172)
Borrowings	(974)	(1,008)
Working capital loan from Department of Health	**(15,300)**	**(15,300)**
Total current liabilities	**(33,768)**	**(27,081)**
Net current liabilities	**(15,875)**	**(15,678)**
Non-current assets plus/less net current assets/ liabilities	**97,815**	**86,826**
Non-current liabilities:		
Provisions	(501)	(494)
Borrowings	(37,893)	(38,798)
Total non-current liabilities	(38,394)	(39,292)
Total assets employed	**59,421**	**47,534**
Financed by: Taxpayers' equity		
Public dividend capital	27,196	21,362
Retained earnings	(17,407)	(14,187)
Revaluation reserve	49,632	40,359
Total Taxpayers' Equity	**59,421**	**47,534**

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

Statement of changes in taxpayers' equity for the year ended 31 March 2014

	Public dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2013	21,362	(14,187)	40,359	47,534
Changes in taxpayers' equity for year ended 31/3/14				
Deficit for the year	0	(4,892)	0	(4,892)
Net gain on revaluation of property, plant, equipment	0	0	9,504	9,504
Transfers between reserves	0	267	(267)	0
Transfers under Modification Absorption Accounting - PCTs	0	1,441	0	1,441
New PDC Received - Cash	7,769	0	0	7,769
New PDC Received - PCTs Legacy Items paid for by Department of Health	65	0	0	65
PDC Repaid in Year	(2,000)	0	0	(2,000)
Net recognised revenue/(expense) for the year	5,834	(3,184)	9,237	11,887
Transfers between reserves in respect of modified absorption - PCTs	0	(36)	36	0
Balance at 31 March 2014	**27,196**	**(17,407)**	**49,632**	**59,421**
Balance at 1 April 2012	21,362	(15,854)	42,610	48,118
Changes in taxpayers' equity for year ended 31/3/13				
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**

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.

Statement of cash flows for the year ended 31 March 2014

	2013/14	2012/13
	£000	£000
Cash flows from operating activities		
Operating surplus	1,687	8,241
Depreciation and amortisation	4,881	5,296
Impairments and reversals	(145)	47
Interest paid	(4,952)	(4,967)
Dividend (paid)/refunded	(1,388)	(1,655)
Increases in inventories	(44)	(434)
(Increase)/decrease in trade and other receivables	(7,090)	1,226
Increase in trade and other payables	6,094	87
Provisions utilised	(51)	(162)
Increase/(decrease) in provisions	33	(55)
Net cash inflow (outflow) from operating activities	**(975)**	**7,624**
Cash flows from investing activities		
Interest received	17	18
(Payments) for property, plant and equipment	(4,724)	(5,670)
(Payments) for intangible assets	(122)	0
Proceeds of disposal of assets held for sale (PPE)	361	35
Net cash outflow from investing activities	**(4,468)**	**(5,617)**
Net cash inflow/(outflow) before financing	**(5,443)**	**2,007**
Cash flows from financing activities		
Public dividend capital received	7,834	0
Public dividend capital repaid	(2,000)	0
Loans received from DH - new capital investment loans	0	0
Loans received from DH - new revenue support loans	0	0
Other loans received	0	490
Loans repaid to DH - capital investment loans repayment of principal	0	0
Loans repaid to DH - revenue support loans	0	0
Other loans repaid	(157)	(93)
Capital element of payment in respect of finance leases and On-SoFP PFI	(820)	(958)
Capital grants and other capital receipts	0	0
Net cash inflow/(outflow) from financing activities	**4,857**	**(561)**
Cash flows from investing activities	**(586)**	**1,446**
Cash and cash equivalents (and bank overdraft) at beginning of the period	**2,816**	**1,370**
Cash and cash equivalents (and bank overdraft) at year end	**2,230**	**2,816**

Financial performance targets

Breakeven performance

Trusts have a statutory duty to achieve breakeven 'taking one year with another' (which means that expenditure must not exceed income over three or, exceptionally, five years). This statutory duty is the key financial duty for NHS Trusts. Trusts such as ours that have breached this statutory duty are required to agree a financial recovery plan with their Trust Development Authority (TDA), 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.

Breakeven Performance									
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Turnover	103,117	118,854	129,285	132,894	143,804	149,638	148,943	154,187	154,980
Retained surplus/(deficit) for the year	(9,024)	(3,295)	19	(3,534)	(5,541)	104	1,547	1,667	(4,832)
Adjustment for:									
• 2006/07 Prior Period Adjustment (relating to 1997/98 to 2005/06)	3,991	0	0	0	0	0	0	0	0
• Adjustments for impairments	0	0	0	0	20	0	0	47	(145)
• Adjustments for impact of policy change regarding donated/ government grant assets	0	0	0	0	0	0	31	28	23
• Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12	0	0	0	0	525	110	199	0	0
• Other agreed adjustments	0	0	0	0	0	0	0	0	0
Break-even in-year position	(5,033)	(3,295)	19	(3,534)	(4,996)	214	1,777	1,742	(5,014)
Break-even cumulative position	(9,976)	(13,271)	(13,252)	(16,786)	(21,782)	(21,568)	(19,791)	(18,049)	(23,063)
	%	%	%	%	%	%	%	%	%
Materiality test (i.e. is it equal to or less than 0.5%):									
Break-even in-year position as a percentage of turnover	(4.9)	(2.8)	0.0	(2.7)	(3.5)	0.1	1.2	1.1	(3.2)
Break-even cumulative position as a percentage of turnover	(9.7)	(11.2)	(10.3)	(12.6)	(15.1)	(14.4)	(13.3)	(11.71	(14.9)

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 within its target External Financing Limit for the year having reported an undershoot of £9k.

Capital resource limit (CRL)

The Trust target CRL was £5,423k and spent £5,238k against this. The Trust received £361k for assets disposed of in year and therefore underspent against its CRL of £546k.

Better payment practice code (BPPC)

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				
	2013/14		2012/13	
	Number	£000	Number	£000
Non-NHS payables				
Total Non-NHS trade invoices paid in the year	37,091	58,597	35,440	58,856
Total Non-NHS trade invoices paid within target	35,097	56,117	31,449	55,073
Percentage of Non-NHS trade invoices paid within target	94.6%	95.8%	88.7%	93.6%
NHS payables				
Total NHS trade invoices paid in the year	1,536	15,672	1,312	13,829
Total NHS trade invoices paid within target	1,164	12,388	979	12,053
Percentage of NHS trade invoices paid within target	75.8%	79.0%	74.6%	87.2%

Prompt payments code

The Trust has signed up to the Prompt Payments Code.

Directors' report

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 issues 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 framework used to assess Executive Directors is assessed through the annual appraisal process with the Chief Executive and assessment by the Chairman of Board performance. These discussions are supplemented by reviews throughout the year. In line with requirements from the NHS Trust Development Authority, the Chairman has an external appraisal arranged through the Appointments Committee
- The approach taken by the Remuneration Committee framework for the remuneration of Executive Directors is determined by reference to any relevant national guidance and 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
- No significant awards were made to past Executive Directors

Executive Directors hold permanent contracts of employment, with the exception of two post holders who are interim. Periods of notice for permanent staff are set out in the terms and conditions of employment and range from three to six months notice. The notice period for interim Directors will vary according to the length of the contract but, typically will be one month. All contracts are made and terminated in accordance with best practice, employment law and NHS requirements. The Trust does not make provision for compensation for early termination.

There were three Executive Directors that had off payroll arrangements and had significant financial responsibilities. Interim appointments were made due to unique circumstances surrounding a potential partnership arrangement with Chelsea and Westminster Hospital NHS Foundation Trust. These appointments relate to the Director of Finance and Director of Operations posts. The information relating to off-payroll arrangements at senior manager level are shown below.

Off-payroll engagements as at 31 March 2014 that were for more than six months and more than £220 per day.

	Number
Number of existing arrangements as of 31 March 2014	9
Of which, the number that have existed:	
For less than 1 year at time of reporting	6
Between 1 - 2 years at time of reporting	3
Between 2 - 3 years at time of reporting	0
Between 3 - 4 years at time of reporting	0
4 years or more at time of reporting	0

Assurance regarding tax arrangements has been received for five of the nine appointments. The remaining are employed via agencies.

All new off-payroll engagements between 1 April 2013 and 31 March 2014 that were for more than six months and more than £220 per day.

	Number
Number of new arrangements between 1 April 2013 and 31 March 2014	13
Number of engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and national insurance obligations	2
Number for whom assurance has been requested	2
Of which:	
Assurance received	2
Assurance has not been received	0
Engagements terminated as a result not being received, or ended before assurance received	0

The Trust predominantly works with agencies on NHS national framework agreements. Where this is not the case, agencies have now been asked to provide assurance on tax obligations.

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 16 clinical excellence awards were made with a gross cost of £62,097.

Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the workforce. The banded remuneration of the highest paid director in Trust in the financial year 2013/14 was £185k - £190k (2012/13, £180k - £185k). This was 5.3 times (2012/13, 5.2) the median remuneration of the workforce, which was £35.5k (2012/13, £35.2.1k). There are no employees who received a payment higher than the highest paid director in both 2013/14 and 2012/13. There have been no significant movements in the ratio between 2013/14 and 2012/13.

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

	2013/14	2012/13
Total days lost	9,328	10,277
Total staff years	1,637	1,613
Average working days lost	5.58	6.37

Reporting of other compensation schemes - exit packages

Exit packages agreed

	2013/14			2012/13		
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	0	0	0
£10,001 - £25,000	0	1	1	1	0	1
Total number of exit packages by type (total cost)	0	1	1	1	0	1
Total resource costs (£000s)	0	11	11	15	0	15

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.

Salary and pension entitlements of senior managers

Name and title	2013/14					
	Salary (bands of £5,000)	Expenses payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,5000)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Tom Hayhoe - Chairman	20 - 25	-	-	-	-	20 - 25
Jacqueline Docherty DBE Chief Executive	185 - 190	-	-	-	37.5 - 40	225 - 230
Anne Gibbs Director of Strategy / Deputy Chief Executive	115 - 120	-	-	-	62.5 - 65	180 - 185
Dr Stella Barnass Medical Director	150 - 155	-	-	-	-	150 - 155
Nina Singh Director of Workforce and Development	100 - 105	-	-	-	67.5 - 70	165 - 170
Julie Hunt Director of Operations, Nursing & Midwifery (started April 2013, left March 2014)						Information not available as r
Gerrie Adler Interim Director of Operations (started March 2014)						Information not available as r
Tonie Neville Acting Director of Nursing and Midwifery (started April 2014)						No director
Jonathan Molyneux Interim Director of Finance (started January 2014)						Information not available as r
Dominic Tkaczyk Interim Director of Finance (started July 2013, left February 2014)						Information not available as r
Rakesh Patel Director of Finance (left July 2013)	35 - 40	-	-	-	-	35 - 40
Sarah Cuthbert Non-Executive Director (started April 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

	2012/13					
	Salary (bands of £5,000)	Expenses payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,5000)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
	20 - 25	-	-	-	-	20 - 25
	180 - 185	-	-	-	-	180 - 185
	105 - 110	-	-	-	40 - 42.5	145 - 150
	155 - 160	-	-	-	10 - 12.5	165 - 170
	90 - 95	-	-	-	17.5 - 20	110 - 115
ot directly employed by the Trust						
ot directly employed by the Trust						
costs in 2013/14						
ot directly employed by the Trust						
ot directly employed by the Trust						
	100 - 105	-	-	-	60 - 62.5	165 - 170
	5 - 10	-	-	-	-	5 - 10
	5 - 10	-	-	-	-	5 - 10
	5 - 10	-	-	-	-	5 - 10
	5 - 10	-	-	-	-	5 - 10
	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 2014 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2014	Cash Equivalent Transfer Value at 31 March 2013	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Jacqueline Docherty DBE Chief Executive	2.5 - 5	7.5 - 10	65 - 70	195 - 200	-	-	-	-
Anne Gibbs - Director of Strategy / Deputy Chief Executive	2.5 - 5	10 - 12.5	25 - 30	75 - 80	334	274	54	-
Stella Barnass - Medical Director	0 - 2.5	0 - 2.5	40 - 45	125 - 130	908	865	25	-
Nina Singh - Director of Workforce & Development	3.5 - 4	10 - 12.5	20 - 25	70 - 75	419	340	72	-
Julie Hunt - Director of Operations, Nursing & Midwifery (started April 2013, left March 2014)	Information not available as not directly employed by the Trust and has left the organisation							
Gerrie Adler - Interim Director of Operations (started March 2014)	Information not available as not directly employed by the Trust							
Tonie Neville - Acting Director of Nursing and Midwifery (started April 2014)	No director costs in 2013/14							
Jonathan Molyneux - Interim Director of Finance (started January 2014)	Information not available as not directly employed by the Trust							
Dominic Tkaczyk - Interim Director of Finance (started July 2013, left February 2014)	Information not available as not directly employed by the Trust and has left the organisation							
Rakesh Patel - Director of Finance (left July 2013)	Information not available as has left the organisation							

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

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. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

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.

Governance statement

Scope of responsibility

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 quality standards, 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 North West London
- Performance and quality review meetings with Commissioners and the NHS Trust Development Authority
- Health and Well Being Board
- The Health Overview and Scrutiny Committee
- Children's and Older People's forums
- Hounslow and Richmond Healthwatch
- Academic Health Science Partnership
- London Cancer Alliance

The governance framework of the organisation

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

- Formulating strategy, defining objectives and agreeing plans 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
- Ensuring financial stewardship
- Ensuring high standards of corporate and clinical governance
- Ensuring dialogue with external bodies and the local community

The Board's combined objective is to work together towards ensuring that West Middlesex University Hospital attains its vision of becoming a first class hospital for our community and providing the highest possible standards of care to our patients.

This objective guides the Board's development of strategy and underpins key policy decisions for which the Board is responsible on matters such as patient safety, quality, 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 www.west-middlesex-hospital.nhs.uk). In addition, the Board holds three seminars in private during each year to enable a more in depth review and discussion on issues of strategic importance.

The Trust Board has a number of sub-committees chaired by Non-Executive Directors 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 operational performance of the hospital. The Trust Board sub committees are:

Remuneration Committee
Sets executive salary levels and monitors the NHS pay scheme.

Audit Committee
Oversees the establishment and maintenance of an effective system of internal control throughout the organisation.

Charitable Funds Committee
Oversees the management of the hospital's charitable funds.

Finance and Performance Committee
Oversees financial and operational 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 2013, the Trust Board undertook a review of the effectiveness of its sub-committees using the latest guidance 'The Healthy NHS Board - principles of good governance'. A summary of results were presented to the Trust Board in April 2014 and a number of the recommendations will feed into a review of the Governance Structure planned during 2014.

The Trust Board

Non-Executive Directors

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

Nick Gash, Deputy Chairman
Committees: Finance & Performance (chair until 30/4/13 then a member), Audit (member), Remuneration (member), Clinical Excellence (chair), Equalities (chair until 1/5/13 then a member).

Sarah Cuthbert
Committees: Finance and Performance (member then chair from 1/5/13), Clinical Excellence (member), Remuneration (member), Audit (member)

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

Jenny Higham
Committees: Equalities (chair), Remuneration (member).

Luke de Lord
Committees: Audit (chair), Finance and Performance (member), Remuneration (member), Charitable Funds (member from March 14).

Executive Directors

Jacqueline Docherty DBE
Chief Executive

Anne Gibbs
Director of Strategy /
Deputy Chief Executive

Stella Barnass
Medical Director

Jonathan Molyneux
Interim Director of Finance
(see note 1, 2 and 3)

Nina Singh
Director of Workforce and Development

Julie Hunt
Director of Operations and Nursing & Midwifery
(see note 4 and 5)

Notes:

1. Rakesh Patel, Director of Finance left the Trust on 12 July 2013.
2. Dominic Tkaczyk, Interim Director of Finance from July 2013 to February 2014
3. Jonathan Molyneux, Interim Director of Finance from 27 January 2014.
4. Sue Daw, Deputy Director of Nursing was Acting as Director of Nursing until Julie Hunt joined the Trust on 24 April 2013 on secondment.
5. Julie Hunt left the Trust on 31 March 2014 following the completion of her secondment.

All Board members have signed a declaration of compliance with the NHS Codes of Conduct, Accountability and Openness and the Trust has not reported any breaches of these codes.

None of the executive or non-executive directors hold company directorships or other significant interests, which may conflict with their management responsibilities. A copy of the Register of Interests is available upon request from the Trust Chairman.

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 they have taken all the steps that they 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.

Record of attendance at Trust Board and Committee meetings

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

	Trust Board held in public	Trust Board seminars	Audit	Finance and Performance
Number of meetings held in 2013/14	8	3	4	12
Tom Hayhoe	8 of 8	3 of 3	NA	12 of 12
Nick Gash	8 of 8	3 of 3	4 of 4	11 of 12
Sarah Cuthbert	8 of 8	3 of 3	2 of 4	11 of 12
Mark Jopling	5 of 8	3 of 3	NA	NA
Jenny Higham	7 of 8	2 of 3	NA	NA
Luke de Lord	8 of 8	3 of 3	4 of 4	10 of 12
Jacqueline Docherty	8 of 8	3 of 3	NA	12 of 12
Anne Gibbs	8 of 8	3 of 3	NA	11 of 12
Stella Barnass	8 of 8	3 of 3	NA	NA
Rakesh Patel **	2 of 2	1 of 1	NA	3 of 3
Dominic Tkaczyk	4 of 4	1 of 1	NA	5 of 5
Jonathan Molyneux	1 of 1	1 of 1	NA	2 of 2
Nina Singh	7 of 8	3 of 3	NA	NA
Sue Daw	1 of 1	NA	NA	1 of 1
Julie Hunt	6 of 7	2 of 3	NA	8 of 11

** Bimal Patel, Deputy Director of Finance attended the Trust Board on 9 July in the absence of the Director of Finance.

	Integrated Governance	Remuneration	Equalities	Clinical Excellence
Number of meetings held in 2013/14	4	1	6	10
Tom Hayhoe	4 of 4	1 of 1	6 of 6	6 of 10
Nick Gash	NA	1 of 1	5 of 6	10 of 10
Sarah Cuthbert	NA	1 of 1	NA	8 of 9
Mark Jopling	4 of 4	1 of 1	NA	NA
Jenny Higham	NA	1 of 1	4 of 4	NA
Luke de Lord	NA	1 of 1	NA	NA
Jacqueline Docherty	4 of 4	NA	6 of 6	9 of 10
Anne Gibbs	3 of 4	NA	NA	NA
Stella Barnass	3 of 4	NA	NA	7 of 10
Rakesh Patel	1 of 1	NA	NA	NA
Dominic Tkaczyk	2 of 2	NA	NA	NA
Jonathan Molyneux	1 of 1	NA	NA	NA
Nina Singh	NA	NA	6 of 6	NA
Sue Daw	NA	NA	NA	NA
Julie Hunt	2 of 4	NA	NA	6 of 9

All meetings were quorable during the year.

The chairs of each sub-committee routinely present reports to the Board highlighting key issues and decisions at their meeting. Minutes of each sub-committee meeting are presented to the Trust Board meeting held in public. From April 2014, only minutes approved by the sub-committee will be presented to the Trust Board.

I can confirm the I have arrangements in place for the discharge of statutory functions and that these have been reviewed for irregularities and they are legally compliant with the exception of the Trust's duty to break even which is described in more detail in the Finance Review of the Annual Report.

The directors of the Trust are required to prepare a quality account (sometimes known as a quality report) for each financial year.

This is developed by clinicians and senior managers within the Trust, in conjunction with stakeholders and partner organisations including commissioners at Hounslow Clinical Commissioning Group and the Local Healthwatch. The Director of Nursing supported by the Medical Director has overall responsibility to lead and advises on all matters relating to the preparation of the Trust's quality account. Each year our priorities remain the improvement of patient care and are identified under the three domains of quality:

- **Patient Safety**
- **Clinical Effectiveness**
- **Patient Experience**

There is a robust system for providing assurance through the reporting and responding to adverse incidents. All serious incidents, including never events investigations are reviewed on a regular basis by the Trust Board.

Analysis of these and all adverse incidents and near misses, actions taken and evidence of representation in the Risk Register is monitored by the Clinical Quality and Risk and Corporate Quality and Risk Committees which reports to the Integrated Governance Committee, a sub-committee of the Trust Board.

An annual clinical audit report is presented to the Clinical Excellence Committee which provides assurance regarding the Trust's participation in national clinical audits and confidential enquires as well as local audits. Issues are identified, collated and taken forward to improve the quality of healthcare. The annual report is published on the Trust's website www.west-middlesex-hospital.nhs.uk

Annual health and safety report is presented to the Trust Board and provides assurance that the Trust is meeting its statutory obligations and that there are sound systems of control in place.

Risk assessment

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 2014 and up to the date of approval of the annual report and accounts.

The Trust gives a high priority to addressing the risk management process. As Chief Executive, I have explicit ultimate responsibility for the management of risk through the Director of Nursing and Midwifery and the Medical Director who act as executive leads for Governance and Risk covering all aspects of clinical and non-clinical risk with the exception of specific financial risk which is covered by the Director of Finance role.

The Trust has a risk management strategy and policy 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 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.

The Governance and Risk function supports the Trust wide management of risk 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 Quality and Risk 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 Learning and Development

Department 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 and health and safety.

From the 1 April 2013, there was on average of six high scoring (red risks = or > 15) identified within the Trust, which have now reduced over the year to four as at 31 March 2014. These high scoring risks are managed and monitored via the divisions and corporate department 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 of the red rated risks over the year mainly relates to infection prevention and control risks (2 of the 4) and a risk related to determining the long term future of the Trust. The risk associated with the Trust's financial position was red rated at the start of the year but the risk rating was reduced in year once a mitigation plan had been agreed with the NHS Trust Development Authority. All risks continue to be monitored and we ensure mitigation is in place in order to manage the risk.

There were in total 183 active Divisional or Corporate Department level risks on the Trusts Risk Register as at 31 March 2014.

The Clinical/Corporate Quality and Risk Committees, which meet monthly/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 Committee 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/Corporate Quality and Risk Committees receive the minutes from the monthly meetings of the Divisional or Corporate departments and reports on other business considered by those Committees.

The risk and control framework

Risk management is embedded throughout the organisation from 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. The Board's Assurance Framework was in place throughout the year ending 31 March 2014 and was reviewed by the Trust Board on a regular basis.

At divisional and service level, risk is identified in the divisional Risk Register and reviewed through the Corporate 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 through the Trust's appraisal processes.

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.

Throughout the year, the Trust monitored its compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 against the 16 Care Quality Commission (CQC) Essential Standards of quality and safety. In November 2013 we received an unannounced inspection by the Care Quality Commission - the independent regulator of all health and social care services in England - to check that we are meeting essential standards of quality and safety.

The CQC's subsequent report of their findings recognised the many good aspects but highlighted three standards where the Trust was not fully compliant and where improvement was needed in some key areas around cooperating with other providers, cleanliness, infection prevention and control, and supporting workers. Further details of the findings and are plans to address the areas needing improvement can be found on pages 16 as well as in our quality report.

Following a rigorous assessment in 2013, we achieved the highest standard for patient safety. The assessment was undertaken by the NHS Litigation Authority, who provides indemnity cover for legal claims against NHS organisations. West Middlesex became one of the few trusts in England to have achieved their level 3 standards for both maternity services and acute services.

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

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. 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 and Risk Committee. Details of the data security incidents can be found in on page 23.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance 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 Trust has well developed systems and processes for managing its resources.

The annual budget setting process for 2013/14 was approved by the Board and then communicated to all managers in the organisation. The Director of Finance and his team worked closely with divisional and corporate managers throughout the year to ensure that a robust annual budget was prepared and delivered. At the start of the financial year we forecast a year end surplus of £400k. Plans however were adjusted in September 2013 due to two key funding changes agreed by the NHS Trust Development Authority (TDA), these were:

- £4.7m Transitional relief would not be received
- £800K Transaction funding would not be received

An integrated finance and performance report is presented to the Executive, Finance and Performance Committee and Trust Board.

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 in their Management Letter and other reports, the self-assessment declaration against the Board Statement and Compliance Framework, the Care Quality Commission, NHSLA assessments, the Commissioners and TDA monitoring of performance and clinical governance and other external bodies such as Imperial College and North West Thames Foundation School.

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 nine reviews within the audit plan approved by the audit committee. Overall the head of internal audit opinion for the year was that 'substantial assurance' can be given that there is a generally sound system of internal control on key financial and management processes.

Five of the reviews concluded with a 'requires improvement' opinion and four reviews concluded with an 'adequate assurance' opinion. The reviews identified areas of good practice as well as aspects that required improvement. Action plans to address the latter have been agreed and progress will be monitored by the Executive and Audit Committee over the coming year.

I have been informed of implications of the result of my review of the effectiveness of the system of internal control through the Board and Board sub-committees and plan to address weaknesses and ensure continuous improvement of the systems in place.

Significant issues

1. The Trust has recorded an in year deficit of £5.0m in the 2013/14 financial statements. Due to its historic financial performance the Trust had a cumulative deficit, per the breakeven note, of £18.1m at 1 April 2013. The deficit recorded in 2013/14 increased this to £23.1m at 31 March 2014. The Trust has had liquidity issues and has a significant outstanding loan with the Department of Health. As at 31 March 2013 this stood at £15.3 million, all due for repayment within the next 12 months. As in previous years, in 2013/14 the Trust failed to make any repayments on the outstanding loan balance. This was as planned in the Trust's budget, agreed with the TDA. The full

balance of £15.3m therefore remains outstanding at 31 March 2014. The TDA has confirmed that it is reasonable for the Directors of West Middlesex University Hospital NHS Trust to assume that the TDA will make sufficient cash financing available to the organisation over the next twelve month period such that the organisation is able to meet its current liabilities. As a result of its financial position, in 2013 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. The work to finalise this transaction is continuing but there is uncertainty as to the timing and completion of the transaction. If the transaction did not occur, the Trust would be required to find an alternative solution to address its financial position.

As a result of the above factors the external auditors have been required to:

- Issue an unqualified audit opinion, with an emphasis of matter which draws the reader's attention to the loan that the Trust has with the Department of Health, the on-going challenges for the Trust in relation to its cash position and the uncertainty around the timing and completion of the on-going transaction with Chelsea and Westminster NHS Hospital Foundation Trust
- Issue a qualified statutory value for money conclusion on the basis that the Trust has been unable to put in place proper procedures to secure financial resilience due to the Trust's outstanding loan balance with the Department of Health and lack of formal plan to recover the cumulative deficit
- Issue a referral to the Secretary of State under Section 19 of the Audit Commission Act 2008

2. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Regrettably we reported four never events in 2013/14. All of these incidents were the subject of a robust investigation, reviewed by the Trust Board with lessons learnt cascaded to staff in order to minimise the risk of any reoccurrences. More information can be found in our quality report.

3. The Trust's self-certification against the Board statements and compliance framework set out in the NHS Trust Development Authority oversight and escalation process. During the year the Trust declared non-compliance with the following Board statements:

   Statement 1
   The Board is satisfied that the Trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

   Trust response
   Non-compliance against this statement was in place throughout the financial year 2013/14 due to the long standing liquidity issue. Despite making continued good progress over the past few years to improve our financial position, the Trust faces significant financial challenges over coming years and it is unable to develop a strong financial plan as a stand-alone organisation that will enable us to become a Foundation Trust. The Trust is currently exploring a potential partnership with Chelsea and Westminster Hospital NHS Foundation Trust.

The financial statements (having been prepared in accordance with the Treasury Finance reporting Manual alongside the Department of Health Manual of Accounts for 2013/14) anticipate a continuation of hospital services in the future as evidenced by the inclusion of financial provision; providing evidence that the Trust is a 'going concern'.

Statement 2
The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the TDA oversight model; and a commitment to comply with all known targets going forward.

Trust response
The Trust was projected not to meet the national targets set for Emergency Department Type 1 performance, 62 day cancer, MRSAb and Clostridium difficile in 2013/14 and therefore declared non-compliance in February 2014. The Trust however, remains committed to the future delivery of these targets.

During the year the Trust declared a risk of non-compliance with the following Board statement:

Statement 3
The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

Trust response
The Trust highlighted a risk of compliance with this statement between July 2013 and February 2014. The Trust had noted an upward trend in mortality rates and as a consequence undertook an extensive review of hospital deaths to understand the key drivers and inform next steps. Both the TDA and the local CCG were engaged in this work. A range of actions were put in place including engagement sessions with all senior clinical staff, further development of the out of hours support including Hospital @ Night and critical care outreach, standardisation and strengthening of morbidity and mortality meetings across the organisation and improved corporate governance oversight of the findings of these reviews. The Board were kept regularly updated on mortality via the Trust Integrated Board Report with more detailed reports received via the Board at the Clinical Excellence Committee. Significant improvements resulted and the Trust reported full compliance with this Board statement from February 2014.

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

The Chief Executive of the NHS Trust Development Authority 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 Chief Executive of the NHS Trust Development Authority. These include ensuring that:

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

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

The Trust has recorded an in year deficit of £5.0m in the 2013/14 the financial statements. Due to its historic financial performance the Trust had a cumulative deficit, per the breakeven note, of £18.1m at 1 April 2013. The deficit recorded in 2013/14 increased this to £23.1m at 31 March 2014. The Trust has had liquidity issues and has a significant outstanding loan with the Department of Health. As at 31 March 2013 this stood at £15.3 million, all due for repayment within the next 12 months. As in previous years, in 2013/14 the Trust failed to make any repayments on the outstanding loan balance. This was as planned in the Trust's budget, agreed with the NHS Trust Development Authority. The full balance of £15.3m therefore remains outstanding at 31 March 2014. The NHS Trust Development Authority has confirmed that it is reasonable for the Directors of West Middlesex University Hospital NHS Trust to assume that the NHS Trust Development Authority will make sufficient cash financing available to the organisation over the next twelve month period such that the organisation is able to meet its current liabilities. As a result of its financial position, in 2013 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 & Westminster Hospital NHS Foundation Trust. The work to finalise this transaction is continuing but there is uncertainty as to the timing and completion of the transaction. If the transaction did not occur, the Trust would be required to find an alternative solution to address its financial position.

As a result of the above factors the external auditors have been required to:

- Issue an unqualified audit opinion, with an emphasis of matter which draws the reader's attention to the loan that the Trust has with the Department of Health, the on-going challenges for the Trust in relation to its cash position and the uncertainty around the timing and completion of the on-going transaction with Chelsea & Westminster NHS Hospital Foundation Trust.
- Issue a qualified statutory value for money conclusion on the basis that the Trust has been unable to put in place proper procedures to secure financial resilience due to the Trust's outstanding loan balance with the Department of Health and lack of formal plan to recover the cumulative deficit
- Issue a referral to the Secretary of State under Section 19 of the Audit Commission Act 2008.

Jacqueline Docherty DBE
Chief Executive
West Middlesex University Hospital NHS Trust

Glossary of terms	
Accruals	An accounting concept. In addition to payments and receipts of cash (and similar), adjustment is made for outstanding payments, debts to be collected, and 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.
CCGs	Clinical Commissioning Groups are the organisations that provide and manage services delivered within the primary and community care sector as well as commission acute and other services.
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.
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.

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