



West London Mental Health
Annual Report 2002

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CHAIRMAN'S FOREWORD

It is a special privilege to contribute the foreword to this Annual Report, the first describing the work of the West London Mental Health NHS Trust. The Trust was formed on the 1st April 2001 following the merger of Ealing, Hammersmith and Fulham Mental Health NHS Trust and the Broadmoor Hospital Authority. The merger has created an organisation with a very wide range of services, covering the full spectrum from local mental health services for people in Ealing and Hammersmith and Fulham through secure services for residents of North West London and the high security services based at Broadmoor which serve people in the South of England. The Trust also has two very specialist services at the Cassel Hospital and in the Gender Identity Clinic. In addition the Trust covers a large geographical area and services are based at locations from Hammersmith in inner London to Crowthorne in Berkshire.

Inevitably a new organisation of this size and complexity demands that a lot of attention is paid to creating appropriate structures and processes to ensure that services adhere to common principles in the development of policies, protocols and performance measures. The work completed on the creation of the Trust wide Clinical and Research Governance Structure is particularly important and it has created an excellent base for the further development of a patient centred service. I am delighted that the work necessary to do this has not prevented us meeting our financial targets nor prevented many additional service developments being taken forward during the year and you will find these detailed within the body of the report.

Inevitably there has also been a number of difficult issues to address during the year which include the review of the Cassel Hospital which experienced significant financial pressure during the early part of the year, and the actions needed to address the serious untoward incidents which occurred at Charing Cross Hospital.

All this has happened within the context of the NHS Plan and progressing the National Service Framework for Mental Health and in some parts of the Trust in the midst of capital developments which have created significant disruption to day to day working. There remains a considerable amount to do during the coming year and beyond. I know however, that the hard work of all the Trust's staff during this first year has laid a firm foundation from which we will continue to improve the Trust's services.



Professor Louis Smidt
Chairman



“The merger has created an organisation with a very wide range of services”

CHIEF EXECUTIVE'S INTRODUCTION



“The coming year will allow us to build on the foundations we have created”

As I was drafting this introduction I got the news that the Trust had been awarded an indicative 2 Stars in the published NHS Performance Ratings for 2001/2002. I am delighted as I believe it is appropriate recognition for the huge effort made by all the staff across the Trust during a year which for many reasons has not been easy.

We began the year with the challenge of making the merger a reality by bringing together the two predecessor organisations laying the groundwork for the new Trust which is one of the largest specialist mental health Trusts in the country, and one of only 3 that provide high security psychiatric services. This has meant not only establishing new structures, recruiting new people, developing common policies and procedures and cementing new working relationships but also finding ways of mainstreaming the work programme on Realising the Benefits of Merger. This has now been done and the groups which identified the issues on Staff Training and Development, Clinical Governance, Research and Development, Care Pathways and Communications have fed the results of their work into the Trust's new structures and processes. All this was done whilst preparing to enlarge the Trust again in April 2002 when we were joined by the Hounslow mental health service.

At the same time we have been taking forward and leading in some areas, the massive changes associated with the Modernisation agenda for the NHS. We have made progress against the NHS plan targets, those in the National Service Frameworks for Mental Health and for Older People, and those related to other priorities such as Improving Working Lives and developments in Information Technology. Many of these areas of work have required close working with partner organisations, in particular social services, voluntary organisations and the user and carer groups in our local communities. I would like to emphasise that we could not have achieved so much without their contribution.

As if this was not enough we have also had to tackle some difficult issues such as major financial pressures, a cluster of serious incidents involving patients at Charing Cross Hospital and the need to review the safety of mixed gender activities at Broadmoor Hospital. Effective action has been taken to address each of these but I am aware that many staff have struggled with difficult and onerous workloads throughout the year.

The coming year will allow us to build on the foundations we have created. In particular we look forward to clarifying our service strategy, continuing to take forward the NHS Plan, building constructive relationships with Primary Care Trusts and the North West London Strategic Health Authority, and continuing to strengthen our performance in respect of clinical quality.

Finally I would like to say a few thank-yous; firstly to each and every member of staff in the Trust for the tremendous effort you have made to keep all the services running smoothly whilst dealing with change; to the Board for the support given to me during the year; and lastly to the Executive Team whose achievements in such a year are, to coin a phrase “awesome”.

A handwritten signature in black ink, which appears to read 'Julie Hollyman'. The signature is written in a cursive style.

Dr Julie Hollyman
Chief Executive

THE TRUST'S SERVICES

The Trust's patient care services are managed through the Local Services and the Forensic Services Divisions.

The Local Services Division provides

- Adult Mental Health Services, a range of community in-patient and specialist therapy input to adults aged 16-65 in Hammersmith and Fulham and Ealing. The Directorate works from St Bernard's Hospital, Charing Cross Hospital and a range of community sites, usually in close collaboration with local authority colleagues.
- Specialist Mental Health Services for Older People, from a number of sites across Hammersmith and Fulham and Ealing. In-patient provision is provided at Charing Cross and Ealing Hospitals as well as continuing care provision at Chiswick Lodge. In addition there are a number of Day Hospitals in Ealing and Hammersmith and Fulham.
- Services for Child and Adolescent Mental Health Service (CAMHs) across Hammersmith and Fulham and Ealing.
- The Cassel Hospital provides specialist treatment for adults, families and adolescents with personality disorder and other similar difficulties and there is a specialist Gender Identity Clinic at Charing Cross Hospital.



The Forensic Division provides

- High Secure Services for male and female patients at Broadmoor Hospital which serves the South of England
- Medium and Low Secure Forensic Services in Ealing, which serve the North West Sector of London
- Specialist rehabilitation services in an open setting
- Intensive care and challenging behaviour services
- Horseferry Road Court Liaison Scheme
- Specialist mental health services to the Feltham Young Offenders Institution and HMP Wormwood Scrubs



KEY ACHIEVEMENTS AND SERVICE DEVELOPMENTS



SPECIFIC SERVICE IMPROVEMENTS 2001/2002

Local Services Division

The Division has achieved success against the following specific NHS plan targets.

- Improvements have been made in the provision of single sex accommodation and improved privacy on the wards at Charing Cross Hospital. There will be further improvements in 2003 when the new building is completed
- There were no waits over 26 weeks for consultant appointments and outpatient clinics.
- 99.7% of patients were seen within 30 minutes of their appointment time

Within both Hammersmith and Fulham and the Ealing localities there have been a significant number of other developments that will improve the services provided to users, their carers and families.

in Hammersmith and Fulham

- The integration of all adult mental health services provided by the Trust with those of the London Borough of Hammersmith & Fulham's Social Services Department. This has created a single mental health service in the Borough with a single line management structure
- The integrated Community Mental Health Teams in Hammersmith and Fulham are now located in fully refurbished offices, the improvements paid for by the Trust and the Local Authority
- The institution of regular meetings with service user groups and the development of in-patient involvement including regular feedback meetings.
- An additional £100,000 invested in improvements to the environment of the 3 wards at Charing Cross Hospital.
- The refurbishment of Willow Ward in Chiswick Lodge.
- The establishment of a Crisis Intervention scheme for adolescents.



- The start of the construction of the new £14million psychiatric unit in the grounds of Charing Cross Hospital.

in Ealing

- The adult services have worked with partner organisations to develop a number of policies designed to improve care:
 - Carers Charter
 - Carer Involvement Strategy
 - User Involvement Strategy

- A number of the buildings in which services are provided to patients have been improved.
- Additional investment has created single-sex accommodation areas
- Improvements have been made to several Community Mental Health Resource Centres
- Service users and staff have worked together to use additional money to improve courtyards and plant up gardens in various premises.
- Funding for the Alzheimer's Disease Service has increased.
- Funds were secured to open a day hospital on the Christmas Bank Holidays. The service was a huge success, supporting vulnerable users of both health and social services.
- Agreement was reached on the operation of the proposed new day hospital and associated services for the over 65s
- Recruitment of a Youth Offending Team worker.



The Cassel Hospital

As a result of significant financial pressures experienced early in the year it was decided to undertake a full review of the Cassel Hospital including both its financial viability and clinical efficacy. The review looked at a number of areas:

- the current model for service provision
- proposals to change the service model
- the financial implications of the proposed changes
- a plan to achieve change

The review's main conclusions were as follows:

- the research evidence suggests the treatments offered are effective
- the Cassel's approach and expertise are respected
- there are considerable financial risks associated with its current cost structure and the volatility of referrals
- a number of changes to clinical services would enhance the Cassel's reputation and viability

A five-year action plan has been agreed which will change the way the hospital provides treatment. The therapeutic programmes will become more flexible whilst remaining consistent with accepted good clinical practice.



Mental Health Services at Charing Cross Hospital

The Trust commissioned a full review of the in-patient services at Charing Cross Hospital following a series of Serious Untoward Incidents in the early part of 2001. The review was undertaken by the Health Advisory Service and the report was submitted to the Board in January 2002. The report was highly critical of the services in a number of ways and the Trust has set in train a comprehensive action plan supported by senior managers to bring about real change over a 12-month period.

A Steering Group comprising ward managers, clinicians, service managers, users and most recently the Hammersmith and Fulham PCT is overseeing the plan and the main areas of progress so far have been:

- improved general communication between clinicians, managers, community mental health teams and patients.



- clear structures which emphasise key responsibilities and accountabilities
- risk assessment undertaken in all wards areas and remedial actions completed
- linkage to wider Trust initiatives on CPA audit and compliance
- new activity programmes in place for in-patients
- additional funding identified to develop new service models in crisis resolution and assertive outreach service
- recruitment to key clinical posts (consultants, psychologists, a modern matron)
- external consultants have been engaged to work with managers and consultants to improve multi-disciplinary working
- increased service user and advocacy involvement in service management arrangements and action planning
- the appointment of 'Modern Matrons'

FORENSIC SERVICES DIVISION

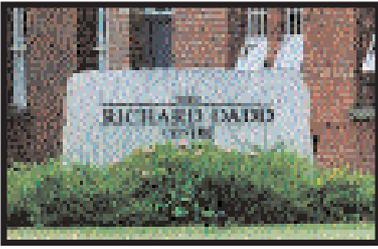
The Division has achieved success against the following specific NHS plan targets

- Business Case approved and construction commenced for a 24 bed long term medium secure unit on the Ealing site. The facility will open in November 2002 and provide services to patients from North West London currently inappropriately placed in high secure hospitals. This contributes to the national target to move 400 patients by April 2004.
- Capital works undertaken in the local secure directorate to ensure all wards have defined single sex areas.
- The creation of a project team to develop a service for people with Dangerous and Severe Personality Disorder.
- There were no waits over 26 weeks for consultant appointment.
- Waiting times for inpatient treatment within targets.
- Suicide reduction work in priority areas at Broadmoor Hospital and within both high secure and medium secure services there have been a significant number of other developments which improve the services provided to users, their carers and families.

High Secure Services at Broadmoor Hospital



- Implementation of the recommendations of the Tilt Report on security progressing to plan including the new sports and visit centre which will open in autumn 2002.
- Successful introduction of a pilot structured group work programme for male patients with high risk behaviours and related risk factors. Pilot to be extended in 2002/03.
- New GP appointed providing primary health care to patients at Broadmoor. This will also compliment the existing diabetes clinic by developing other clinics relating to heart/respiratory diseases and also hypertension.



- Independent Advocacy service introduced which is provided by Hammersmith and Fulham MIND.
- From 1st October 2001 responsible for the North West London catchment area improving the care pathway for these patients.
- Reduction in vacancy levels across the hospital with significant improvements in Woman's Services.
- Submission to the Regional Office of a Strategic Outline Case for the redevelopment of Broadmoor Hospital.
- Refurbishment of Sheffield Ward creating a dedicated 12 bedded service for women with personality disorder.

Medium and Local Secure Services at Ealing

- The official opening of the Tony Hillis Unit by Clive Soley, MP.
- Nurse vacancy rate reduced to 5% by the end of the financial year.
- Contract agreed with Feltham YOI which enhances the provision of mental health services and discussions underway with HMP Wormwood Scrubs to enhance in-reach services to the prison.
- Active participation in the London wide discussions on the development of women's secure services, leading to the development of proposals for a dedicated women's secure service on the Ealing site.
- A review of security has been completed at the Three Bridges Unit and the Tony Hillis Unit leading to a number of recommendations for improvement. An action plan has been developed to take this forward.
- The fire alarm system in the Tony Hillis Unit has been upgraded.
- As a result of the relocation of medical records more therapy space has been created in the Three Bridges Unit.



Trust Wide - Better Hospital Food & Clean Hospitals Initiative

West London Mental Health NHS Trust has been working towards full compliance with the requirements of both the "Better Hospital Food" and "Clean Hospital" elements of the NHS plan. Although the first year of Patient Environment Action Teams (PEAT) Inspections targeted Acute Trusts & PCTs, mental health units were required to embrace the spirit of the two initiatives and make every effort to comply with the numerous key targets.

During the spring of 2002, all mental health establishments were required to carry out a self- assessment exercise by the Department of Health, using the PEAT measuring tool as the audit format. Following this exercise, the West London Mental Health NHS Trust has been provisionally classified a "2 star Trust" by the Department of Health. A formal PEAT inspection visit will take place between October 2002 and February 2003 when a formal rating will then be awarded.

CLINICAL GOVERNANCE



The Health Service Circular (HSC 1999/065) provided detailed guidance on the implementation of a clinical governance framework within which the Trust works to improve and assure the quality of its services to patients. The following is a summary of our achievements for the year:

Clinical & Research Governance Organisational Structures

The key task during 2001/02 was the establishment of a robust Clinical & Research Governance structure in the newly established West London Mental Health Trust.

In so doing, a stocktake was undertaken of the achievements, strengths and weaknesses of the predecessor clinical governance structures of the Broadmoor Hospital Authority and the Ealing, Hammersmith and Fulham Mental Health Trust. This was led by the Director of Nursing through the "Realising the Benefits of Merger" agenda of the new Trust and culminated in a Trust wide stakeholder workshop in August 2001. A Trust wide structure evolved reflecting the Clinical Directorate and Divisional structures and key organisational target areas. The newly introduced Research Governance framework and implementation plans were subsequently incorporated.

The Board's Clinical & Research Governance Committee, the Trust wide Clinical & Research Governance Group and, the Divisional Clinical and Research Governance Groups are now established and meeting regularly.

Progress has also been made towards the establishment of trust wide subgroups and short life work groups. These currently are:

Subgroups:

- Caldicott Group
- Training & Education Committee
- Drugs & Therapeutic Committee
- Care Pathways Group

Short Life Work Groups:

- Care Programme Approach (CPA) Review
- Suicide Prevention Strategy
- Research Governance Implementation Working Group

Clinical audit has been fully integrated into Clinical & Research Governance and is viewed as the tool by which the implementation of clinical governance will be monitored. It is also key to driving clinical improvements and monitoring service innovations. Effective handling and monitoring of complaints are also viewed as key tasks of clinical and research governance.

A review of the support structure necessary to underpin and facilitate effective implementation of Clinical & Research Governance is underway. Management of clinical audit, clinical effectiveness and complaints will be integrated into the support structure.

Significant progress has been made in the year to incorporate monitoring of clinical governance and also reporting of clinical indicators into the Trust quarterly Performance Management Reviews. This internal process, ensures that clinical and research governance is closely integrated with the business of clinical care delivery, and enables the same integrated approach to form the basis of performance reviews with commissioners. The integrated performance management information is received by the Trust Board on a quarterly basis.

Clinical Audit

For 2002/03 the Trust aims to ensure that Clinical Audit monitors implementation of key clinical governance issues, and that priorities are agreed with PCTs for Local Services and Specialist Commissioners for Forensic Services. In year monitoring will take place through the quarterly Trust Performance Management meetings and review meetings with Commissioners

During 2001/02, considerable Clinical Audit activity was undertaken. Clinical Audit has been undertaken within each of the Clinical Directorates of the Local Services Division. CPA and topics related to implementation of the Mental Health National Service framework for working age adults have been given priority.

Clinical Audit of CPA was undertaken across the High Secure Services and the Low/Medium Secure Services of the Forensic Division. In response to concerns expressed by the Mental Health Act Commission, audits of medicine cards and consent forms were also undertaken.

Implementation of Research Governance

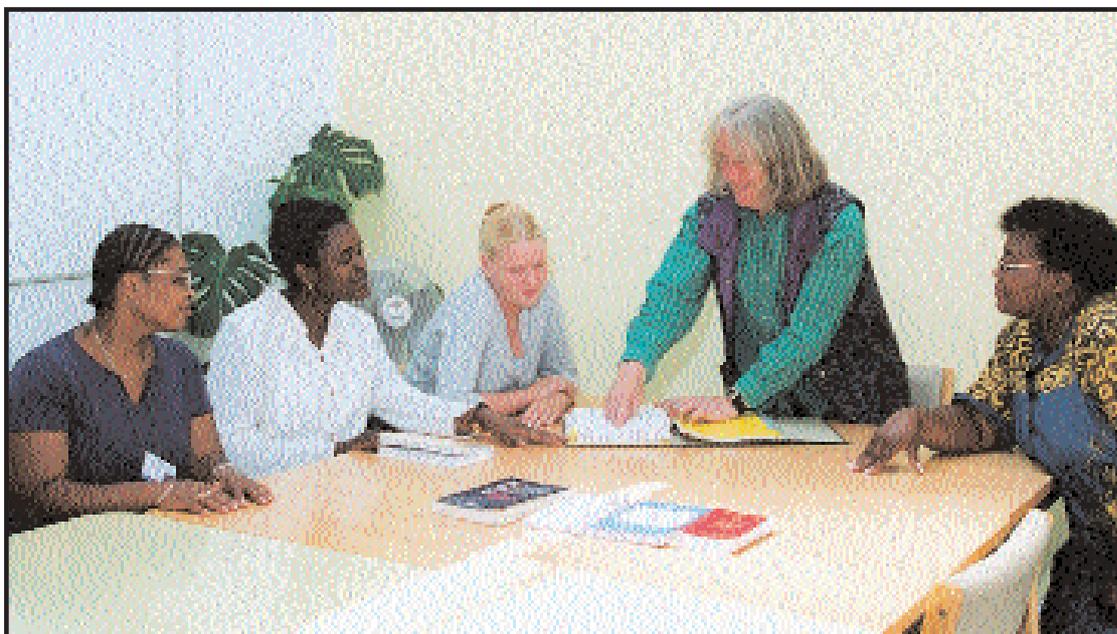
A Research Governance Working Group has been established to oversee implementation of the Research Governance framework and to develop systems which will ensure compliance with the framework.

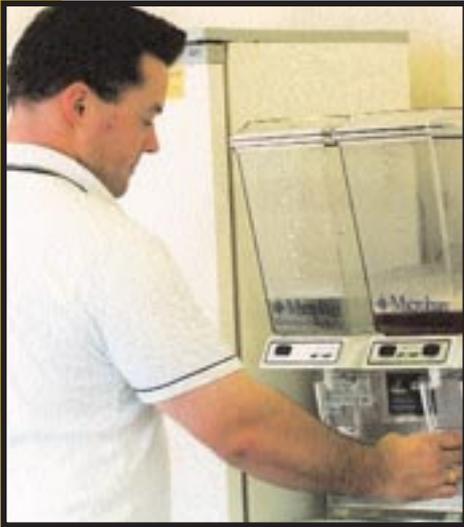
A Research Governance Local Implementation Plan has been developed. This outlines the system and processes required, and sets a timetable for introduction. All immediate targets have been met and we are ahead of schedule for compliance with the targets to be achieved by March 2003 and March 2004.

Training and Education Committee

The Training and Education Committee is chaired by the Director of Human Resources. The Committee aims to develop a training and development strategy for the Trust in accordance with national and local NHS priorities, to establish systems and processes for the identification of staff and organisational Training & Development needs, to identify and maximise funding sources for T & D activity, to co-ordinate the development of workforce plans at all levels in the Trust, to. Oversee relationships with the workforce confederation

A number of subgroups report to the T&D Committee. These include Medical, Nursing, Professions Allied to Medicine (PAMs), Administrative & Clerical (A&C) and Corporate Professions groups.





The Medical subgroup has overseen the introduction of appraisal and personal development plans.

The Nursing subgroup has considered Health Care Assistants' (HCA) development, NVQs in care, HCA secondments, and post-registration courses.

The PAMs group have been reviewing their priorities for 2002/3. The needs of this group are diverse but a key focus on multidisciplinary training projects is being maintained.

The A&C/Corporate Professions group has considered the needs of A&C staff and proposed a forward development programme and funding has been provided through Individual Learning Accounts to support NVQs in administration. A BTEC course is being written by a local college for maintenance staff.

An Organisational subgroup has considered mandatory training standards and induction programmes for the Trust and has proposed a central training infrastructure. Other priorities include diversity training and gender awareness.

Appraisal training is being rolled out across the Trust and Staff Development Portfolios will be made available to all staff during 2002/3.

Care Pathways

Following the merger of the Broadmoor Hospital Authority and the Ealing, Hammersmith and Fulham Mental Health Trust, work was undertaken to ensure the establishment of clinical care pathways.

A Trust-wide Away Day was held in June 2001. Further feedback was obtained through questionnaires. The aim was to enable the Clinical Directorates to consider how care pathways impact on patients in their services, to determine what immediate actions could be taken to enhance the pathways, and to develop further action plans to assist best practice.

The work of this group will continue into 2002/03.

It is anticipated that Case Management presentations will aid the identification of pathway impediments and lead to formulation of solutions. Such presentations take place at the Broadmoor Hospital quarterly meeting, the Ealing Forensic Services quarterly meetings and at the bi-monthly Adolescent Clinical Forum.

Clinical Risk Management

Particular emphasis has been given during the year to the review of CPA/Care management implementation, to the development of processes to facilitate organisational learning, and to suicide prevention.

CPA Review

In line with national guidance and standards of good practice, the purpose of the integrated Care Programme Approach / Care Management Policy is to provide a framework to support the effective provision of quality mental health services to all who have need of such services. The way in which the Trust and Social Services deliver their services in partnership applies to all adults who access mental health services.

The implementation of any care co-ordination process can be no substitute for sound professional judgement and practice. The existing Trust Policies are intended to support good professional practice and risk assessment.

Implementation of an effective CPA/CM Policy is a fundamental component of clinical governance and clinical risk management. As a result of the recent Trust mergers there are two existing CPA Policies. The aim is to produce one integrated policy that reflects the different needs of client and service groups.

A review of the implementation of existing CPA/CM processes across the Trust has been undertaken. This has included a review of staff training and data entry. Ongoing assessment of documentation and risk assessment tools is underway.

Organisational Learning

Progress to ensure the reporting and review of all serious and untoward incidents, critical incidents and near misses has continued during the year. The Trust has reviewed and implemented the Serious Untoward Incident Policy. A number of Serious Incidents have been subject to review, the resulting action plans reviewed and monitored by the Trust Board.

Work is underway to ensure that learning is promulgated across the Trust following incidents and reviews. To date the action plans resulting from external and serious incident reviews have been collated by the Divisions. The plans will be shared across the organisation to generalise learning and stimulate action in services at points distant from the original incident. The Trust-wide Clinical & Research Governance Group will be an important conduit for learning and sharing of information.

A review of the critical incident review procedure is underway. The aim is to provide a standardised approach to analysis, reporting and learning from critical incidents.



Suicide Prevention Strategy

During the first part of the year, the Suicide Prevention Committee, initially formed within the Broadmoor Hospital Authority, formulated a draft suicide prevention strategy and continued to oversee the implementation of suicide prevention initiatives.

The work of this group has since been absorbed into the Clinical and Research Governance framework. This will ensure suicide prevention is fully integrated within the clinical governance, clinical risk management and CPA agendas. A short life work group has been established to finalise and implement a trust wide suicide prevention strategy.

Caldicott Report

A baseline assessment of the new Trust's compliance with Caldicott guidance was undertaken in April 2001 and a development plan devised. This took into account the considerable progress made by each of the two predecessor organisations.

A Trust-wide Caldicott Group, under the chairmanship of the Trust's Caldicott Guardian (the Medical Director), was formed. The group is a trust wide subgroup of Clinical and Research Governance. It oversees the Caldicott management agenda, deals with issues of information sharing, and provides a forum for debate and expert advice.

Caldicott Guardians were identified by Local Authorities during this year. Contact has been made with the 3 local Caldicott Guardians with a view to establish an interagency network.

Since 31 December 2001 the Trust has moved from Level 0 to Level 1 against the standard for "Data Ownership". All other scores remain unchanged but actions are now underway. This will result in a move to a higher level in a number of areas over the next few months.

In summary the Trust position is:

Level 0 - 1 area Level 1 - 13 areas Level 2 - 4 areas

The Trust is required to demonstrate movement toward level 2 in all 18 areas.



The group have identified that significant work needs to be done to improve the information provided to patients/clients. Improvements have already taken place in the provision of information security training and it is hoped that the review of induction will result in a consistently high standard of training Trust-wide. Staff awareness will be further improved through the approval and issue of the Trust's IM&T Security Policy and associated policies on E-Mail & Internet use and Data Protection.

Risk Management

The Director of Human Resources chairs the Risk Management Committee. Local initiatives and local risk management structures have been encouraged.

Two important developments have taken place during the year. Firstly, a baseline health and safety inspection of all Trust sites within the London part of the Trust was undertaken, and secondly, there has been development of local risk management committees across the Trust.

Training has taken place in risk related activities. These include:

- Risk Management Training
- Induction
- Mandatory Training
- Prevention & Management of Violence & Aggression Training

The Governance, Financial Management and Risk Management Standards are the three high level over-arching 'core' controls assurance standards. Compliance is mandatory, as they are vital in providing an efficient and effective service. Risk exposures arising from all control assurance activity and baseline health and safety inspections have been risk rated, scored and costed where possible. The development of a number of 'specialist' risk registers, which can be monitored more closely by key stakeholders, will inform the corporate Trust Risk Register. The Trust Board will prioritise risk exposures and allocate appropriate resources to address them.

Performance Management

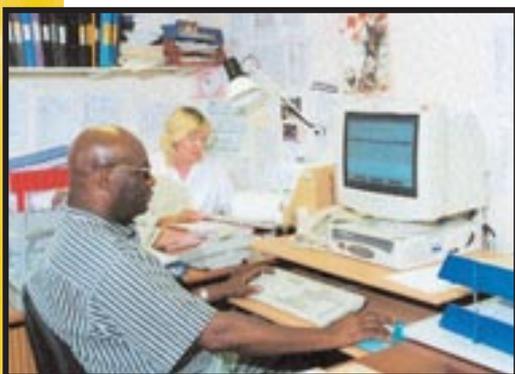
The NHS Plan Implementation Programme makes it clear that part of the modernisation of the NHS is the establishment of better performance management. In line with this a key objective of the new Trust has been to establish a robust and effective performance management framework with a strong emphasis on business planning & performance management. A central element of this performance management is the Clinical and Research Governance agenda.

Good progress towards this objective has been made during the course of 2001/02 with the publication of a Performance Management Framework, covering clinical performance measurement as well as financial and activity.

In line with this framework quarterly performance review meetings have been established which review performance across the board.

The performance information regarding the Clinical and Research Governance agenda is fed into this overall process via the Clinical and Research Governance structures that have been established and which oversee the compilation and detailed monitoring of Clinical and Research Governance Action Plans at corporate, divisional and directorate levels.

This sound basis will be further refined in the coming year, taking particular note of the ongoing national initiative to develop the Performance Improvement Agenda including the extension of the 'star rating' system and Commission for Health Improvement reviews to mental health Trusts.



PATIENTS' COMPLAINTS

The Trust is committed to responding to complaints in an honest, open and comprehensive manner. The Trust is also committed to ensuring lessons are learnt as a result of complaints reviewed.

During 2001/2002 the Trust reviewed the complaints Policy to reflect best practice in the former organisations. A review of complaints handling and structures to ensure fair and effective process is underway. This will include review of timely access to independent clinical advice.

The complaints monitoring systems of the predecessor organisations have been amalgamated. The Trust is committed to analysing the trends of complaints, regarding this as an invaluable source of feedback on clinical service delivery.

There has been an overall decrease in the volume of complaints during 2001/02. It is likely that emphasis on local resolution and early engagement of clinical teams, advocacy services and the Mental Health Act Commission have contributed to this.

During 2001/02 530 complaints were received. The Trust has a policy of emphasis on local resolution or local mediation meetings, wherever possible.

Of the 530 complaints received, 524 were resolved at the first stage of the process, without the need to refer the matter to a complaints convenor, for an independent review of the process and outcome.

The Trust received six requests for review by a convenor in 2001/02 and all of these reviews are ongoing at present. In addition four requests from the previous year have been referred back to the Trust, by the convenor, for local resolution.

Only 16% of complaints are currently cleared within the timescale stipulated by the NHS and the Trust is very aware of this poor performance. There are a number of factors contributing to the poor compliance with the standard. These include the complexity of some of the complaints. Also, the current procedure for the management of complaint responses and quality responses and quality checks requires modification. This will be taken in hand with the new clinical governance and complaints restructuring Trust- wide. In addition, the number of staff vacancies in the Complaints Departments has impacted greatly on the capacity to manage complaints and response times effectively.

The Trust sees complaints as a valuable opportunity to learn what service users, their relatives and advocates feel, want or need. Specific service improvements are identified and implemented as a result of complaints and we use some of the information we obtain through this process to inform staff training.

Work continues to enhance the patient care environment to explore ways of improving the delivery of housekeeping service and to increase activity for patients in the wards.



WEST LONDON MENTAL HEALTH RESEARCH & DEVELOPMENT CONSORTIUM



The West London Mental Health Research & Development Consortium, which spans research activity across both West London and Central North West London Mental Health Trusts made major advances during 2001/2002 to achieve the objectives specified within the R&D work plan and forward plan for the Trust.

Over the year, the R&D Consortium has overseen more than 180 research projects, a growth in the amount of external funding for projects, and the development of research governance. The management of R&D funding has been reviewed and new systems established. Thus, from April 2002, clearer mechanisms will be in place both to cost R&D appropriately and ensure funding is transparent across the Consortium.

Research Governance Framework

The foremost achievement has been the initial implementation of the Research Governance Framework and the integration of this with the administrative infrastructure set up to deliver clinical governance for the Trust. This should ensure that the strategic development and monitoring of R&D activity is in line with the development, review and performance management of clinical governance. As part of the Research Governance Framework, peer review groups have now been established in both WLMHT and CNWL. These groups will scrutinise all new R&D projects across the Consortium, according to agreed criteria of quality and alignment with the strategic priorities of the Consortium.

Priorities and Needs Collaborative Research Programmes

The R&D consortium has supported the development of key R&D development areas via the establishment of new R&D 'Priorities and Needs' collaborative research programmes. These have evolved in conjunction with the research strategy of the new Academic Department of Psychological Medicine within the Imperial College Faculty of Medicine. They should allow the Consortium to meet the criteria for future R&D funding as well as providing greater strategic focus for research activity on areas of local and national priority.

The titles of the 9 collaborative programmes on which the Consortium is the lead organisation are as follows:

- Primary care and mental health
- Neurobiology and treatment of psychotic disorder
- Service effectiveness and delivery in mental health
- Child and adolescent mental health
- Behaviour and physical health
- Mental disorder and violence
- Older people with mental illness
- Personality disorder
- Comorbid substance use in mental health

Collaboration with External Agencies

Collaboration with external agencies has continued with more robust processes and procedures being established as different funding bodies and organisations become eligible research sponsors. The creation of a substantial number of new NHS Primary Care Trusts across the Consortium and the necessary communication links required will be addressed during 02/03 as the structures for R&D are established in each new organisation. A key task for the R&D Consortium Steering Group will be to establish joint working and partnership arrangements with the local PCTs.

Involvement of Service Users

The Consortium commissioned a strategy proposal for the involvement of service users and carers in research, from the Strategies for Living project, The Mental Health Foundation. The proposal will be ready for consultation in July 2002. In advance of this, several research areas have developed relevant links. For example, with respect to the interface between primary care and mental health, links have been made with organisations such as the Centre for Citizen Participation (Brunel University) and the Hammersmith and Fulham MIND (User Friendly Evaluation Project). In collaboration with the Centre for Citizen Participation, an initial user consultation meeting was held in March 2002, with further consultations and involvement with service users planned for 02/03.

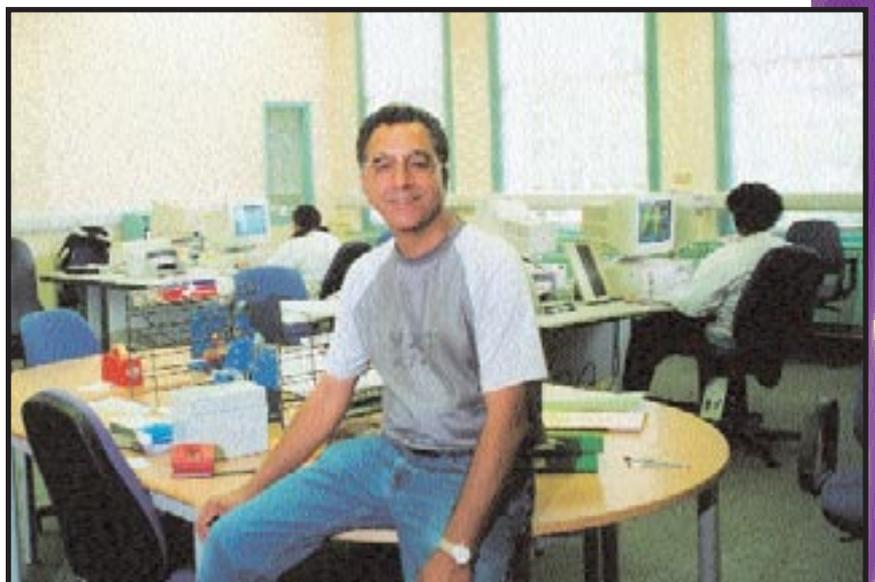
Over the past year, there has been increasing service user involvement in research within the Consortium. Two examples are as follows:

- A funded user involvement project included local service users contributing to the development of the survey instrument, which was used in the London-wide survey of user groups.
- In psychiatry in older age, there was extensive user involvement in a funded project on Alzheimer's disease. For example, in the application stage a carer was involved in the writing of the protocol and lay summary. The project steering committee includes three service user representatives.

Establishing a Research Culture

Communication of R&D activity, developments and impact across the Consortium remains a key area. This is supported by a regular newsletter and funding bulletin, and the organisation of two conferences each year to allow the dissemination of research findings. Relevant materials and information for researchers include a comprehensive R&D Handbook, which will be launched during 02/03. This information will also be incorporated into an R&D web site which will be accessible to all staff in WLMH Trust, CNWL Trust, Imperial College and patients / carers.

The Consortium will continue to establish a culture of research and inquiry across the trust during 02/03 with closer liaison and integration into the business and service planning and clinical services. The launch of an R&D Training Strategy, and the establishment of directorate Clinical & Research Governance Groups will support this.



THE TRUST'S STAFF



The Trust became a major employer 2001/02 following merger and had a complement of over 3,200 staff during the year. The management and promotion of good Human Resource practice is therefore key to the organisation and the quality of the services it provides.

Disabled Employees

There continues to be limitation placed on the number and type of disabled employees that can be employed at Broadmoor Hospital due to the high secure environment. However, this part of the organisation fully complies with its responsibilities under the Disability Discrimination Act to support, retrain and re-deploy staff who suffer injury during their employment that leads to a form of disability. The Trust is working towards renewed accreditation from the Department of Employment "Two Ticks" positive employer status which it hopes to achieve in 2002/03. An audit of Trust premises across the organisation has been undertaken in line with the requirements of Section 21 of the Disability Discrimination Act, and measures have been identified for Capital Works in future years.

Staff Involvement

Although the Trust's formal Consultation and Negotiation takes place through elected Staff Side representatives the organisation does involve staff on wider issues. The employee relations machinery implemented for the new organisation provides for two Staff Side convenors, paid for by the organisation and deployed in each division, two Local Joint Consultative and Negotiating Committees, and a Central Joint Consultation and Negotiating Committee for the Trust as a whole. Examples of wider staff involvement include:

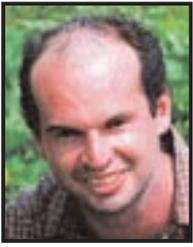
- Workplace meetings, newsletters and briefings with staff on the integration of services in the two main London Boroughs of Hammersmith and Fulham and Ealing.
- Wider staff involvement on key NHS initiatives including the Improving Working Lives Steering Group, Investors in People Steering Group (Broadmoor Hospital), and Policy Review Groups (e.g. the Smoking Policy Review Group for the Trust).
- Business Planning Workshops were held in each Directorate to help develop the plan for the Trust as a whole for 2002/03.

Diversity

Each year, the Trust will adopt a comprehensive Equal Opportunities and Diversity Action Plan approved by the Board to address its plans to meet the requirements of Working Together and Tackling Racial Harassment in the NHS. A new feature for 2001/02 was the preparations the Trust had to make to comply with the requirements of the Race Relations Amendment Act 2000 and its resultant Race Equality Scheme.

The action plan for 2001/02 achieved the following:

- A review of the policy framework for Equal Opportunities and Diversity reflecting the different practices of the predecessor organisations to ensure consistency and harmonisation.
- The continued employment of a Diversity Advisor for patients (London based) and an Equal Opportunities Advisor for staff (Berkshire based).



- The creation of a Trust-wide Equal Opportunities and Diversity Group, with sub-groups looking at specialisms such as Race and Culture, Gender and Disability.
- The continued roll-out of one day mandatory staff training and awareness (Promoting a Culture Sensitive Service)
- Continued roll-out of bespoke Bullying and Harassment Training to build on the Trust's Bullying and Harassment, Whistleblowing and Code of Conduct policies.
- Continued testing of staff attitudes and awareness through the Annual Staff Attitude Survey.

A budget of £20,000 was provided for this Trust-wide work with a further £20,000 allocation for training initiatives. For 2002/03, the Trust is again adopting a comprehensive action plan as well as a Race Equality Scheme to comply with the provisions of the Race Relations Amendment Act.

Training and Education

The new Trust inherited very different practices and systems for the management of training and education from its predecessor organisations. The main target in 2001/02 therefore was to pull these practices together to create a coherent Training and Education Infrastructure for the Trust as a whole. The following was achieved in the year:

- The continued roll-out of appraisal training for all staff groups and the completion of training for all Trust Medical staff to comply with NHS targets.
- Comprehensive reviews of mandatory and induction training for the Trust to ensure consistency of practice and accessibility.
- Maintenance of the Investors in People Award both at Broadmoor and the Cassel Hospitals and an action plan to attain the award in the other parts of the organisation over a three year period.
- Work with the North West London Workforce Development Confederation and the Thames Valley Workforce Development Confederation to secure appropriate funds for post registration training. The Trust will move towards a position of a relationship with only one of these Confederations, the North West London organisation for 2003/04.
- Introduction of a comprehensive Management Training package as a response to the Staff Attitude Survey undertaken in 2001.
- Continued support for the Nurse Rotation Scheme and its associated training implications, in conjunction with the Brent, Kensington, Chelsea and Westminster NHS Trust (now the Central and North West London NHS Trust). The Trust also pulled together its systems for comprehensive workforce planning to ensure that it could inform its future training needs in collaboration with the Workforce Development Confederations on a consistent basis.

Health and Safety and Occupational Health

The Trust has undertaken major developments in these areas during the year. Significant new resources have been put into the Occupational Health Service to ensure that it can comply with national standards and in readiness for accreditation under the NHS plus scheme during 2002/03. Work on pulling together the Trust's Controls Assurance Standards has continued to try and ensure a minimum level 1 and progress to a level 2 standard during the year. A comprehensive review of Risk and Health and Safety at the London end of the Trust was undertaken to support the development of a proper Risk and Health and Safety Management Framework for the whole organisation during 2002/03.

THE TRUST'S FINANCES

West London Mental Health Trust had a financially sound first year and was able to meet its four statutory duties, namely:

- to break even on Income and Expenditure
- to meet its External Financing Limit
- to achieve a 6% return on Net Relevant Assets and
- to achieve its Capital Resource Limit.

It is particularly pleasing to note that these targets have all been met given the challenges that faced the Trust during the year. These included a potential overspend in excess of £1 million at the start of the financial year which led to the establishment of a multi-disciplinary Financial Savings Group which identified and achieved savings of £1.3 million during 2001/02 and is continuing its work in 2002/03. In addition to these savings, there were significant efforts by managers across the Trust to limit expenditure to essential areas.

The cost pressures experienced during the first half of the financial year were a direct result of service pressures, in particular for the use of the private sector in Hammersmith and Fulham and from a reduction in patient activity and related income at the Cassel Hospital. Both situations improved considerably in the second half of the year due, again, to an emphasis on controlling expenditure and by managers putting specific emphasis and resources on resolving these issues.

The Trust tendered for internal audit in the early part of the year and awarded the contract to CEACC who are working closely with the Trust to assist in further strengthening the financial control and also improving the level of reporting to the Trust's Audit Committee. In addition, KPMG were appointed as the Trust's external auditors and they have begun a series of independent studies to ensure that the Trust is providing a value for money service in a number of agreed areas.

During the last year the Finance and IM&T Directorate has spent a considerable amount of time and resources in working towards standardisation of its services across all sites of the Trust. This included ensuring that a consistent and professional level of customer focussed services was provided to all managers and staff, and the standardisation of IT equipment across the Trust and investment in new cabling infrastructure. These are all aimed at improving the level of reliability and response times for IT services.

Capital Investment

The Trust has a substantial capital investment programme over the next three years with approved business cases totalling £46 million. In 2001/02, the spend on capital schemes was £21.4 million including over £10 million at Broadmoor on security measures arising from the Tilt report and a further £4 million on the Sports and Visitors centre at Broadmoor. Other large schemes include the re-provision of the mental health beds at Charing Cross Hospital and the Long Term Medium Secure unit at Ealing.

Information & ICT

During 2000/01 a strategic development programme for the new Trust was developed and agreed taking account of the national objectives for IM&T, the Local Implementation Strategy (LIS) for Information for Health, and mental health, the Mental Health Information Strategy, alongside local considerations. Progress was made in preparing for the effective linking of networks and systems to support integrated working with Social Services across the Boroughs and in the continued development of the Trust network and telecommunications infrastructure. The specification for a new integrated mental health electronic records (IMHER) system was also completed and approved by the Trust Board, procurement of this system will be pursued in the course of 2002/03 as part of a pan-London collaboration.

SUMMARY FINANCIAL STATEMENTS

Statement of Directors' responsibility in respect of internal control

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management [Risk Management System standard for 2001/2002]

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

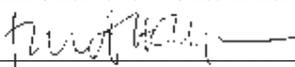
The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.

In addition to the actions outlined above, in the coming year it is planned to:

- introduce risk awareness training for key staff
- participate in benchmarking etc
- improve data quality, including giving a higher profile to systematic monitoring and regular use of the NHS tracing service
- consolidate a corporate risk register and develop an accompanying risk management plan;
- further develop policies and procedure notes for core governance areas
- improve financial training and information
- embed risk management into the Trust through communication of the risk management policy and strategy, and continue to develop risk management key indicators

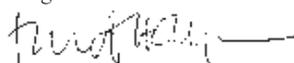
As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

Signed:  Chief Executive Officer
(on behalf of the Board)

Date: August 2002

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2002		£000
Income from activities:		
Continuing operations		128,159
Other operating income		10,410
Operating expenses:		
Continuing operations		(129,648)
OPERATING SURPLUS (DEFICIT)		8,921
Exceptional gain: on write-out of clinical negligence provisions		684
Exceptional loss: on write-out of clinical negligence debtors		(684)
SURPLUS BEFORE INTEREST		8,921
Interest receivable		150
Interest payable		(29)
Other finance costs		(52)
SURPLUS FOR THE FINANCIAL YEAR		8,990
Public Dividend Capital dividends payable		(8,987)
RETAINED SURPLUS FOR THE YEAR		3

Signed on behalf of the Board on 30th July 2002



Dr Julie Hollyman
Chief Executive



Mr Simon Crawford
Director of Finance

BALANCE SHEET AS AT 31ST MARCH 2002	31 March 2002 £000	1 April 2001 £000
FIXED ASSETS		
Intangible assets	28	38
Tangible assets	188,126	143,762
CURRENT ASSETS	188,154	143,800
Stocks and work in progress	221	341
Debtors	6,887	4,758
Cash at bank and in hand	201	161
CREDITORS: Amounts falling due within one year	7,309	5,260
NET CURRENT ASSETS (LIABILITIES)	(19,886)	(14,914)
TOTAL ASSETS LESS CURRENT LIABILITIES	(12,577)	(9,654)
CREDITORS: Amounts falling due after more than one year	175,577	134,146
PROVISIONS FOR LIABILITIES AND CHARGES	(62)	(55)
TOTAL ASSETS EMPLOYED	(1,371)	(2,319)
	174,144	131,772
FINANCED BY:		
CAPITAL AND RESERVES		
Public dividend capital	166,138	130,872
Revaluation reserve	6,668	0
Donated Asset reserve	875	900
Government grant reserve	460	0
Income and expenditure reserve	3	0
TOTAL CAPITAL AND RESERVES	174,144	131,772

CASH FLOW STATEMENT FOR THE YEAR ENDED 31ST MARCH 2002	2001/2002 £000
OPERATING ACTIVITIES	
Net cash inflow from operating activities	15,350
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:	
Interest received	150
Interest paid	(29)
Interest element of finance leases	(52)
Net cash inflow from returns on investments and servicing of finance	69
CAPITAL EXPENDITURE	
Payments to acquire tangible fixed assets	(41,784)
Net cash outflow from capital expenditure	(41,784)
DIVIDENDS PAID	
	(8,987)
Net cash outflow before financing	(35,352)
FINANCING	
Public dividend capital received	35,400
Public dividend capital repaid (not previously accrued)	(8)
Net cash inflow from financing	35,392
Increase in cash	40
All investments were short term, with no investments held at the year end. Public dividend capital was repaid in respect of asset transfers due to reconfiguration.	

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31ST MARCH 2002	2001/2002 £000
Surplus for the financial year before dividend payments	8,990
Unrealised surplus on fixed asset revaluations/indexation	6,675
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	460
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(32)
Total gains and losses recognised in the financial year	16,093

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF THE WEST LONDON MENTAL HEALTH NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out on page 19 to 22.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the NHS Trust for the year ended 31 March 2002 on which we have issued an unqualified opinion.



KPMG - LLP
London

Directors' Remuneration:

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/ compensation for loss of office	Benefits in kind*	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31st March 2002 (bands of £5000)
		£000	£000	£000	£000	£000	£000
Barnes, Prof T	52	140-145				0-2.5	40-45
Bowler, Mrs E S	64	5-10					
Cheatle, Mr K	46	70-75			3	0-2.5	0-5
Corlett, Mr J	55	45-50				0-2.5	10-15
Cox, Mr J	67	5-10					
Crawford, Mr S	39	75-80			4	0-2.5	10-15
Fellow-Smith, Dr E	43	115-120				0-2.5	20-25
Hollyman, Dr J	50	110-115				2.5-5	30-35
Hunt, Ms L	42	45-50				0-2.5	20-25
Kennard, Prof C	56	5-10					
Kent, Mr I	39	80-85				0-2.5	10-15
McNicol, Mr A	55	55-60				0-2.5	0-5
Nessling, Mr R	57	15-20				2.5-5	30-35
Payne, Mr S	47	85-90				2.5-5	20-25
Pearson, Mr A J	46	5-10					
Seale, Mr M	48	5-10					
Singh, Mrs K	33	5-10					
Smidt, Prof L	58	15-20					
Williams, Ms J	34	5-10				0-2.5	5-10
Brown, Ms J	47	Consent to disclose information could not be obtained as this non-executive Director has since left her position at the Trust					

* Benefits in kind consist of the provision of a leased car.

NHS Managers' Pay

The NHS Executive's Chief Executive's letter of 9th April 2001 required the Trust to take all practical steps to ensure that pay rises for senior managers in respect of 2000/01 did not exceed the pay envelope of 3.7% of the managerial pay bill. The Trust has complied with this request.

Management costs

The Trust exceeded its target of £7,566,000 for 2001/2002.

	2001/02 £000
Management costs	7,934
Income	136,899

Public Sector Payment Policy

Public sector bodies are required to comply with the CBI code of good conduct in respect of payments to non-NHS trade creditors. All non-NHS trade creditors should be paid within 30 days of receipt of goods or a valid invoice, unless other payment terms have been agreed. The Trust's compliance with this policy is set out below.

2001/02	£000
Total bills paid	36,956
Total bills paid within target	33,131
Percentage of bills paid within target	89.65%

CORPORATE GOVERNANCE

For 2001/02 the Trust Board comprised:

Chairman

Professor Louis Smidt

Non Executive Directors

Mrs Sarah Bowler

Ms Juliette Brown *to 31st December 2001*

Mr John Cox

Professor Christopher Kennard

Mr Anthony J Pearson

Mr Marc Seale

Mrs Kamaljit Singh

Chief Executive

Dr Julie Hollyman

Executive Directors

Mr Kelvin Cheatle, Director of Human Resources

Mr Simon Crawford, Director of Finance

Dr Elizabeth Fellow-Smith, Medical Director

Ms Lynne Hunt, Director of Nursing *to 31st October 2001*

Mr Ian Kent, Director of Local Services

Mr Robert Nessling, Director of Nursing *from 1st January 2002*

Mr Sean Payne, Director of Forensic Services

The Chairman and Non Executive Directors have been appointed by the Secretary of State for Health, in accordance with national procedures for appointments to such positions, for a term of office that may vary from two years to four years and is specified on appointment. Appointments may be terminated by the Secretary of State for Health.

The Chief Executive and other Executive Directors were appointed by panels consisting of the Chairman, Non Executive Director(s), a representative from the London Regional Office and an external assessor. The Executive Directors have permanent contracts with a requirement to give or receive 6 months notice of termination.

Committees

To support the work of the Trust Board the following sub-committees have been established:

Audit Committee

The Audit Committee is chaired by Mr John Cox and Professor Louis Smidt, Mr Anthony Pearson and Mr Marc Seale are Committee members. The Audit Committee's function is to consider reports and information arising from the activities of the Finance Department, the External and Internal Auditors and other services as applicable. It monitors the financial controls and performance of the Trust on behalf of the Board.

➤ **Clinical & Research Governance Committee**

Mrs Sarah Bowler chairs the Clinical Governance Committee. Mrs Kamaljit Singh, Mr Marc Seale, Dr Julie Hollyman, Dr Fellow-Smith and Mr Nessling are members. Until her resignation, Ms Juliette Brown was a member of this Committee.

The Committee's remit is to oversee the implementation of clinical governance issues within the Trust, ensuring the development of systems to support effective clinical governance, setting the priorities for improving clinical effectiveness and ensuring appropriate action is taken where inadequate performance or shortfall in quality is identified.

➤ **Controls Assurance Committee**

The Controls Assurance Committee's purpose is to ensure all significant, non-financial, risk management issues are communicated to, and considered by, the Trust Board. Overseeing the work of the Hospital's Risk Management Committee, it advises the Board on identified risks, determines unacceptable levels of risk and agrees where best to direct resources to eliminate or reduce those risks.

Mr Marc Seale chairs the Committee and Mr John Cox, Dr Julie Hollyman, Mr Kelvin Cheatle are members.

➤ **Remuneration Committee**

The Remuneration Committee determines, on behalf of the Trust, the remuneration and terms of service for the Chief Executive, the Executive Directors and other Senior Managers who report directly to the Chief Executive. It oversees contractual arrangements and termination payments for the Chief Executive and other Executive Directors and considers any other remuneration or compensation issue referred to it by the Chairman or Chief Executive.

The Committee is chaired by the Trust Chairman, Professor Smidt. All the Non Executive Directors are Committee members.

➤ **Renewals of Detention Committee**

The key role of this Committee is to ensure the detention of unrestricted patients is in compliance with the Mental Health Act (1983) and its Code of Practice, whilst the scope of its interest and concern covers all patient related issues.

Mr Anthony Pearson chairs the Renewals of Detention Committee. All the Non Executive Directors are Committee members. A number of lay Mental Health Act Managers also serve on the Committee.

Register of Members' Interests

It is a requirement that the Chairman and all Board members should declare any conflict of interests that arise in the course of conducting NHS business. On appointment, Board members declare any business interests, positions of authority in a charity or voluntary body in the field of health and social care, or other body contracting for NHS services. These are formally recorded in the minutes of the Board meeting and entered into a register, held by the Secretary to the Board and available for the public to view. For 2001/02 the following interests have been registered:

Professor Louis Smidt

Independent Consultant *providing some work to NHS clients (currently none within the Ealing Hammersmith & Hounslow health community)*

Honorary Vice President *The Society of Chiropodists & Podiatrists*

Ms E Sarah Bowler

Trustee *Westminster Pastoral Foundation*

Ms Juliette Brown

Director *Juliette Brown, Personnel & Training Consultancy (has provided consultancy support to National MIND)*

Mr John Cox

Director *Campbell-Johnston Associates (Management Recruitment Consultants) Limited*

Part ownership *John and Elizabeth Cox, Consultants*

Management Committee Member *Octavia Hill Housing Association*

Consultant *Baker Tilly, Chartered Accountants*

Councillor *Royal Borough of Kensington & Chelsea*

Professor Christopher Kennard

Managing Director *WCN 2001*

Trustee *British Brain & Spine Foundation*

Trustee *Migraine Trust*

Trustee *Graham Dixon Charitable Trust*

Mr Anthony J Pearson

Director *Triostar Limited (Management Consultancy)*

Director *Pearson Associates (Management Consultancy)*

Director *Easy Jam Music Limited*

Director *Streetlighters Limited (Media Company)*

Member *Buckinghamshire Advisory Committee (Lord Chancellor's Department)*

Justice of the Peace *Wycombe & Beaconsfield Petty Sessional Division*

School Governor *Burford School*

Mr Marc Seale

Director *City Post Limited*

Mr Ian Kent

Management Committee Member *Crossways Association*

Dr Julie Hollyman

Trustee *Hospital Charitable Trust*

Dr Elizabeth Fellow-Smith

Chair, *HImp Sub Group, Ealing Hammersmith & Hounslow Health Authority*

Advisor on Child & Adolescent *Ealing Hammersmith & Hounslow Health Mental Health Authority*

REQUESTS FOR FURTHER INFORMATION

Additional copies of this report or further information can be obtained from:

Mrs Barbara Wörts, Board Secretary/Executive Assistant, West London Mental Health NHS Trust

Trust Headquarters, Uxbridge Road, Southall, Middlesex, UB1 3EU

Tel: 0208 354 8249 Fax: 0208 354 8883 E-mail: barbara.worts@wlmht.nhs.uk

Trust Headquarters

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