A first class hospital for our community

West Middlesex University Hospital NHS Trust

Annual Report & Summary Accounts 2014/15

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Strategic report

Foreword by the Chairman and Chief Executive

Nick Gash
Chairman

Welcome to our 2014/15 annual report which is my first as chairman of the Trust. I took up this role at the beginning of April 2015 and therefore this report very much reflects the work of my predecessor Tom Hayhoe, who is now chair at West London Mental Health NHS Trust.

I would also like to formally thank our former chief executive Dame Jacqueline Docherty, who left the Trust at the beginning of April 2015, and wish her all the very best in her new role as chief executive at London North West Healthcare NHS Trust. Her appointment there is testament to her outstanding leadership of West Middlesex over the past six years, during which time she has significantly improved the performance and reputation of the Trust for the benefit of our patients and local community.

Jacqueline and Tom have much to be proud, having steered the Trust through many challenges and they leave it in a good position moving forward.

My association with West Middlesex goes back to 2005 when I joined the Trust Board as a non-executive director. As a local resident my family, my friends and neighbours and I are users of its services. I know the hospital's excellent reputation amongst its community and the value people place on its services.

I have seen the hospital treat increasing numbers of patients and, along with the NHS in general, face continuing pressure on its services.

When the new hospital first opened in 2003, the accident and emergency department here was designed to treat 60,000 patients a year. In 2014/15 over 140,000 people received treatment either in our A&E or the co-located urgent care centre. Despite year on year rises in demand, more than 95% of patients were treated and either admitted or discharged within the four hour target and our performance has been amongst the very best in London on a number of occasions during the year.

This is one example amongst many of where we have continued to perform well for our patients and provide the highest levels of compassionate care to our community. On behalf of the Board I would like to thank our loyal staff, and dedicated band of volunteers, for making this possible. I know that for so many of the staff that work here, West Middlesex represents much more than a place of work. It is also their local hospital, the place they and their family depend on for medical care and treatment.

Over the course of the last year we have been working closely with colleagues at Chelsea and Westminster Hospital NHS Foundation Trust on our plans to integrate the two organisations later this year. We believe it is the right thing for both organisations and for the people we jointly serve.

I would like to end by welcoming our new chief executive, Jacqueline Totterdell, who brings a wealth of valuable experience with her and who I know will keep the Trust on track as we move closer to integration with Chelsea and Westminster.

I feel a great sense of pride and privilege to take up the role of chief executive of West Middlesex, which has such a long history of providing excellent care.

Since joining the Trust I have been impressed at how welcoming and friendly everyone is and also how keen they are to embrace change. Within this report you can read more about some of the innovative ways in which the hospital has been improving patient care. This has been a feature throughout its history – never standing still but always looking at how it can provide a better service aligned to the changing needs of its community.

In November 2014 the hospital was inspected by the Care Quality Commission under their new and more rigorous regime. In its subsequent report, the CQC outlined some key areas of best practice and excellence, which included a consistently 'good' rating for providing caring services and an overall rating of 'requires improvement'.

Despite our obvious strengths and caring attitudes of staff, there are some areas requiring improvement. The report made clear the issues we must focus on and we have been working collaboratively with our health and social care colleagues to address some of these.

I know that I have joined the Trust at a particularly pivotal time in its history. I have two main priorities while I am here. Firstly, to ensure that the Trust at least maintains, if not improves, its quality of care, its operational performance and its financial position - strictly in that order - and secondly, that we have a smooth transition into the waiting arms of Chelsea and Westminster Hospital NHS Foundation Trust. It would be very easy to let the latter trump the former, but we have a responsibility to our patients and our staff to provide great care and to keep the Trust a going concern.

Like Nick, I also believe that partnering with Chelsea and Westminster will bring developments and new services on both sites, combining the best from each organisation to create a new one that is even better than the sum of its parts.

The next year is likely to be one of the most exciting times in the history of West Middlesex. There will be lots of new challenges ahead but we will work together to build on the solid foundations that have been established and ensure the future of this hospital.

Jacqueline Totterdell
Chief Executive

Welcome

Welcome to our annual report, which sets out our key achievements, successes and challenges during 2014/15. 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. Our website also contains details of how to make a Freedom of Information request and how to access 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.

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.

Statutory basis

The Trust is established under the NHS and Community Care Act of 1990 and became an NHS Trust on 1 April 1993.

Most of our services are commissioned by our local clinical commissioning groups (CCGs), which are responsible for planning and buying local health services. The main commissioners of our acute services 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 containing acute trusts include Ealing, Kingston and Hillingdon.

Our core services include:

- Full emergency department service for major accidents and trauma, supported by a separate on-site urgent care centre run by GP and community partners
- Emergency assessment and treatment services including critical care – we are a designated trauma unit and stroke unit
- Emergency and elective (scheduled in advance) surgery and medical treatments including 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 also supported by a special care baby unit (SCBU)
- Children's services including emergency assessment, inpatient and outpatient services
- Sexual health services (commissioned by local authorities rather than CCGs)
- Diagnostic services including an accredited 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 provided in the community including consultant led outpatient services, maternity antenatal and postnatal care, and sexual health. We also have a range of visiting specialist clinicians from tertiary centres who provide care for our patients close to home. For a small number of highly specialised services, patients may sometimes have to travel to other trusts.

Trust activity over the past three years			
	2012/13	**2013/14**	**2014/15**
Outpatient attendances	241,987	246,032	253,515
Total A&E attendances	57,874	58,029	58,532
Total urgent care centre attendances	78,869	80,414	82,798
Inpatient admissions	50,362	53,255	52,140
Babies delivered	4,868	4,848	4,524
Patients operated on in our theatres	9,962	10,210	10,528
X-rays, scans and procedures carried out by clinical imaging	178,868	193,804	206,841
Number of staff, including our partners ISS and Bouygues Energies and Services	2,192	2,202 (1,877 WMUH + 325 ISS/Bouygues)	2,293 (1,985 WMUH + 308 ISS/Byes)

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

How we will meet our commitments

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

Caring for our community

High quality care

Inspectors observed that the hospital has a friendly and supportive culture, with medical, nursing and support staff working closely together in teams. The CQC also noted that the trust is very good at keeping patients safe whilst treating them with compassion, dignity and respect.

Providing safe and high quality care is at the heart of everything we do. We work in partnership with other organisations, such as the Care Quality Commission (CQC), and most importantly we actively seek the views of the people who use our services to find more ways in which we can improve the experience of our patients.

The CQC is the independent regulator for health and social care in England, tasked with making sure our services provide people with safe, effective, compassionate, quality care.

In November 2014 the CQC visited West Middlesex to carry out a four day announced inspection, before returning twice in December for routine, unannounced inspections. This was the first time the Trust had been inspected under the CQC's new and more rigorous regime.

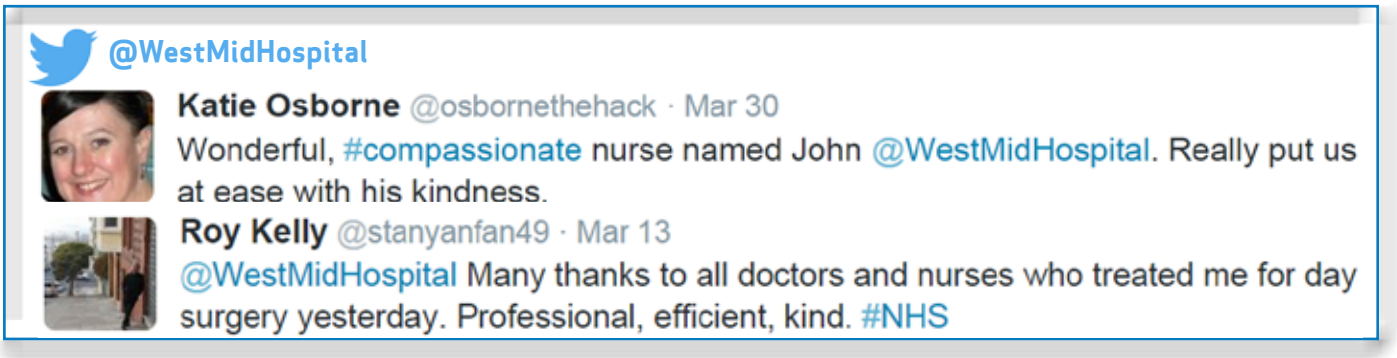
The subsequent report of the CQC's findings outlined some key areas of best practice and excellence, which included a consistently 'good' rating for providing caring services and an overall rating of 'requires improvement'.

Despite our areas of outstanding practice, including the caring nature of our staff, there are some things that we need to improve. As well as an overall rating, CQC provides individual ratings on five key elements and examines whether services are: safe, effective, caring, responsive to people's needs and well-led. Across these domains, the CQC scored the Trust 20 'good', 19 'requires improvement' and 1 'not rated'.

We were given 11 'must do' and 17 'should do' actions by the CQC and were able to demonstrate that for most of these we already had plans in place. For example, in maternity we were asked to address the midwife to mother ratio. Following the inspection we carried out further work to determine what was needed to meet a ratio of 1:30 and also provide 164 hour consultant cover – both of these plans will be implemented in 2015/16.

Following the report we created an action plan to deal with all the issues we needed to address and have been working with partners across the local health economy to implement this.

You can read the CQC's full report online at www.cqc.org.uk/location/RFW01 and our quality report contains more details about the actions we are taking to address the issues highlighted.



Stop the Pressure

In March 2015 we held a 'Stop the Pressure' event for clinical staff to raise awareness about pressure ulcers which are largely preventable. Through this and other efforts we have seen a significant reduction in the numbers of reported pressure ulcers this year.

Safe care

Patients should not experience harm as a result of the care they receive from us. As such we continually review our performance and have developed a strong safety culture through continuous learning and improvement.

We have an open and transparent culture. We encourage staff to report incidents, which is backed by our 'Raising concerns at work' (whistleblowing) policy and 'Being open' policy. All of our staff are required to undertake risk management and health and safety training so that they know how to identify potentially harmful situations and circumstances, as well as how to report them so appropriate actions can be taken. The results of our 2014 national survey showed we scored highly for staff feeling secure about raising concerns about unsafe clinical practices.

We take patient safety incidents very seriously and have a designated patient safety lead at the Trust. We involve every member of staff who cared for the patient in any investigation process and also ensure that 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 have been implemented. Regrettably we reported one Never Event in 2014/15. The incident was the subject of a robust investigation, reviewed by the Trust Board, with lessons learnt cascaded to staff in order to minimise the risk of it happening again. More information on this can be found in our quality report.

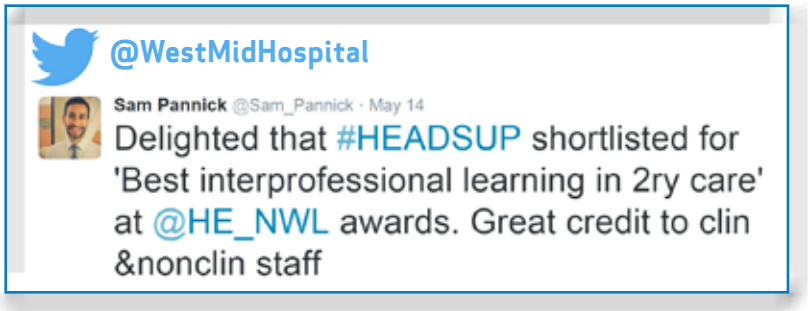
In December 2013, the HEADS-UP programme – a scheme to improve patient care and staff experience – was rolled out across some of the hospital's medical wards. It was developed to help clinical and non-clinical staff work together to improve the quality and safety of patient care.

Each day teams receive a briefing that they use to discuss challenges from the previous day, such as equipment or communication issues. They decide if they can do anything then and there to address persistent problems; if not, they record and escalate the issue upwards.

HEADS-UP helps to get a better idea of what staff see every day – the things that frustrate frontline teams and put patients at risk.

It's a proactive way of thinking about safety in wards which helps to identify problems before any patient comes to harm. Each month, the ward team and service manager gets a summary of what's been reported with HEADS-UP.

In their recent inspection report, CQC described HEADS-UP as an innovative and outstanding practice "good at keeping its medical patients safe." The programme is also held in high regard by frontline teams, as shown in a recent survey of junior doctors and nurses, where the overwhelming majority reported feeling significantly more confident that their wards provide safe care for patients and that HEADS-UP helps them to work better as a team.



In March 2015 as part of Nutrition and Hydration Week we took part in a variety of activities for staff, patients and visitors to help spread the word on good nutrition and hydration. This included a very popular afternoon tea on wards around the hospital for patients and their visitors. Senior managers and ward sisters observed meal times, audited nursing records, and observed patients to ensure they could reach a glass of water (unless nil by mouth).

In February 2015 we hosted a visit from a contingent from Iceland's equivalent to the Department of Health who were very impressed with some of our infection prevention and control measures.

Infection prevention and control

Infection prevention and control is something that everyone working and visiting the hospital has a part to play in and is one of our key priorities.

Good hand hygiene and maintaining a clean hospital environment are two of the most effective ways of reducing infection and have been used successfully since long before antibiotics came to prominence. In fact the overuse of antibiotics can contribute to the spread of a number of harmful bacteria and promote antibiotic resistance in them. To help combat this we promote the prudent use of antibiotics, so that they are only prescribed when there is a specific clinical need for them.

One of the most common types of potentially serious infections found in hospitals as well as nursing homes is Clostridium difficile (C.diff). Over the past few years we have seen our rates of C.diff infection fall dramatically, despite a steady rise in the number of patients staying in hospital. In 2014/15 we had just eight cases, against our target of no more than 19 cases, and our aim is to reduce this even further next year.

MRSA bacteraemia is another form of infection we have been working hard to eliminate. We had three cases in 2014/15, two less than the previous year, and will continue in our goal to eradicate MRSA bacteramia from the hospital altogether.

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 that could affect the daily, normal running of the hospital.

We undertake regular exercises involving multiple agencies, such as the emergency services and local authority, to ensure we have a joined up approach to potential major incidents that may affect the local community.

In January 2015 NHS England (London) visited us as part of a workshop to review our major incident plan and the action cards we use when a major incident takes place. This proved useful in refining our plans for responding to a major incident and has led to a number of changes.

During the year we have also reviewed and updated our business continuity plans, which were tested on several occasions when we suffered external issues with our telephone system and mains electricity supply. We were pleased that these situations proved we do have very robust plans in place.

We have special equipment and appropriately trained staff to deal with specific incidents, for example in the event of a chemical contamination. This year we prepared ourselves for the possibility of dealing with an Ebola-related incident which included training staff on how to safely identify, isolate and care for a patient with a suspected Ebola infection. Fortunately we have not needed to put these measures into practice but they have helped us to develop our procedures for managing patients with highly infectious diseases.

Transforming care

In May 2014 we launched a transformation programme with the objective of preparing the foundations for the future of West Middlesex and to build teams with the skills needed to serve generations to come, including a particular focus on improving patient care using innovative ways of working.

In October 2014 our new dedicated Ambulatory Emergency Care (AEC) unit opened – transforming our approach to emergency care. Now there is more opportunity for patients to have same day emergency care with easy access to diagnostic tests and specialist staff. The AEC is a key component of our integrated care system, providing support for inpatients going home, assessments for older patients and links with our community services and social care.

Since opening, the AEC has proved extremely popular with patients, staff and our healthcare partners receiving very positive feedback:

"The staff were excellent…kept me informed at every stage…could be mistaken for a private hospital." – NHS Choices quote by Bea.

"I hope the AEC will continue to be a key service to the public at West Mid for a long time to come and go on to be an exemplar for other hospitals." – NHS Choices quote by AG.

For patients needing to stay in hospital our aim has been to ensure they can go home without any unnecessary delays and have a joined up care plan in place to support them outside hospital.

Each year we provide around a quarter of a million outpatient appointments and have been looking at pioneering ways of reducing the need for patients to come to hospital. This has included one-stop appointments where patients can get diagnostics tests done before seeing a clinician for their results and consultation all during the same visit. We have also been piloting 'virtual clinics' for a number of specialities, this is where a clinician reviews a patient's notes to see if they need to return to hospital for a follow-up appointment or can be safely discharged. Around 2,000 patients have already benefitted from virtual outpatient appointments without the need to ever visit the hospital.

We have continued to make the best possible use of IT to securely share patient's medical information amongst clinicians involved in their treatment. This reduces the need for repeated or duplicate diagnostic

tests and unnecessary outpatient appointments. As part of the work we have been doing to integrate with Chelsea and Westminster, we have even more ambitious plans for using improved technology for the benefit of patients.

We have also continued to work with our community partners to improve the process of discharge for our patients, including the launch of an extended social work service. This joint effort between Hounslow Council and West Middlesex Hospital seeks to improve the outcomes for frail and vulnerable patients. Its key objectives are to: provide a faster response and ensure a timely transfer of care for patients in the Emergency Department; prevent unnecessary hospital admissions; and ensure people who need input from Adult Social Care leave hospital promptly. The service was officially opened in December by Councillor Lily Bath, Cabinet Member for Adult Social Care and Health Services at the London Borough of Hounslow.

The expanded service means that more people can be discharged at the weekend and ensures adult safeguarding investigations can take place seven days a week to effectively protect vulnerable adults. It also means there is a social care presence in the Emergency Department, Acute Assessment Unit and Acute Medical Units to help avoid unnecessary hospital admissions.

These are just some of our developments and achievements during the year that have helped us improve the experience of our patients.

Darzi Fellowship

The Darzi Fellowship is a successful and highly-regarded clinical leadership development programme which gives a group of clinicians the unique opportunity to develop the necessary skills and capability for their future role as clinical leaders. The fellowship lasts 12 months, during which time the fellow works on a major project with a central focus on service improvement – this could be in quality improvement, integrated community and primary care, patient safety, clinical development or education.

Dr Veronica Smith, a specialist registrar in Respiratory Medicine, is our current Darzi Fellow. In May she launched a new Pleural Disease Pathway to deliver high quality, patient-centred care to patients with pleural effusion. This is when the space between tissues surrounding the lung fills with fluid. There are many conditions that can cause this and it is common for patients with this condition to require a procedure to remove the fluid. The new pathway means patients can undergo procedures in the Ambulatory Emergency Care unit (AEC), receive specialist input and avoid admission to hospital.

Breaking the Cycle

For one week in January 2015 we took part in an initiative aimed at improving patient experience in emergency care. Staff from across the Trust, together with health and social care colleagues, rallied together to make significant improvements to the flow of patients in and out of the hospital. Our efforts were praised by NHS England (London), the NHS Trust Development Authority (TDA), and Monitor. Also staff generated more than 60 new ideas for improving patient experience and service efficiency. Following this we ran a second initiative at the end of March, this time over two weeks. It led to similar successes and we are now looking at how we can make what we did then part of our normal everyday work.

Providing better services

Maternity and women's health

In January 2015 our maternity unit unveiled a number of brand new and enhanced facilities to benefit mums-to-be. Our maternity unit has a long and proud history of caring for mothers and their babies, dating back to 1932 when it was first opened by Queen Mary. Over the past nine decades it has kept pace with the latest advancements in patient care and the changing needs of women choosing to have their babies here.

The maternity service prides itself on providing as much choice as possible for women and their families, including home births, a natural birth experience in a home-from-home environment, as well as having provision for more complex births. In 2014/15 we helped deliver more than 4,500 babies and with our new and extended facilities these numbers will increase in years to come.

The extensions include six new clinic rooms and an additional five antenatal and five postnatal rooms, each with their own en-suite bathroom. There is a purpose built transitional care area for babies who need on-going treatment and monitoring but are not unwell enough to be in our special care baby unit. We have also increased our theatre recovery area to ensure that mothers who need additional monitoring after a complicated birth can be cared for in a more spacious and comfortable environment.

Our vision is to provide a wide range of birthing options to suit the needs of our community; these new facilities will further support this both now and into the future.

For more information on having your baby at West Middlesex, please visit our dedicated website at www.westmidmaternity.org.uk. You can also email us at anc@wmuh.nhs.uk or call 020 8321 5007/6420 and you can also refer yourself directly to our service using the online form on our maternity website.

In March 2015 our maternity unit was reaccredited with the full UNICEF Baby Friendly Award, after becoming the first in London to achieve this back in 2011.

The award recognises the very high standards of care, advice and information we provide for breastfeeding mothers and their babies.

In 2014 we launched a new project with the aim of improving awareness and access to support for women experiencing mental health issues during pregnancy and soon after birth. Although the project is only funded for ten months the intention is to embed the educational legacy so that future mums-to-be can benefit from the initiative too.

Then and now...

Our maternity unit takes its name from Queen Mary, who officially opened it on 17 February 1932.

Twelve years later Dr Marjory Warren recorded in one of her reports that, one night in February 1944, 96 incendiary bombs caused twenty one fires across the hospital grounds with the maternity block suffering substantial damage as can be seen in the photo on the bottom left.

We have continually updated our maternity services to ensure we are able to provide the fullest range of birthing options and care for the women and their partners who choose to have their babies with us.

Most recently we expanded the maternity unit, adding a number of new clinic rooms, antenatal and postnatal rooms, each with their own en-suite bathroom, and a purpose built transitional care unit.

Sexual health

In April 2014, we launched a new sexual health website which was developed to be mobile-friendly and easier for visitors to quickly find what they are looking for.

One of the main features is a photo story on the homepage, designed to reach an audience familiar with comic book styles. Students from West Thames College helped write and act out the story alongside staff from Sexual Health Hounslow working with NHS Elect. It aims to demystify what a visit to the sexual health clinic is like and contains key messages about the importance of using contraception and testing for sexually transmitted infections.

The website also includes a simple pathway to help visitors find the most suitable service and contains live social media updates from the sexual health clinic. Follow them on Twitter @SHHounslow or visit their website www.sexualhealthhounslow.org.uk.

'Leading the way' in Dementia care

The Secretary of State for Health, Jeremy Hunt, praised the Trust for leading the way in improving care for patients with dementia after he visited our newly refurbished dementia friendly ward in June 2014. We continue to be at the forefront of care for patients with dementia and delirium. Our multidisciplinary Dementia Steering Group helps drive improvements, backed by Dementia champions across hospital wards. It is also now mandatory for all staff to undertake dementia training appropriate to their role.

Dr Marjory Warren

Dr Marjory Warren was a pioneer of geriatric medicine. She came to West Middlesex (then a County hospital) in 1926 as an assistant resident medical officer and was promoted to deputy medical director in 1931. After the inception of the NHS in 1948 she became consultant physician. She was ahead of her time in many ways, promoting multidisciplinary rehabilitation and holistic appreciation of elderly patients. She advocated the creation of a medical speciality of geriatrics, special geriatric units in general hospitals, and the teaching of medical students in the care of elderly people by senior doctors with specialist geriatric interest and experience. Our Marjory Warren Unit is named in her honour.

Cancer care

We provide services for the most common cancers including treatment, support and help for those living with cancer, as well as palliative care.

We have a dedicated cancer services team who are actively involved in the patient's journey from their first referral through diagnosis and treatment. Our multidisciplinary approach brings together all those involved in the patient's care, including the patient themselves, to ensure the best possible outcome.

Where patients require treatment and support from other services and partner organisations we have made improvements to ensure a joined up approach and seamless care. This has also helped us to improve our performance in treating patients within the strict waiting targets.

During the year we have involved patients and staff in developing innovative improvements in care, leading to a better overall experience. This includes care closer to home, such as anti-cancer antibody therapy delivered by nurses in GP surgeries who have been trained by our chemotherapy lead nurse.

We are a partner member of the London Cancer Alliance (LCA), established in 2011 as the integrated cancer system across west and south London. Working collaboratively with 14 other NHS provider organisations, as well as with two academic health science centres and the voluntary sector, the LCA provides comprehensive, integrated cancer patient pathways and services within formal, governed structures to drive improvements in patient outcomes and experience for our shared populations.

The results of the 2014 national cancer patient experience survey gave us some valuable feedback. We were scored in the top 20% for a number of areas including patients feeling that they were seen as soon as necessary, were told sensitively that they had cancer, were involved in decisions about care, received enough privacy when discussing their condition and treatment, and that staff did everything to help control pain all of the time. In other areas we are aiming to make further improvements, for example in the provision of information to patients about their condition and treatment.

You can read the full survey at: www.quality-health.co.uk/surveys/national-cancer-patient-experience-survey.

Therapies

Our busy therapy service plays a vital role by working with other health professionals to aid patients' recovery and rehabilitation.

Electric therapy service

In May 2014 two of our therapists set off on the very first journey in our shiny new electric powered car – taking a patient recovering from a stroke on a home assessment visit. As well as being environmentally friendly, the electric car will mean a significant saving on our previous therapy service travel costs and is more comfortable and convenient for patients and staff.

Stroke therapy service

The therapy team has also developed a stimulating environment that can be used as a quiet therapy space in which to treat patients; this initiative was praised in a recent assessment of the hospital's stroke service.

Listening and sharing

Patient experience

Our aim is to provide all of our patients with the best possible experience. We use a variety of methods to gather feedback and engage with patients to help make continual improvements in this area. Our results from the 2014 national inpatient survey demonstrated some very positive progress compared to the previous year. We received a 'significantly better' response in five areas across the hospital: admission, nurses, care, surgery and discharge and we received no 'significantly worse' ratings.

What is particularly pleasing about our improved 'care' rating is that it refers to the better response time to patients' call bell.

This was an area of focus for the Trust last year and it's very pleasing to see that our efforts are yielding significant results.

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.

We have seen a slight increase in the number of formal complaints over the past few years, with approximately 400 complaints in 2014/15, but this is in proportion with the increase in overall hospital activity. This year, as part of efforts to improve our complaints process, we have reduced our turnaround time for responding through the use of advanced IT systems, enabling staff to respond in a more timely and efficient way. We were also commended by the CQC on our openness and transparency in handling formal complaints and continue to use patient experience videos as a powerful learning tool.

You can find more information in our complaints annual report, available on our website www.west-middlesex-hospital.nhs.uk

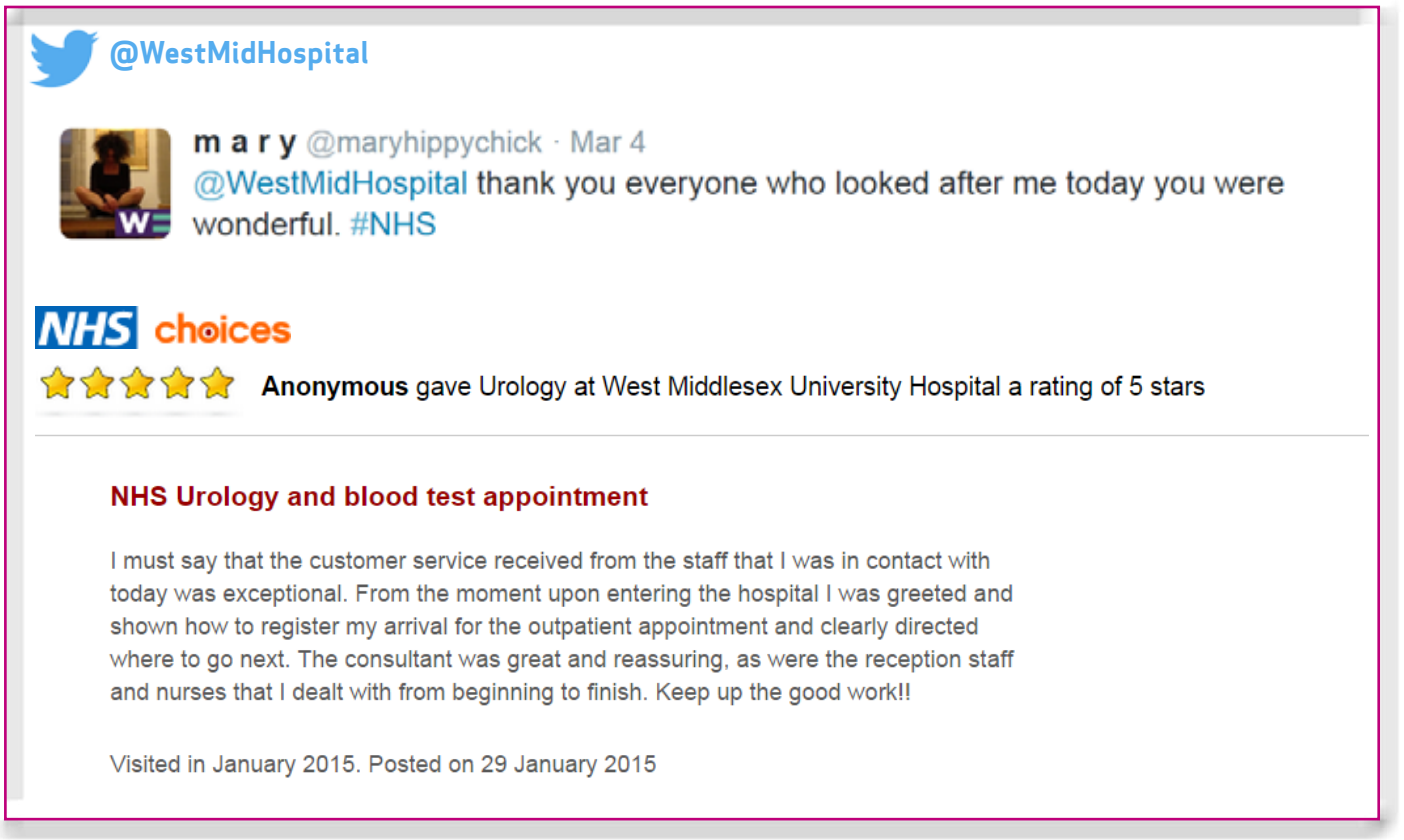
In 2014 we held two patient and staff experience events. In June we hosted a 'market place' event, where each hospital division showcased the work they had been doing on patient experience, as well as sharing the feedback they had received from the previous year's staff and patient surveys and gathering ideas for improvement. In December, we followed this up with a second event which had a 'Strictly Come Dancing' theme. A judging panel - comprising of a member of hospital staff, a hospital volunteer, a Healthwatch Richmond representative and a patient – scored each division's presentation which contained detailed updates and key actions from the June event. Following its success, our team were invited to deliver a presentation to NHS England's senior nursing team to share the concept of our event.

Richmond Healthwatch has also helped us by undertaking audits in November 2014 on local care standards in our adult wards. The findings from these audits provided valuable insight and helped us to drive up standards; we are very grateful to Healthwatch for the support they have provided us this year.

We updated our Bedside Guide and launched this across our wards for adult inpatients.

The guide contains useful information about staying in our hospital and is designed to help patients to feel more comfortable whilst in our care.

Increasingly, people are using email and social media to share their experiences of our hospital. We now have over 5,300 twitter followers on our Trust profile - @WestMidHospital – and use it enthusiastically as a means to communicate with our local community. Patients use the official NHS Choices website to post their comments and rate the care they have received. We currently have a rating of 4 stars, out of a maximum of 5, which compares favourably with other similar trusts.



Friends and Family Test (FFT)

The NHS Friends and Family Test is a feedback tool which asks patients if they would recommend our services to their friends and family. Between April 2014 and March 2015 we received responses from over 12,000 patients who stayed in hospital or who were treated in A&E. The vast majority said they would recommend our services. We also ask women using our maternity services for their feedback and have seen steady improvements in both response rates and satisfaction. This has enabled us to share successes with our staff, as well as take on board specific feedback from patients and make improvements if they have reported a less satisfactory experience.

In September 2014 we launched a new text messaging service as another means of obtaining patient opinions. This is a fast and immediate way of providing staff with instant feedback on services. To date it has proved very popular and we continue to monitor and review the information we receive.

Open days

Over the past two years we have held successful open days, opening our doors to the local community for a fun, family event with lots of activities including behind the scenes tours, health checks, live entertainment, quizzes and competitions and much more. These have proved hugely popular and have provided an opportunity for the community and hospital staff to meet and discuss what really matters to them. Our next open day is on Saturday 12 September – please come and join us!

Valuing our staff

Our people

Workforce gender breakdown

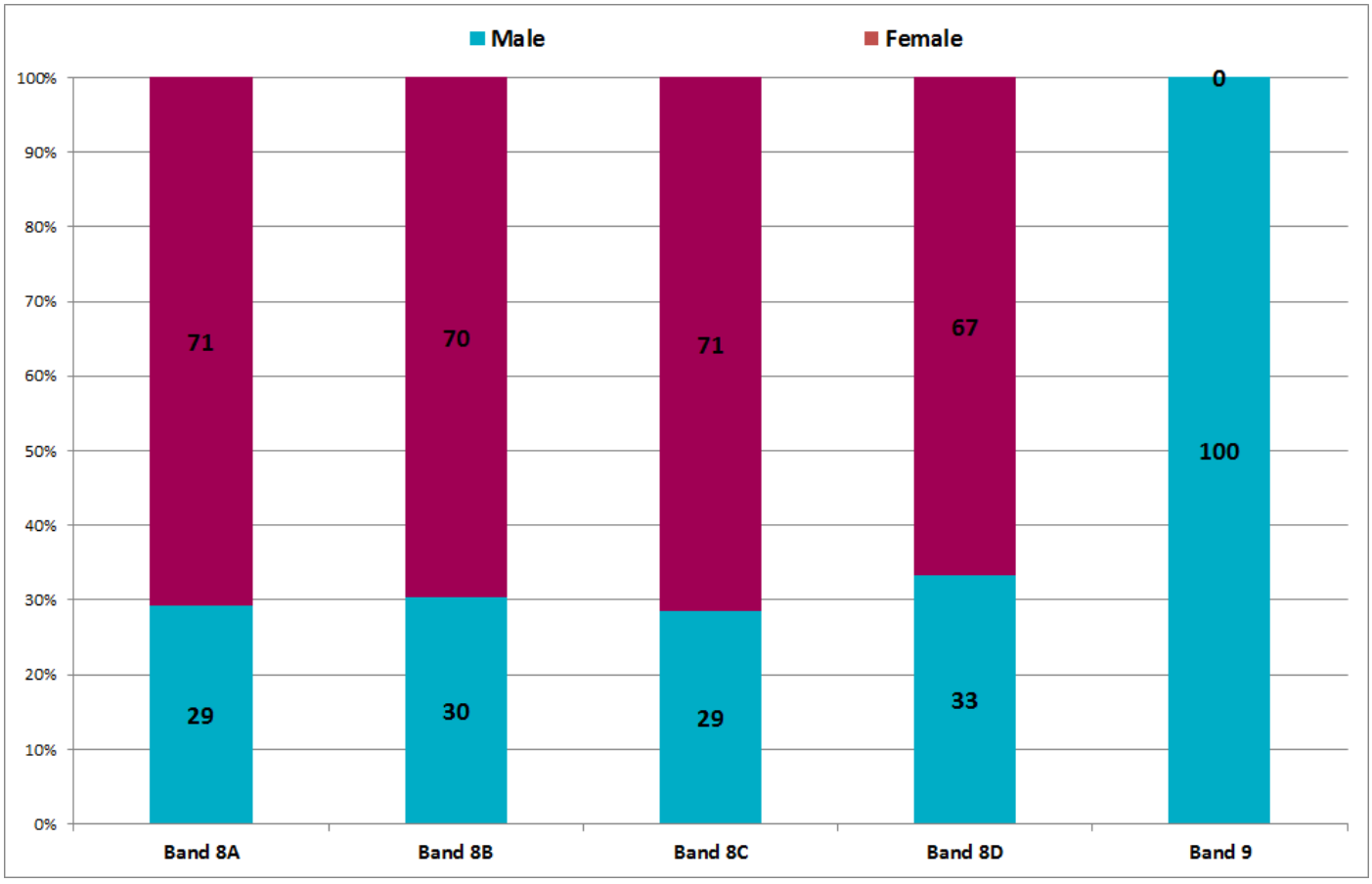
All staff		
Male	424	22%
Female	1,537	78%
Total	1,961	100%

Senior Managers		
Male	35	30%
Female	80	70%
Total	115	100%

Directors		
Male	2	29%
Female	5	71%
Total	7	100%

The data above is based on the calendar year January to December 2014.

Senior Managers Gender Breakdown by Agenda for Change Pay Bands



NB: all figures above are percentages. Most NHS staff (the main exceptions are doctors and directors) are paid within particular pay bands starting at band 1 through to band 9. For more information on these see: www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/agenda-for-change-pay-rates/

Equality

3% of Trust staff declared themselves as disabled. Last year, 2.5% of the total applications we received for vacant roles were submitted by individuals who chose to declare a disability; 0.7% were shortlisted and 0.1% were successfully appointed. We have also maintained our 'two ticks' symbol in recognition of our positive approach to employing and supporting disabled staff.

Please see our Equality Information Report, available via our website, for more detailed information.

Investing in our staff

During 2014/15 we ran a very successful international recruitment programme, the aim of which was to help fill vacancies across the Trust and ensure we are able to continue providing the very best quality and safe care for all our patients. At the same time every effort continues to be made to recruit to our local vacancies.

In total we have recruited 46 qualified nurses from Spain, Portugal and Italy who have undertaken a comprehensive induction programme before starting work on our wards. We have also recruited ten new consultants and increased our midwife ratios in recognition of the increased demand for our services.

At West Middlesex we have always been keen to recruit the best and brightest staff.

Our volunteers

We are fortunate to have assistance from a number of dedicated volunteers, whose contribution to the day-to-day experiences of patients cannot be underestimated. They fulfil a range of valuable roles across the organisation, including directly supporting both patients and staff, gathering views on our services and receiving patients and visitors into our hospital. Their contribution enhances the experience of patients and carers and also helps support our staff in their roles. We owe them a huge debt of gratitude.

Our innovative 'befrienders' scheme in A&E is one example of how volunteers have helped enhance our patients' experience. They meet and greet people on arrival to A&E and provide support to patients and relatives by ensuring their personal needs are seen to, such as notifying staff if assistance or pain relief is required and liaising with medical staff for regular updates. They also help keep patients hydrated, assist with contacting relatives and accompany any patients requiring admission to the ward to ensure they are settled in.

Celebrating achievement

During the year we hold a number of events to recognise and celebrate the outstanding contributions of staff. The Staff Excellence and Achievement Awards give us the opportunity to reward staff and volunteers for their work in improving patient care. There are eight separate award categories and winners are chosen from nominations submitted by colleagues and patients.

Our STAR (Staff Training And Recognition) Awards is another annual event where we recognise the hard work of staff undertaking education to further their knowledge as well as providing outstanding teaching and mentorship.

We are fortunate to have excellent staff retention rates and each year we hold an event to thank staff for their loyalty – gifts and certificates are given to those who have reached a milestone of 15 years' service and above.

Health and wellbeing

We have one of the lowest sickness absence rates in the country for an acute trust. During the year we run a number of events and activities to promote health and wellbeing and provide staff with access to information and resources such as weight loss, stopping smoking, discount gym membership, counselling and therapeutic massage.

Listening to feedback

The 2014 national staff survey has given us valuable information about how staff feel about working at West Middlesex. We were pleased to be in the top 20% of acute trusts for staff feeling that they have the ability to contribute towards improvements in work. There was also positive feedback from staff who felt they had regular and well-structured appraisals, felt secure about raising concerns about unsafe clinical practice, and were satisfied with the quality of work and patient care they are able to deliver. You can read the survey in full at: www.nhsstaffsurveys.com

As well as the annual survey we capture the views of staff on a regular basis including the staff friends and family test, which gives us timely feedback. Under our plans to integrate with Chelsea and Westminster, staff from both trusts have been actively involved in helping to design and lead the process.

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 in which to learn. 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 in which to learn.

Then and now...

From the beginning, West Middlesex Hospital was acknowledged as a training school. Its first certificate was granted in 1899 for nurses, with midwifery training commencing in 1903. Further professions soon followed including medicine, radiology, and physiotherapy.

The hospital now sees over 500 medical students visit each year as part of their training. We also benefit from the very latest technology, including life-like simulation manikins which give students an opportunity to learn in a realistic, safe and controlled environment.

Nursing and support worker development

Healthcare Assistant (HCA) and Clinical Support Workers Development

In June 2014 we held a HCAs' local registration launch, with the aim of all HCAs achieving formal registration within the Trust. This work supports the aim of the Health Education Northwest London Care Certificate group of which we are a member. In July we also hosted the Health Education Northwest London Care Certificate Pilot Delivery Group Meeting and in the following March the Care Certificate was made mandatory for all UK-based HCAs. There are now 79 HCAs registered locally and we are aiming to register approximately 75 HCAs each year, working towards full compliance by 2016.

Bedside Emergency Assessment Course for Healthcare Workers (BEACH)

A recent achievement is our roll-out of the BEACH to our HCAs. The first session was held in January; 12 HCAs attended and the feedback has been excellent. BEACH is designed to improve the skills of recognising unwell patients and teaches the importance of good communication with colleagues.

Mentors Conference

We held a very successful Mentors Conference in July to support changes to the sign off mentors' documentation and to promote best mentoring practice. Speakers included representatives from Health Education North West London and Buckingham New University, as well as Trust education and professional leads. Approximately 70 mentors and mentees attended and it proved to be a very productive and motivating day.

Practice Development Nurses

We have appointed two Practice Development Nurses, one each for surgery and medicine, to work on the wards and support the Ward Managers by providing supervision and education for newly qualified nurses and HCAs. They also provide support for staff who have capability issues that could be addressed through education, learning and development. Both nurses have a background in education and are focussed on core nursing competencies and improving the patient experience.

Undergraduate Medical Education

We continue to receive excellent feedback from Imperial College medical students. The latest student survey placed West Middlesex top amongst our peers in 6 out of 13 areas including: critical care, dermatology, orthopaedics, obstetrics and gynaecology and rheumatology. We have also now appointed a Clinical Teaching Fellow to strengthen the education programme we provide.

Non-Clinical Education

We recruited 23 staff to undertake government funded training under the apprenticeship scheme, currently extended to include people aged 24 and above. The courses are level 2 or level 3 qualifications, with most opting for the administrator's programme, one opting for customer service and one selecting the management option. The funding provided via the Skills Funding Agency equates to approximately £70,000.

Clinical Leadership

This year we successfully recruited 10 participants to our 8th Clinical Leadership Programme. This programme began in 2010/11 and now attracts senior clinical staff and doctors across all disciplines. As well as teaching and interactive sessions, participants are required to undertake service improvement projects which are presented to senior managers and clinicians.

We have also begun a new leadership and management programme with Allied Health Solutions and Buckingham New University. This originally was designed for Allied Health Professions but has been expanded to include nursing staff. Topics include leadership and management in the health service, personal effectiveness, practical skills and quality improvement.

Research

Through research and development, we aim to improve the quality of care for both our own patients and the wider health environment. This year was another successful one in terms of research, with an increase in the number of generic research nurses, research studies and investigators taking part in National Institute for Health Research (NIHR) registered studies. We recruited patients to 40 NIHR studies in the following specialties: Infection, Oncology, Reproductive Health, Neonatology, Paediatrics, Gastroenterology, Urology, Cardiovascular, Haematology, Dermatology, Neurology, Diabetes and Stroke. 26 of our consultants are acting as Principal Investigators for portfolio studies.

We have an excellent record of actively involving and engaging patients in our local research and service improvement projects. This year we established a multidisciplinary Patient and Public Involvement (PPI) Research Group to undertake PPI activities. These have improved access to research for patients and have helped increase the number of patients recruited to portfolio studies.

Clinical research is one way in which we improve treatments in the NHS. In many cases doctors will tell patients about any current and relevant research, but we also need patients to keep asking about research to ensure it stays at the top of the NHS agenda. In a recent consumer poll, only 21% of patients and the public said they would feel confident enough to ask their doctor about research opportunities. In an attempt to improve this statistic, we once again participated in the International Clinical Trials Day with an information stand at the hospital entrance, publicising research to both staff and the general public. The Research and Development Department also participated in the hospital open day to publicise our research activities and explain more about research, how it is being conducted and why it is important.

As well as all the work carried out within the Trust, we are also a partner within the Imperial Academic Health Science Network, an active member of the Clinical Research Network Northwest London and an active partner in the Collaboration for Leadership in Applied Health Research and Care. On top of this, two of our consultants have been nominated by the Clinical Research Network Northwest London, as the Research Leads for their specialities in Northwest London: Miss Joanna Girling in Reproductive Health and Dr Gayathri Perera in Dermatology.

Patient confidentiality

We give the highest priority to protecting patient confidentiality and only had one incident this year involving data loss and breach of confidentiality, which we recorded using our information governance incident reporting tool 'Datix'. This turned out to be a near miss but has helped us learn lessons so that we can minimise the risk of a similar incident occurring again. We also investigated another potentially serious incident involving a bag of confidential waste going missing in a hosted service office; this was reported on the hosted trust's internal incident reporting tool. The bag was quickly and safely recovered before any data was compromised. We take errors of this nature very seriously and investigate every incident thoroughly.

All incidents relating to personal data are recorded on Datix. Our Information Governance Committee reviews any incidents at their quarterly meetings. Additionally all staff are required to have annual information governance training and for 2014/15 we achieved our target of 95% across the Trust.

Performance summary

Performance indicators

During 2014/15 we met the majority of the key standards that the government and our commissioners – the organisations that buy services from us on behalf of our patients - set for us, and only narrowly missed others. Doing well against these standards shows we are providing our patients with the best possible care. Below is a summary of some of our key performance for 2014/15, which should be read in conjunction with the main narrative of the annual report for a better understanding of the context of the 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 2014/15	Performance 2014/15	Target 2013/14	Performance 2013/14
Safety	MRSA Bacteraemia cases (in the blood)	0	3 (see note 1)	0	5
	Clostridium difficile infection cases	<=19	8	<= 12	17
Quality	Total time in A&E / UCC – (all types) patients treated, admitted or discharged within 4 hours	>95%	95.1%	>95%	97.4%
	Total time in A&E – (type 1) patients treated, admitted or discharged within 4 hours	>95%	88.9% (see note 2)	>95%	94%
	Patients with breast cancer symptoms waiting less than two weeks from referral	>=93%	97.7%	>=93%	96.9%
	Cancer 2 week wait	>=93%	94.1%	>=93%	94.1%
	31 day diagnosis to treatment for cancer: 31 day 1st treatment – tumour 31 day subsequent treatment – treatment group: Surgery Drug	>=96% >=94% >=98%	99.3% 100% 100%	>=96% >=94% >=98%	99.6% 100% 100% 100%
	62 days urgent referral to treatment for cancer: 62 day standard – tumour	>=85%	83.5% (note 3)	>=85%	81.9%
	62 day screening standard – tumour	>=90%	85.3% (note 4)	>=90%	60.0%
	62 day consultant upgrade	>=85%	88.9%	>=85%	92.9%
Patient experience	18 week referral to treatment times: Admitted patients Non-admitted patients	>=90% >=95%	94.8% 97.1%	>=90% >=95%	95.4% 97.7%

Notes

1. Please see page 11 for details of how we have been fighting infections at the hospital this year
2. See page 12 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 2013/14 and 2014/15 by 23% 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. A recovery plan was developed and implemented during the year and this helped to turn performance around. We failed the standard for the first 6 months of the year but have passed the standard for the last 6 months of the year. Current capacity is being reviewed along with 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 – screening was included in the recovery plan outlined in point 3. We have consistently passed the screening standard for the last six months of the year.

Directors' report

Remuneration report

The Remuneration Committee is a sub-committee of the Trust Board which determines the contractual terms, conditions and benefits, including salaries, of executive directors.

Membership of the committee comprises all the non-executive directors and the Chairman. The Chief Executive and the Director of Workforce and Development may attend at the invitation of the committee.

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

1. Objectives are set for executive directors that are linked to the Trust's corporate objectives and strategic priorities.
2. The performance framework used to evaluate the executive directors is assessed via the annual appraisal process with the Chief Executive and performance assessment by the Chairman. These discussions are supplemented by reviews throughout the year. In line with NHS Trust Development Authority (TDA) requirements, the Chairman has an external appraisal arranged through the Appointments Committee.
3. The approach taken by the Committee for remunerating executive directors is determined by national guidance and guided by benchmarking within and outside the NHS to determine appropriate levels. Individual posts may be reviewed in light of changes to responsibilities, market factors, pay relativities or other circumstances. Pay is not performance related.

Due to the unique circumstances surrounding the planned acquisition by Chelsea and Westminster Hospital NHS Foundation Trust in 2015, the Trust has experienced turnover in the Executive Team. Substantive executives who left during the 2014/15 financial year have been replaced with directors working on secondment, a fixed term contract or off-payroll engagement. The skills and experience of each appointee was agreed and authorised by NHS TDA.

Notice periods for executive directors will vary according to their employment status and 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.

During the year, there were two executive directors with off-payroll arrangements and significant financial responsibilities. These appointments relate to the Director of Finance and Director of Operations posts.

Information relating to off-payroll arrangements at senior manager level is shown on the following page.

Off-payroll engagements as at 31 March 2015 (in excess of six months and costing more than £220 per day)

Assurance regarding tax arrangements has been received for 7 of the 14 appointments. The remaining are employed via agencies.

Number of existing arrangements as of 31 March 2015	
Of which, the number that have existed:	
For less than 1 year at time of reporting	14
Between 1 - 2 years at time of reporting	4
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

All new off-payroll engagements between 1 April 2014 and 31 March 2015 (in excess of six months and costing more than £220 per day)

Assurance regarding tax arrangements has been received for 7 of the 21 appointments. The remaining were employed through agencies.

Number between 1 April and 31 March 2015	21
Number for whom assurance has been requested	7
Of which:	
Assurance received	5
Assurance has not been received	2
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 been asked to provide assurance on tax obligations.

Each year the Committee approves arrangements for the clinical excellence awards. These are part of a national scheme to reward consultants performing over and above the normal expectations of their role. Last year 14 clinical excellence awards were made with a gross cost of £44,355.

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 annualised banded remuneration of the highest paid Trust director in the financial year 2014/15 was £200k – £210k (this was £185k - £190k in 2013/14). This was 6.05 times (increasing from 5.3 in 2013/14) the median remuneration of the workforce, which was £35.1k (£35.5k in 2013/14).

There are no employees who received a payment higher than the highest paid director in both 2014/15 and 2013/14.

The forthcoming acquisition has seen movement at very senior manager level; to ensure the Trust continues to provide strong leadership leading up to the transaction we are filling posts temporarily thus attracting a higher rate of pay.

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.

Further details of employee benefits are provided in note 1.5 and 7.6 of the Annual Accounts.

Staff sickness absence		
	2014/15	2013/14
Total days lost	9,853	9,328
Total staff years	1,747	1,673
Average working days lost	5.64	5.58

Reporting of other compensation schemes - exit packages

Exit packages agreed

	2014/15			2013/14		
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
Less than £10,000	0	1	1	0	0	0
£10,001 - £25,000	0	0	0	0	1	1
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
> £200,000	0	0	0	0	0	0
Total number of exit packages by type (total cost)	0	1	1	0	1	1
Total resource costs (£s)	0	£6,017	£6,017	0	£11,353	£11,353

This note provides an analysis of exit packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in this table.

Exit packages - other departure analysis

	2014/15		2013/14	
	Agreements - number	Total value of agree-ments £000	Agreements - number	Total value of agree-ments £000
Contractual payments in lieu of notice	1	6	1	11
Total	1	6	1	11
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

This disclosure reports the number and value of exit packages agreed 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	2014/15			
	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
	£000	£000	£000	£00
Nicholas Gash - Chairman (started April 2015 after leaving role as Non-Executive Director in March 2015)	5 - 10	-	-	-
Tom Hayhoe - Chairman (left March 2015)	20 - 25	-	-	-
Jacqueline Totterdell - Chief Executive (started March 2015)	No director costs			
Jacqueline Docherty DBE - Chief Executive (left March 2015)	195 - 200	-	-	-
Susan Sinclair - Director of Strategy (started June 2014)	85 - 90	Information not available as not directly employed by the Trust		
Anne Gibbs - Director of Strategy / Deputy Chief Executive (left on secondment June 2014)	15 - 20	-	-	-
Roger Chinn - Medical Director (started September 2014)	65 - 70	Information not available as not directly employed by the Trust		
Stella Barnass - Medical Director (left role August 2014)	65 - 70	-	-	-
Jyoti Grewal - Acting Director of Workforce & Development (started January 2015)	20 - 25	-	-	-
Nina Singh - Director of Workforce and Development (left January 2015)	85 - 90	-	-	-
Robert Hodgkiss - Director of Operations (started April 2015)				
Gerrie Adler - Interim Director of Operations (started March 2014, left April 2015)	Salary information not			
Charlotte Hall - Director of Nursing and Midwifery (started August 2014, left May 2015)	65 - 70	-	-	-
Tonie Neville - Acting Director of Nursing and Midwifery (April 2014 - August 2014)	30 - 35	-	-	-
Jon Bell - Interim Director of Finance (started January 2015)	55 - 60	-	-	-
Bimal Patel - Acting Director of Finance (December 2014 - January 2015)	5 - 10	-	-	-
Jonathan Molyneux - Interim Director of Finance (started January 2014, left November 2014)				
Sarah Cuthbert - Non-Executive Director	5 - 10	-	-	-
Luke de Lord - Non-Executive Director	5 - 10	-	-	-
Jenny Higham - Non-Executive Director	5 - 10	-	-	-
Mark Jopling - Non-Executive Director	5 - 10	-	-	-

Tom Hayhoe joined the Trust as Chairman in September 2010 and left in March 2015

Nicholas Gash joined the Trust as Non-Executive Director in November 2005 and left the post to become Chairman in April 2015

				2013/14					
(bands of £5,000)	All pension related benefits (bands of £2,5000)	Total (bands of £5,000)		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)
0	£000	£000		£000	£000	£000	£000	£000	£000
	-	5 - 10		5 - 10	-	-	-	-	5 - 10
	-	20 - 25		20 - 25	-	-	-	-	20 - 25
				No director costs					
	35 - 37.5	230 - 235		185 - 190	-	-	-	37.5 - 40	225 - 230
		85 - 90		No director costs					
	0 - 2.5	15 - 20		115 - 120	-	-	-	62.5 - 65	180 - 185
		65 - 70		No director costs					
	22.5 - 25	90 - 95		150 - 155	-	-	-	-	150 - 155
	17.5 - 20	40 - 45		No director costs					
	35 - 37.5	120 - 125		100 - 105	-	-	-	67.5 - 70	165 - 170
		No director costs							
available as contracted through an agency. Cost to the Trust disclosed in note below*									
	-	65 - 70		No director costs					
	-	30 - 35		No director costs					
	-	55 - 60		No director costs					
	7.5 - 10	15 - 20		No director costs					
Information not available as not directly employed by the Trust**									
	-	5 - 10		5 - 10	-	-	-	-	5 - 10
	-	5 - 10		5 - 10	-	-	-	-	5 - 10
	-	5 - 10		5 - 10	-	-	-	-	5 - 10
	-	5 - 10		5 - 10	-	-	-	-	5 - 10

*Gerrie Adler - Interim Director of Operations - Total banded costs (£000) for 2014/15 is 205 - 210 and for 2013/14 is 0 - 5 which includes Agency fee and VAT

**Jonathan Molyneux - Interim Director of Finance - Total banded costs (£000(for 2014/15 is 275 - 280 and for 2013/14 is 40 - 45 which includes Agency fees and VAT

Pension entitlements of senior managers

Name and title
Jacqueline Totterdell - Chief Executive (started March 2015)
Jacqueline Docherty DBE - Chief Executive (left March 2015)
Susan Sinclair - Director of Strategy (started June 2014)
Anne Gibbs - Director of Strategy / Deputy Chief Executive (left on secondment June 2014)
Roger Chinn - Medical Director (started September 2014)
Stella Barnass - Medical Director (left role August 2014)
Jyoti Grewal - Acting Director of Workforce & Development (started January 2015)
Nina Singh - Director of Workforce & Development (left January 2015)
Robert Hodgkiss - Director of Operations (started April 2015)
Gerrie Adler - Interim Director of Operations (started March 2014, left April 2015)
Charlotte Hall - Director of Nursing and Midwifery (started August 2014, left May 2015)
Tonie Neville - Acting Director of Nursing and Midwifery (April 2014 - August 2014)
Jon Bell - Acting Director of Finance (started January 2015)
Bimal Patel - Acting Director of Finance (December 2014 - January 2015)
Jonathan Molyneux - Interim Director of Finance (January 2014 to November 2014)

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

	Real increase in pension at age 60 (bands of £2,500)z	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
	No director costs in 2014/15							
	2.5 - 5	7.5 - 10	70 - 75	210 - 215	-	-	-	-
	Information not available as not directly employed by the Trust							
	0 - 2.5	0 - 2.5	25 - 30	75 - 80	363	334	4	-
	Information not available as not directly employed by the Trust							
	0 - 2.5	2.5 - 5	45 - 50	135 - 140	1,037	908	44	-
	0 - 2.5	2.5 - 5	10 - 15	30 - 35	135	83	12	-
	0 - 2.5	5 - 7.5	25 - 30	80 - 85	489	419	45	-
	No director costs in 2014/15							
	Information not available as not directly employed by the Trust							
	No director costs in 2013/14		25 - 30	85 - 90	559	No director costs in 2013/14		
	No director costs in 2013/14		40 - 45	125 - 130	971	No director costs in 2013/14		
	Information not available as not on the NHS Pension Scheme							
	0 - 2.5	0 - 2.5	10 - 15	40 - 45	180	124	5	-
	Information not available as not directly employed by the Trust							

Cash equivalent transfer values

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

Sustainability report

Reducing our impact on the environment

The Trust is committed to achieving the targets set out by the NHS Sustainable Development Unit (SDU).

'A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage'.

The NHS SDU is responsible for delivering a sustainable health and care system across NHS England. Their objectives include:

- Integrating sustainability in culture, practice and training
- Ensuring a balanced use of resources where waste becomes a resource
- Making sustainability everyone's business across the NHS

The Carbon Reduction Strategy published by the SDU in January 2009 aims to reduce the NHS 2007 carbon footprint by 10% by 2015. Beyond that the strategy is aimed at achieving the overall UK Government targets of a 34% cut in carbon dioxide by 2020 (compared with 1990 levels) and an 80% cut by 2050.

As part of this strategy NHS England trusts are required to report annually on sustainability as part of their annual reporting process – indicating progress on targets through their annual reports.

Our strategy for developing sustainable healthcare includes the following targets:

- Commitment to reach and exceed the Government target of 10% reduction on energy by 2015
- Achieving a reduction on our annual £1.3m per year energy costs
- Achieving a reduction on the annual circa £100k per year in Carbon Reduction Commitment (CRC) cost

This is set against a backdrop of challenges including:

- CRC increasing from £12/tonne to £16/tonne in 2014/15
- Increasing energy costs – a doubling of costs expected by 2020
- Increasing financial budget constraint pressures
- 2020 targets are onerous and beyond light touches already achieved through no and low cost opportunities
- A need for continued staff engagement and awareness campaigns to minimise waste consumption

Energy and Carbon Management

In 2010, the Trust prepared its Carbon Reduction Strategy for the Estate and the Trust operations. At that point in time, the Trust's CO2 emissions from electricity and gas were determined to be some 8,462 tonnes per annum for the 2007 baseline year.

To normalise for weather variances, for the Energy Performance Contract a baseline was established using the average of three years of consumption data from April 2009 to March 2012 for electricity and gas. This equates to some 22,079,649kWh of energy consumption per annum. Converting this to CO2, this is equivalent to an annual CO2 emission rate of 8,288 tonnes.

Working with our partners Bouygues E&S, an Energy Performance Contract with the provision of an underwritten investment has been implemented and forms the basis of the partnership agreement.

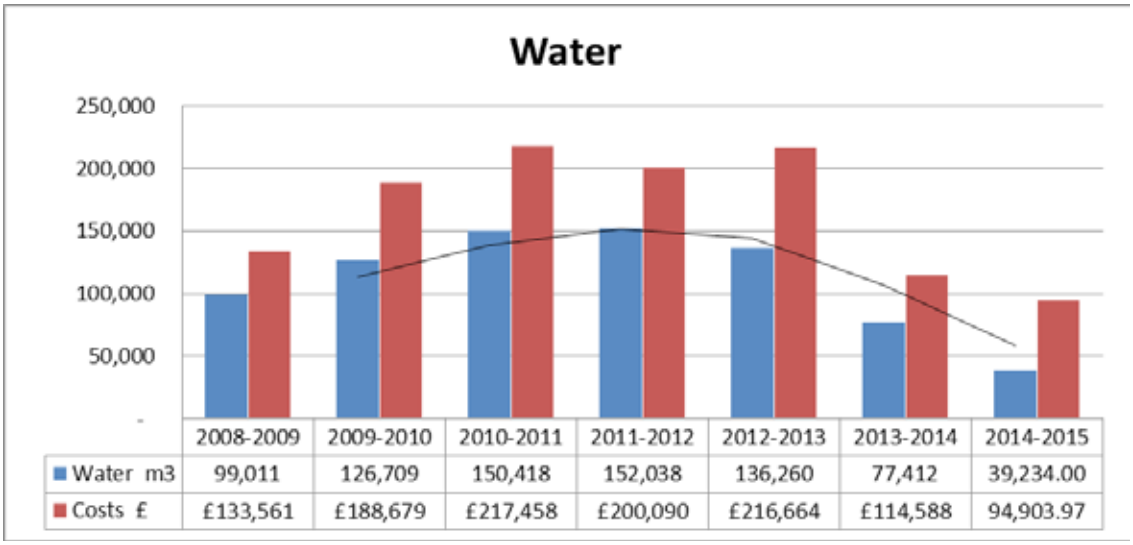
The Energy Performance Contract targets a 15% energy consumption reduction against the defined baseline with a 5 year guaranteed payback period. The solution has been developed to allow the Trust to enter into the contract and obtain the benefits of such a performance contract solution. The hospital was redeveloped under a PFI (Private Finance Initiative) contract in 2003.

The Trust continues on the path towards achieving carbon reduction targets which allow wider environmental, social and economic benefits to be achieved.

Footprint Report emissions (2010 - 2011)	7,119 /tCO2	N/A
Annual Report emissions (2010 - 2011)	6,586 /tCO2	£87,048
Annual Report emissions (2011 - 2012)	7,254/tCO2	£81,276
Annual Report submissions (2012 - 2013)	7,483/tCO2	£89,796
Annual Report submissions (2013 - 2014)	7,549/tCO2	£90,588
Annual Report submissions (2014 - 2015)	7,284/tCO2	£119,457
Proposed Report submission (2015 -2016)		£16.90/tCO2

Water

The Trust is committed to reducing overall water consumption and wastage across the estate and as a result has been working with Thames Water to fit replacement valves to improve the water reticulation systems on site. The Trust has also undertaken verification and assessment of billing details. The period 2014-2015 includes issues with the metering system which was resolved by Thames water in April 2015. The average trend is shown below and is reducing.



	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Water m3	99,011	126,709	150,418	152,038	136,260	77,412	39,234.00
Costs £	£133,561	£188,679	£217,458	£200,090	£216,664	£114,588	94,903.97

Waste minimisation and management

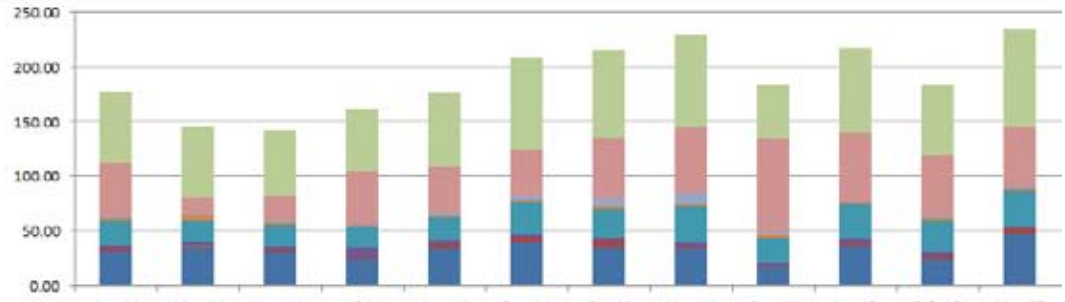
We are working with our soft services facilities provider, ISS Facilities Services on arrangements to improve and consider new opportunities for waste management.

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, assistance in 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 tables below, domestic waste tonnage was significantly lower than our 2011-2012 baseline figures of 900.6 tons. In fact, this trend continues with clinical waste as can also been seen in diagram A. 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 satisfactory cost saving for the Trust.

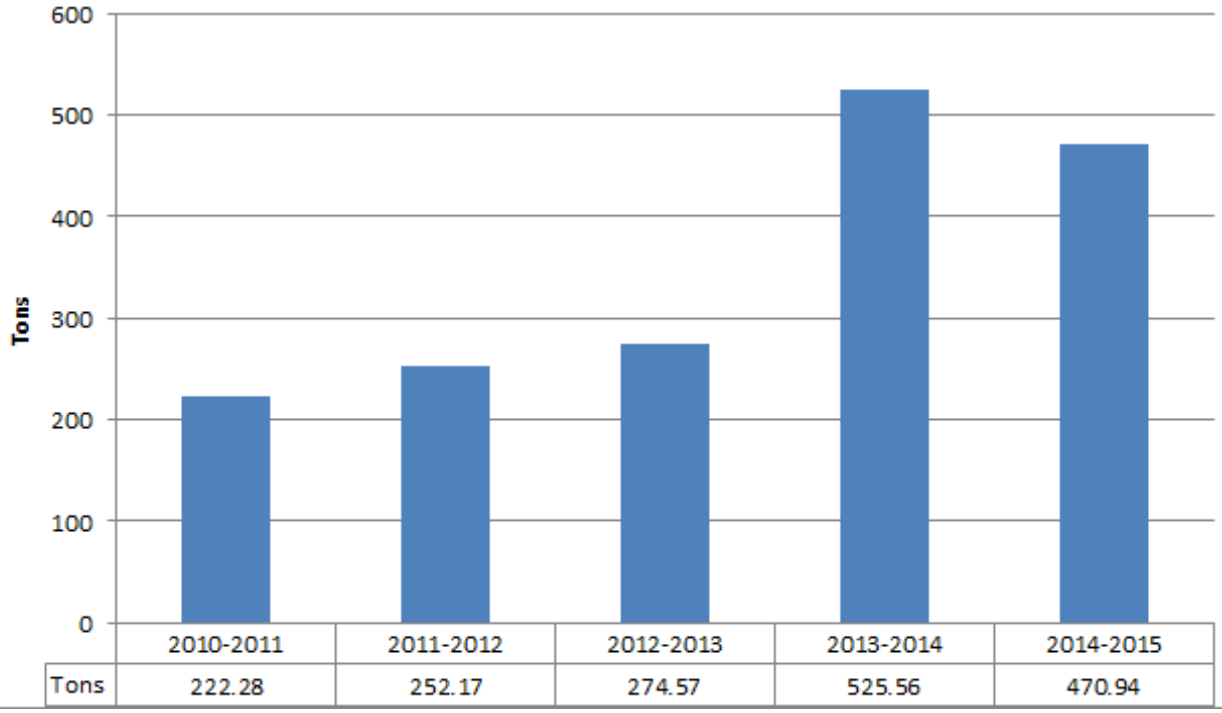
Diagram A
Total Waste Catigories



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Total Tonnes Waste (excl Bins)	64.53	65.92	59.62	57.84	66.77	82.97	79.48	83.98	48.72	77.49	63.86	90.14
Confidential Collections (bins)	48	14	23	46	42	42	56	60	85	62	55	54
Food Waste (Tonnes)	1.92	1.92	2.25	3.04	2.15	5.42	7.49	9.60	2.44	1.16	1.41	0.90
Trade Waste Landfill Diversion generate Electricity	2.21	3.58	1.74	1.98	1.78	2.28	2.35	2.21	2.14	2.06	2.13	2.11
Waste Compactor Landfill Diversion generate Electricity	23.88	20.44	19.52	18.44	20.66	27.62	25.26	32.4	23.06	31.50	29.96	33.70
General Waste (Tonne) Open Skip	2.56	3.2	3.54	8.8	4.4	3.34	3.00	4.32	3.62	4.84	3.88	1.96
HI - Infec h/care waste for Incin (Tonnes)	0.00	0.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HS - Infec H/care Sharps for Incin (Tonnes)	2.06	1.52	2.07	1.24	4.61	4.64	6.86	2.28	0.99	2.56	2.48	4.44
HT - Infec H/Care for Alt Treatment Incin (Tonnes)	31.90	34.92	30.50	24.34	33.17	39.67	34.52	33.17	16.47	35.37	24.00	47.03

The recycling figures in diagram B - show a sharp increase in tonnage, in comparison. This includes the tonnage attributed to confidential waste which is a recyclable waste stream.

Recycling Volumes - Diagram B



	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Tons	222.28	252.17	274.57	525.56	470.94

The recycling figures in diagram B show a sharp increase in tonnage, in comparison. This includes the tonnage attributed to confidential waste which is a recyclable waste stream.

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 2015 to ensure a joined up approach to waste management. This is essential in order to promote the significance of waste reduction effectively amongst all staff, Trust and contractors.

Supply Chain Partnerships:

The Trust has committed to working in partnership with its service providers. This has allowed the Trust to draw on and share many key areas of expertise and skills within the PFI Project Co.

Partnership Working

The Trust has worked closely with other service providers to provide improved energy and carbon reduction features, these include:

- Working with ByWest [Project Co] and Bouygues ES to achieve the energy savings and carbon reductions indicated above
- Electrical car charging points were installed in 2 staff car parks and 1 public car park. This is a positive step for the Trust in its pursuit of enthusing staff and visitors to switch to carbon neutral travel

Finance

The measures taken to achieve a reduction in energy usage have seen an improvement in financial terms as indicated below, initiatives include:

- Improved lighting efficiency and LED
- Use of more efficient motors during refurbishments
- Good housekeeping measures

	2010/11	2011/12	2012/13	2013/14	2014/15
Energy cost £	1,092,457	1,315,718	3,064,254	2,180,981	1,512,217

- Achieving a reduction of £668.7K on energy costs
- Achieving a reduction from baseline in comparative terms on the circa £100k per annum in Carbon Reduction Commitment (CRC) cost

This is set against a backdrop of challenges including:

- CRC increasing from £12/tonne to £16/tonne in 2014/15
- Increasing energy costs – a doubling of costs expected by 2020
- Increasing financial budget constraint pressures
- 2020 targets are onerous and beyond light touches already achieved through no and low cost opportunities

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. I assumed the role of Chief Executive on 1 April 2015 and have received a full and comprehensive handover from Dame Jacqueline Docherty my predecessor and induction which included meetings with the Chairs of the sub-committees of the Trust Board both of which have provided me with assurance to enable me to make this Governance Statement.

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 the NHS in 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
- Shaping a Healthier Future Programme Board

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
- Effecting a safe and appropriate transaction for the Trust through a partnership with another organisation, thereby securing its long term future as a major hospital on the Isleworth site
- 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 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 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 the year the Audit Committee reviewed the annual accounts, internal and external auditors reports including a report to those charged with governance 31/03/14 ISA (UK&I) 260 which is published on our website and annual reports and forward plans from the Counter Fraud Specialist and Security Management Specialist.

In order for the Trust Board to receive assurance on the quality of data underpinning KPIs and the integrity of reporting of national targets we commissioned an internal audit review of data quality and assurance which concluded with a 'significant assurance' opinion with minor improvement opportunities. An action plan will be completed during 2015 to improve the quality of data to support the Referral to Treatment indicator.

The Trust Board undertook a review of the effectiveness 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 were proposed. During 2014/15, all sub-committee terms of reference were reviewed and a number of changes made to strengthen the role of each of the committees. The Board acknowledged that there was some overlap of issues being discussed at sub-committees, mainly between the Finance and Performance, Integrated Governance and Clinical Excellence Committees but with the impending merger with Chelsea and Westminster Hospital NHS Foundation Trust, the Board did not consider it prudent to make significant changes to the governance structure during the year.

The Trust Board

Non-Executive Directors

Tom Hayhoe, Chairman
(Tom Hayhoe left the Board on 31 March 2015)
Committees: Remuneration (chair), Charitable Funds (chair), Finance & Performance (member), Clinical Excellence (member), Equalities (member)

Sarah Cuthbert
Committees: Finance and Performance (chair), Clinical Excellence (member), Remuneration (member), Audit (member)

Jenny Higham
Committees: Equalities (chair until July 2014), Remuneration (member)

Executive Directors

Jacqueline Docherty DBE
Chief Executive
(left the Board on 31 March 2015)

Stella Barnass
Medical Director
(Stella Barnass' term of office ended on 31 August 2014)

Anne Gibbs
Director of Strategy / Deputy Chief Executive
(Anne Gibbs left the Board on 8 June 2014)

Nina Singh
Director of Workforce & Development
(Nina Singh left the Board on 12 January 2015)

Tonie Neville
Acting Director of Nursing & Midwifery
(Tonie Neville was a member of the Board between 1 April and 10 August 2014)

Jonathan Molyneux
Interim Director of Finance
(Jonathan Molyneux left the Board on 30 November 2014)

Jon Bell
Interim Director of Finance
(Jon Bell joined the Board on 5 January 2015)

Nick Gash, Deputy Chairman
Nick Gash was appointed as Chair from 1 April 2015
Committees: Finance & Performance (member), Audit (member), Remuneration (member), Clinical Excellence (chair), Equalities (member, then chair from November 2014)

Mark Jopling
Committees: Integrated Governance (chair), Remuneration (member)

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

Jacqueline Totterdell
Chief Executive
(joined the Board on 1 April 2015)

Roger Chinn
Medical Director
(Roger Chinn joined the Board on 1 September 2014)

Susan Sinclair
Director of Strategy
(Susan Sinclair joined the Board on 2 June 2014)

Jyoti Grewal
Director of Workforce & Development
(Jyoti Grewal joined the Board on 5 January 2015)

Charlotte Hall
Director of Nursing & Midwifery
(Charlotte Hall joined the Board on 11 August 2014)

Bimal Patel
Acting Director of Finance
(Bimal Patel was a member of the Board between 1 December 2014 and 4 January 2015)

Gerrie Adler
Interim Director of Operation
(Gerrie Adler was a member of the Board between March 2014 and April 2015)

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. In addition, all Board members have completed a self-declaration in accordance with 'fit and proper persons' regulations.

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 2014/15	8	2	4	11
Tom Hayhoe	8 of 8	2 of 2	NA	10 of 11
Nick Gash	8 of 8	2 of 2	4 of 4	10 of 11
Sarah Cuthbert	7 of 8	2 of 2	4 of 4	11 of 11
Mark Jopling	6 of 8	2 of 2	NA	NA
Jenny Higham	7 of 8	1 of 2	NA	NA
Luke de Lord	8 of 8	2 of 2	4 of 4	8 of 11
Jacqueline Docherty	8 of 8	2 of 2	NA	9 of 11
Anne Gibbs	2 of 2	1 of 1	NA	3 of 3
Susan Sinclair	5 of 6	1 of 1	NA	6 of 8
Stella Barnass	3 of 3	1 of 1	NA	NA
Roger Chinn	5 of 5	1 of 1	NA	NA
Jonathan Molyneux	5 of 5	2 of 2	NA	5 of 7
Bimal Patel	1 of 1	NA	NA	1 of 1
Jon Bell	2 of 2	NA	NA	3 of 3
Nina Singh	6 of 6	2 of 2	NA	8 of 8
Jyoti Grewal	2 of 2	NA	NA	3 of 3
Tonie Neville	3 of 3	1 of 1	NA	NA
Charlotte Hall	5 of 5	1 of 1	NA	2 of 3
Gerrie Adler	5 of 8	1 of 2	NA	8 of 11

	Integrated Governance	Remuneration	Equalities	Clinical Excellence	Charitable Funds
Number of meetings held in 2014/15	4	4	3	10	2
Tom Hayhoe	3 of 4	4 of 4	3 of 3	10 of 10	2 of 2
Nick Gash	NA	3 of 4	3 of 3	9 of 10	NA
Sarah Cuthbert	NA	3 of 4	NA	8 of 10	NA
Mark Jopling	3 of 4	3 of 4	NA	NA	NA
Jenny Higham	NA	3 of 4	NA	NA	NA
Luke de Lord	NA	3 of 4	NA	NA	2 of 2
Jacqueline Docherty	4 of 4	NA	3 of 3	9 of 10	2 of 2
Anne Gibbs	1 of 1	NA	NA	NA	NA
Susan Sinclair	0 of 3	NA	NA	NA	NA
Stella Barnass	1 of 1	NA	NA	3 of 4	NA
Roger Chinn	1 of 3	NA	NA	5 of 6	NA
Jonathan Molyneux	1 of 2	NA	NA	NA	1 of 1
Bimal Patel	1 of 1	NA	NA	NA	NA
Jon Bell	1 of 1	NA	NA	NA	1 of 1
Nina Singh	NA	NA	2 of 2	NA	NA
Jyoti Grewal	NA	NA	1 of 1	NA	NA
Tonie Neville	0 of 1	NA	NA	2 of 2	NA
Charlotte Hall	3 of 3	NA	NA	4 of 6	NA
Gerrie Adler	NA	NA	NA	NA	NA

All meetings were quorate during the year.

Approved minutes of each sub-committee are presented to the Board at meetings held in private and the chairs highlight key issues and decisions made at their meeting.

I can confirm 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 are investigated and reviewed on a regular basis by the Trust Board. The Trust reported one 'Never Event' during the year 2014/15 (one retained tampon post vaginal delivery) which was subject to a robust root cause analysis investigation. Lessons learnt and recommendations for improvement were presented to the Trust Board and disseminated throughout the Trust.

67 serious incidents were reported during 2014/15 all of which were subject to a root cause analysis investigation. The lessons learnt and subsequent action plans to mitigate future risks are shared within the division and where appropriate more broadly across the organisation. The serious incidents are reported to each Trust Board meeting and a summary of each incident can be viewed in the Trust Board papers which are published on our website. The incident categories are listed below.

Themes 2014/15	Total YTD
Closure of Maternity Unit	2
London Ambulance Service Breach	9
Loss of Confidence in Service	1
Maternity - unexpected admission to ITU	1
Pressure Ulcer Grade 3	13
Pressure Ulcer Grade 4	4
Unexpected admission to NICU	14
Clostridium difficile	2
Confidential information leak	2
Delayed diagnosis	1
Intrapartum death	1
MRSA Bacteraemia	1
Never Event - Retained foreign object	1
Other	2
Patient fall - severe harm	8
Radiology incident	1
Surgical complication	1
Unexpected Death	2
MRSA breakout	1
Total	67

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 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 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 on-going 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 2015 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 Officer, 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 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 Training 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 2014, there were an average of 3 highest scoring red rated risks identified within the Trust, which reduced over the year to 2 as at 31 March 2015. 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 relates to infection prevention & control risks and their associated targets. A new red risk emerged over the latter half of the year (2014/15), which identified a theme affecting a large majority of NHS Trusts in the UK - compliance against the A&E Quality Indicators.

The risk associated with the Trust's long term future, (red rated at the start of the year) was further reduced from a red risk midway through 2014. This was a result of assurance being gained through external scrutiny including approval by the Competition and Mergers Authority following their analysis that did not find any negative impact on local healthcare by the proposal for Chelsea & Westminster Hospital NHS Foundation Trust to acquire West Middlesex University Hospital NHS Trust. All risks continue to be monitored and we ensure mitigation is in place in order to manage the risk.

There were in total 190 active Divisional or Corporate Department level risks on the Trust's Risk Register as at 31 March 2015.

The Clinical/Corporate Quality & 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 assures the Integrated Governance Committee (sub Committee of the Trust Board) of progress in the management of risks associated with all its activities – clinical, financial, environmental and organisational, and that risks are being appropriately managed. The Clinical/Corporate Quality & 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 to the achievement of the Trust's objectives which are identified on the Board Assurance Framework. The Board Assurance Framework was in place throughout the year ending 31 March 2015 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 where necessary. 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. From 1 April 2015, new fundamental standards regulations came into force which provides a comprehensive assessment of care quality.

In November 2014, the Care Quality Commission (CQC) carried out a planned inspection of the Trust which reported in April 2015 an overall rating of 'requires improvement'. This was the first time the Trust had been inspected under the new regime, which involves an in-depth review of the quality and safety of services, and of people's experiences of care.

The CQC report outlined some key areas of best practice and excellence, which included a consistently 'good' rating for providing caring services. Inspectors observed that the hospital has a friendly and supportive culture, with medical, nursing and support staff working closely together in teams, and that patients and their families felt personally involved in their care plans and treatment. CQC also noted that the Trust is very good at keeping patients safe whilst treating them with compassion, dignity and respect.

The inspection report made 11 'must do' recommendations which are the actions required to maintain our regulatory compliance with the CQC. The action plan identifies a lead executive director and a management lead against each compliance action. The 'must do' (compliance) plan will be monitored weekly through the Executive Directors meeting and

monthly via the Clinical Quality Risk Committee with individual directors providing assurance of progress to the Trust Board. In addition there were 17 'should do' recommendations which will form part of the improvement plan. These actions along with a number of 'areas for improvement' pulled directly from the report should take the Trust from 'Requires Improvement' to 'Good' or 'Outstanding'. All 3 clinical divisions will have CQC action planning as a standing agenda item on their divisional Clinical Quality and Risk Meetings and will be expected to develop a standard action plan to meet all areas for improvement during 2015/16. Each divisional plan will be presented to the Clinical Quality and Risk Committee by the Divisional management team on a regular basis and the Trust Board will receive a quarterly update on progress.

Following a rigorous assessment in 2013, we achieved the highest standard (level 3) for patient safety. The assessment was undertaken by the NHS Litigation Authority (NHSLA), who provides indemnity cover for legal claims against NHS organisations. West Middlesex became one of the few trusts in England to have achieved their highest standards for both maternity services and acute services and this remained in place during 2014/15.

The NHSLA operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. In 2014/15 the Trust saw its annual contribution fall after assessment by the NHSLA.

The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is £41.0m at 31 March 2015 (31 March 2014: £20.0m). The large increase can be explained by new cases totalling £13.1m and an increase in the provisions of the NHSLA for cases ongoing from prior years totalling £7.9m. However there has been an overall increase in the provisions made by the NHSLA for ongoing cases from prior years as seen by the NHSLA across England.

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 and diversity legislation are complied with. Progress is monitored by the Equalities Committee which is a sub-committee of the Trust Board. The Trust risk assesses its progress towards meeting the Carbon Reduction Delivery plans. In addition the Trust has robust plans for meeting emergency preparedness and civil contingency requirements. This includes the organisation's plans and obligations under the Climate Change Act requirements.

Information Governance activity is overseen by the Information Governance Committee which reports to the Corporate Quality and Risk Committee which then in turn reports into the Integrated Governance Committee, a sub-committee of the Trust Board. Details of the data security incidents can be found in the Annual Report on page 27.

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 2014/15 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.

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 NHS Trust Development Authority 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 seven reviews within the audit plan approved by the Audit Committee. Overall the Head of Internal Audit opinion for 2014/15 is that 'significant assurance' with minor improvement opportunities was given, that there is generally a sound system of internal control which is designed to meet the Trust's objectives and that generally controls are being consistently applied in all areas reviewed. No high risk recommendations were made during the 2014/15 reviews. Action plans to address the recommendations have been agreed and progress will be monitored by the Executive and Audit Committee over the coming year. A summary of the recommendations from the 7 reviews undertaken is shown in the table below.

Review	Assurance	High Risk Recommendations	Medium Risk Recommendations	Low Risk Recommendations	Total
Core financial systems	Significant Assurance	0	0	2	2
Division level risk management & governance	Significant Assurance	0	0	1	1
Achieving CQUIN	Significant Assurance with minor improvement opportunities	0	2	2	4
Discharge procedures	Significant Assurance with minor improvement opportunities	0	1	3	4
Revalidation of medical practitioners	Partial Assurance with improvements required	0	2	4	6
Information Governance Toolkit	Significant Assurance with minor improvement opportunities	0	2	2	4
Data quality & Assurance	Significant Assurance with minor improvement opportunities	0	1	1	2

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 for the Trust during 2014/15

1. As a result of the Trust's financial position in 2012 the Trust Board carried out an assessment and concluded that the Trust was not viable as a stand-alone organisation. In April 2013, it announced its preferred acquirer to be Chelsea & Westminster Hospital NHS Foundation Trust. Throughout 2014/15 the Trust continued to work closely with Chelsea & Westminster Hospital on its plans for the acquisition. Significant progress was made during the year and a number of key milestones were met including approval of the outline business case by the Chelsea & Westminster Board and clearance by the Competition & Markets Authority to proceed to the next stages. The initial integration date was 1 July 2015 but has been delayed until 1 September 2015 to ensure that the Trust, along with our partners, take the time to get the important regulatory processes right.

2. 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 10 – 'The Board is satisfied that the plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all knowing targets going forward'. – from May 2014 until April 2015 we reported a non-achievement of the A&E 4 hour waiting time standard and between October 2014 and January 2015 the non-achievement of the 62 day cancer standard. The Trust has developed robust action plans to improve operational performance for A&E and cancer waiting times.

   Statement 13 – 'The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability'. – a risk was reported in relation to the overall resilience of the executive and senior management team, given the relative lack of organisational memory and high turnover of staff in the executive team due to the proposed transaction with Chelsea & Westminster Hospital Foundation Trust. Timely action has been taken to ensure that all Board level and senior posts are recruited to on an interim basis or where appropriate a permanent basis to mitigate this risk.

Jacqueline Totterdell
Chief Executive
West Middlesex University Hospital NHS Trust.

Finance review

Finance summary and review

The Trust was unable to meet its statutory breakeven duty for 2014/15, but did meet the NHS TDA's agreed plan of a £7.9m deficit position. This position was agreed in early April 2014 and the Trust has been monitored against this for the financial year.

A summary of the key financial targets for the year are:

	Target	Description
✔	Income and expenditure during the year	The Trust reported a deficit of £7.9m in line with target
✘	Cumulative break even duty and in-year breakeven duty	Due to deficits in previous years, the Trust started this year with a cumulative deficit of £23.1m. This year's reported deficit (see Statement of Comprehensive Income) of £7.8m has increased the cumulative deficit to £30.9m, and so cumulative and in-year breakeven duty target has not been met
✔	Manage cash within External Financing Limit (EFL) set by the Department of Health	The Trust operated within its approved limits, with a cash holding of £1.0m at year end
✔	Achieve a 3.5% return on assets employed	The Trust paid £1.9m in dividends to the Department of Health to meet this target
✔	Ensure Capital expenditure is within Capital Resource Limit (CRL) limits set by the Department of Health	The Trust spent £5.0m on capital expenditure against a CRL limit of £5.1m
✔	Better payments practice code - to pay 95% of creditors within 30 days of invoice	In 2014/15, based on the value of invoices paid, the Trust paid 95% of non-NHS creditors within 30 days. However, the Trust did fail to meet this obligation in regard to NHS invoices, which were at 72%

Income and expenditure increased substantially on the previous year, reflecting a continued rise in patient activity which had not all been planned by the Trust or local commissioners.

The Trust was in a block contract with its main commissioners and therefore was not able to benefit from increases in activity. The Trust is seeking to be on a PbR (Payment by Results) contract for all commissioners in 2015/16.
The Trust spent a significant amount of money, which was not activity related, in expanding maternity services. This was funded by commissioners as part of the Shaping a Healthier Future (SaHF) programme. The Trust also invested £5.0m in infrastructure and equipment during the year (compared to £5.2m in 2013/14).

	2014/15 £m	2013/14 £m	Increase £m
Income	167.4	155.0	8.0%
Expenditure	175.3	159.9	9.6%

Significant in-year programmes included:

- Opening a pilot Ambulatory Emergency Care (AEC) service to enable patients to be treated without being admitted as an inpatient - £0.3m
- Equipment costs to support the expansion of the maternity unit - £0.4m
- Endoscopy unit development to meet JAG accreditation and bowel cancer screening programme requirements - £1.0m
- Maintenance of the Trust's PFI building - £0.9m
- Ordercomms for outpatients, sexual health and maternity to allow a fully computerised pathology and radiology requesting service - £0.1m
- Investment in Nautilus ultrasound machine for safe PICC line insertion - £0.1m

Together with the usual infrastructure upgrades and equipment replacement programmes, the Trust has continued to invest in high specification technology while maintaining its general infrastructure.

The Trust received £8m of cash (in the form of Public Dividend Capital) to support the deficit position and to carry on trading. The cash holding as at 31 March was £1m, which was the allowable amount for an organisation in receipt of cash support.

Other financial issues

The Trust has recorded a deficit of £7.9m for the year ended 31 March 2015 and a breakeven cumulative deficit of £30.9m as at 31 March 2015.

The Trust has net current liabilities of £16.7m, including an outstanding overdue loan of £15.3m due to the Department of Health. No repayments were made on the outstanding loan balance during the financial year.

The Trust Board carried out an assessment in 2012 and concluded that the Trust was not viable as a standalone entity and would need to be acquired by another organisation. The Trust announced in April 2013 that the preferred acquirer was Chelsea & Westminster Hospital NHS Foundation Trust (C&W). The Competition and Markets Authority (CMA) approved the acquisition in December 2014. This was followed by a pre-integration agreement and the "Heads of Terms" being signed. The acquisition is pending approval by Monitor and is expected to complete in September 2015.

In the event of the acquisition not proceeding, the Trust's financial plan shows a planned deficit of £10.5m and the Trust would be dependent on receiving a total of £11.9m of funding from a facility agreement with the Secretary of State for Health and a Public Capital Dividend.

In light of the above, the Trust Board has sought and received a letter of support from the NHS Trust Development Authority stating 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 settle its debts as they fall due.

In accordance with the Department of Health Group Manual for Accounts 2014/15, even if the Trust ceased to exist as an entity, the services are expected to transfer to other NHS or government bodies. On this basis, the going concern assumption is appropriate given the circumstances of the Trust.

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 they ought to have been taken 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

PricewaterhouseCoopers LLP (PwC LLP) are the Trust's auditors for 2014/15. The fees charged to the Trust's expenditure account in respect of audit fees are £126k. PwC LLP also undertakes the audit of the West Middlesex Hospital Charity (Charity number 1061153) at a cost of £5k, inclusive of VAT. There are no non-audit fees that the Trust pays to PwC LLP.

The Audit Commission advised the Trust that in 2015/16, Ernst & Young (EY) will become the new external auditors of the Trust.

Internal audit

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

Counter fraud

The Trust has a Whistle-blowing Policy to ensure all staff are able to report concerns regarding any aspect of their work, the conduct of others, or the running of the Trust, in confidence and with confidence. Counter fraud services are provided via a contract with TIAA, who help to promote an anti-fraud culture within the Trust and carries out reviews of Trust policies to ensure they are aligned with the most up-to-date legislation. TIAA also investigate suspected cases of fraud, bribery or corruption and undertakes proactive reviews of areas identified to be at risk via Fraud Risk Assessments.

Looking ahead

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

During 2014/15, the CWFT Board approved the acquisition of West Middlesex University Hospital NHS Trust. 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 NHS TDA (as the vendor), Monitor and the Competition and Mergers Authority. At the time of writing, the business case has passed Gateway 3. Gateway 3 is the decision to proceed with a Preferred Solution after selection of the procurement route through a Business Case. The business case has been approved by the Competition and Mergers Authority, with a planned acquisition date of 1 September 2015.

The Trust is part of the North West London SaHF (Shaping a Healthier Future) programme, which encompasses the development of services on the West Middlesex site. Projections show the Trust will receive significant additional income when key service changes proposed by the programme come into effect.

Finance performance summary

Annual Accounts

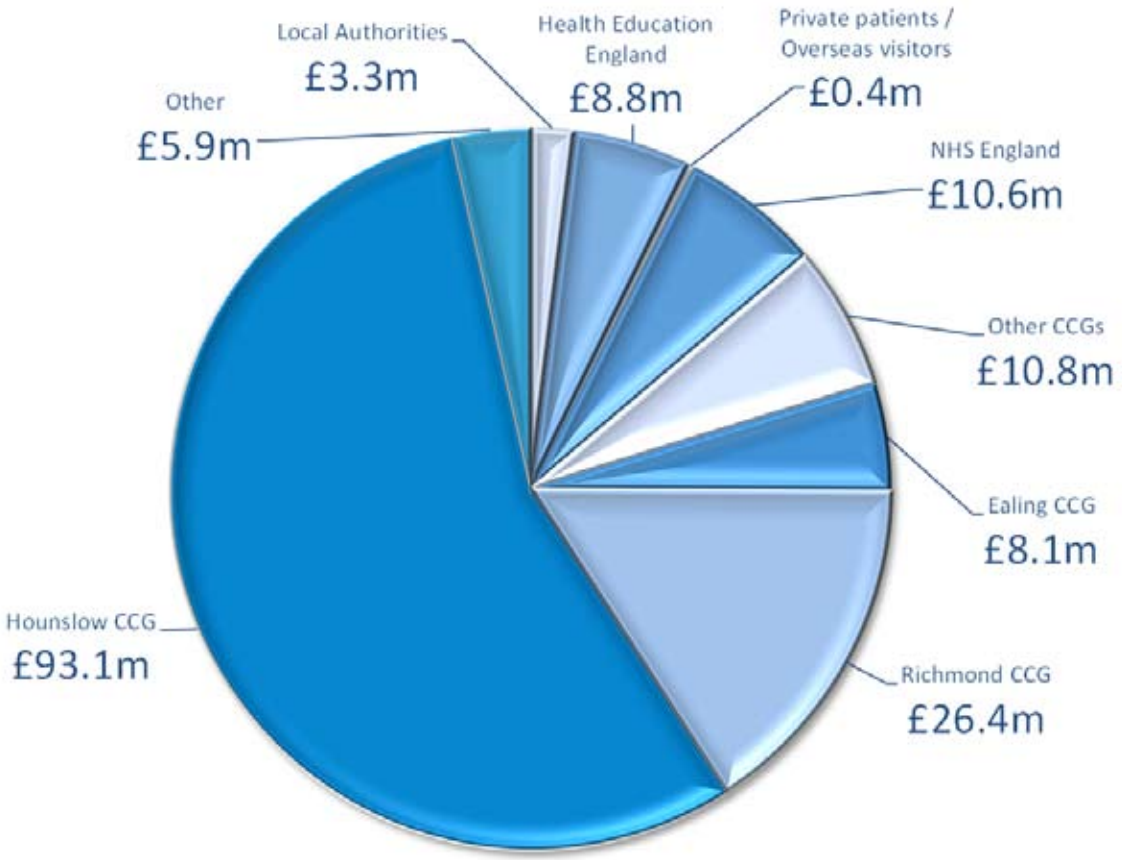
The Secretary of State for Health directs that financial statements of NHS trusts must meet the accounting requirements of the NHS Trusts Manual for Accounts, as agreed with HM Treasury and issued by the Department of Health. The financial statements and notes have been prepared in accordance with the 2014/15 manual.

The accounting policies contained in the 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 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.

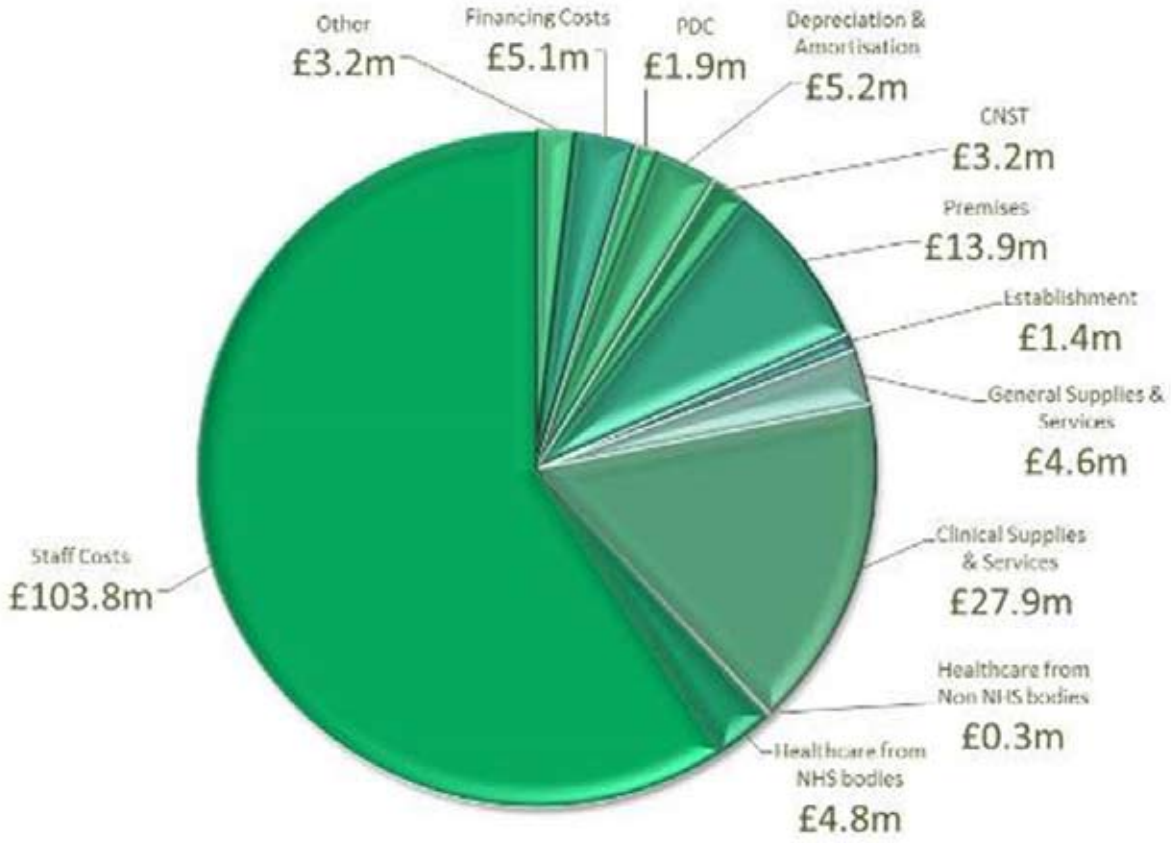
The following summary financial statements do not contain sufficient information to allow a full, in depth, understanding of the Trust. Where more detailed information is required a copy of the Trust's full annual accounts and reports are available free of charge from the Trust's Finance Department or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

Statement of comprehensive income for year ended 31 March 2015		
	2014/15 £000	2013/14 £000
Gross employee benefits	(103,832)	(95,855)
Other operating costs	(64,506)	(57,438)
Revenue from patient care activities	146,936	141,285
Other operating revenue	20,452	13,695
Operating surplus	**(950)**	**1,687**
Investment revenue	16	17
Other gains	6	3
Finance costs	(5,060)	(4,975)
Deficit for the financial year	**(5,988)**	**(3,268)**
Public dividend capital dividends payable	(1,866)	(1,624)
Deficit for the year	**(7,854)**	**(4,892)**
Other comprehensive (Expense)/Income		
Net gain on revaluation of property, plant and equipment	617	9,504
Total comprehensive (expenditure)/income for the year	**(7,237)**	**4,612**
Financial performance for the year		
Deficit for the year	(7,854)	(4,892)
IFRIC 12 adjustment	0	0
Impairments	0	(145)
Adjustment in respect of donated government grant asset reserve elimination	21	23
Adjusted deficit	**(7,833)**	**(5,014)**

Income for the year totalled £167.4m, an increase of £12.4m (8%) from 2013/14. A breakdown of the sources of this income is shown below.



Total expenditure for the year totalled £175.3m, an increase of £15.4m (9.6%) from 2013/14. A breakdown of expenditure is shown below.



Statement of financial position as at 31 March 2015		
	31 March 2015 £000	31 March 2014 £000
Non-current assets:		
Property, plant and equipment	113,687	113,349
Intangible assets	417	341
Total non-current assets	**114,104**	**113,690**
Current assets:		
Inventories	2,118	1,721
Trade and other receivables	12,495	13,942
Cash and cash equivalents	1,030	2,230
Total current assets	**15,643**	**17,893**
Total assets	**129,747**	**131,583**
Current liabilities:		
Trade and other payables	(15,671)	(17,305)
Provisions	(245)	(189)
Borrowings	(1,133)	(974)
Working capital loan from Department of Health	(15,300)	(15,300)
Total current liabilities	**(32,349)**	**(33,768)**
Net current liabilities	**(16,706)**	**(15,875)**
Total assets less current liabilities	**97,398**	**97,815**
Non-current liabilities:		
Provisions	(504)	(501)
Borrowings	(36,760)	(37,893)
Total non-current liabilities	**(37,264)**	**(38,394)**
Total assets employed	**60,134**	**59,421**
Financed by: Taxpayers' equity		
Public dividend capital	35,146	27,196
Retained earnings	(25,261)	(17,407)
Revaluation reserve	50,249	49,632
Total Taxpayers' Equity	**60,134**	**59,421**

Statement of changes in taxpayers' equity for the year ended 31 March 2015

	Public dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2014	**27,196**	**(17,407)**	**49,632**	**59,421**
Changes in taxpayers' equity for year ended 31 March 2015				
Deficit for the year	0	(17,854)	0	59,421
Net gain on revaluation of property, plant, equipment	0	0	617	617
PDC received - cash	12,900	0	0	12,900
PDC repaid in year	(4,950)	0	0	(4,950)
Net recognised revenue/(expense) for the year	**7,950**	**(7,854)**	**617**	**713**
Balance at 31 March 2015	**35,146**	**(25,261)**	**50,249**	**60,134**
Balance at 1 April 2013	21,362	(14,187)	40,359	47,534
Changes in taxpayers' equity for year ended 31 March 2014				
Deficit for the year	0	(4,892)	0	(4,892)
Net gain on revaluation of property, plant, equipment	0	0	9,504	9,504
Transfer between reserves	0	267	(267)	0
Transfers under Modified 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 the 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**

Statement of cash flows for the year ended 31 March 2015		
	2014/15	2013/14
	£000	£000
Cash flows from operating activities		
Operating (deficit) / surplus	(950)	1,687
Depreciation and amortisation	5,229	4,881
Impairments and reversals	0	(145)
Interest paid	(5,036)	(4,952)
Dividend paid	(2,103)	(1,388)
Increases in inventories	(397)	(44)
Decrease / (increase) in trade and other receivables	1,506	(7,090)
Decrease / (increase) in trade and other payables	(1,507)	6,094
Provisions utilised	(50)	(51)
Increase in provisions	69	33
Net cash outflow from operating activities	**(3,239)**	**(975)**
Cash flows from investing activities		
Interest received	16	17
(Payments) for property, plant and equipment	(4,759)	(4,724)
(Payments) for intangible assets	(208)	(122)
Proceeds of disposal of assets held for sale (PPE)	14	361
Net cash outflow from investing activities	**(4,937)**	**(4,468)**
Net cash outflow before financing	**(8,176)**	**(5,443)**
Cash flows from financing activities		
Public dividend capital received	12,900	7,834
Public dividend capital repaid	(4,950)	(2,000)
Other loans repaid	(139)	(157)
Capital element of payments in respect of finance leases and On-SoFP PFI	(835)	(820)
Net cash inflow from financing activities	**6,976**	**4,857**
Net decrease in cash and cash equivalents	**(1,200)**	**(586)**
Cash and cash equivalents at beginning of the period	**2,230**	**2,816**
Cash and cash equivalents at year end	**1,030**	**2,230**

Financial performance targets

Breakeven performance

Each NHS Trust Board is responsible for planning and controlling the activities, costs and income of the Trust to ensure that it remains financially viable at all times. The Board is accountable for financial control and for ensuring the Trust meets its statutory duty to breakeven.

The National Health Service Act 2006 states "each NHS Trust must ensure that its revenue is not less than sufficient, taking one year with another, to meet outgoings properly chargeable to revenue account". This statutory duty is the key financial duty for NHS Trusts. Trusts such as West Middlesex University Hospital NHS Trust that have breached this duty are required to agree a financial recovery plan with NHS TDA, including regular monitoring of performance 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	2014/15
	£000	£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	167,388
Retained surplus/(deficit) for the year	(9,024)	(3,295)	19	(3,534)	(5,541)	104	1,547	1,667	(4,832)	(7,854)
Adjustment for:										
Timing / non-cash impacting distortions										
• Pre FDL (97) 24 agreements	0	0	0	0	0	0	0	0	0	0
• 2006/07 Prior Period Adjustment (relating to 1997/98 to 2005/06)	3,991	-	-	-	-	-	-	-	-	-
• 2007/08 PPA (relating to 1997/98 to 2006/07)	0	0	-	-	-	-	-	-	-	-
• 2008/09 PPA (relating to 1997/98 to 2007/08)	0	0	0	-	-	-	-	-	-	-
• Adjustments for impairments	-	-	-	0	20	0	0	47	(145)	0
• Adjustments for impact of policy change regarding donated/ government grant assets	-	-	-	-	-	-	31	28	23	21
• Consolidated Budgetary Guidance - Adjustment for Dual Accounting under IFRIC12*	-	-	-	-	525	110	199	0	0	0
• Absorption accounting adjustment	-	-	-	-	-	-	-	0	0	0
• Other agreed adjustments	0	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)	(7,833)
Break-even cumulative position	(9,976)	(13,271)	(13,252)	(16,786)	(21,782)	(21,568)	(19,791)	(18,049)	(23,063)	(30,896)
	%	%	%	%	%	%	%	%	%	
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)	(4.7)
Break-even cumulative position as a percentage of turnover	(9.7)	(11.2)	(10.3)	(12.6)	(15.1)	(14.4)	(13.3)	(11.7)	(14.9)	(18.5)

External financing limit (EFL) and External Financing Requirement (EFR)

The External Financing Limit (EFL) is a control on net cash flows of NHS trusts. It sets a limit on the level of cash that a trust may either:

- Draw from either external sources or its own cash reserves – positive EFL
- Repay to external sources or increase cash reserves – negative EFL

The External Financing Requirement (EFR) is the difference between the cash a trust plans to spend in a year and what can be generated through its operations; it can be positive or negative. A positive EFR indicates a net requirement for cash and a negative EFR indicates that a trust plans to spend less cash than it will generate.

If the EFR exceeds the EFL this is an overshoot – NHS trusts have a regulatory and departmental duty not to overshoot their EFL. The Trust was within its EFL target for 2014/15 having reported a small undershoot of £30k.

Capital Resource Limit (CRL)

The Trust target CRL was £5,153k and spent £5,035k against this; therefore it underspent against its CRL by £118k.

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 NHS target 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				
	2014/15		2013/14	
	Number	£000	Number	£000
Non-NHS payables				
Total Non-NHS trade invoices paid in the year	41,802	70,953	37,091	58,597
Total Non-NHS trade invoices paid within target	40,084	67,402	35,097	56,117
Percentage of Non-NHS trade invoices paid within target	95.9%	95.0%	94.6%	95.8%
NHS payables				
Total NHS trade invoices paid in the year	1,498	15,279	1,536	15,672
Total NHS trade invoices paid within target	1,149	10,944	1,164	12,388
Percentage of NHS trade invoices paid within target	76.7%	71.6%	75.8%	79.0%

Prompt Payments Code

The Trust has signed up to the Prompt Payments Code.

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