

West London Mental Health

Annual Report 2003

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Chairman's foreword

I am very pleased to be able to write this foreword for the West London Mental Health NHS Trust's second Annual Report.

The Trust, established on 1 April 2001 following the merger of the Ealing, Hammersmith & Fulham Mental Health NHS Trust and Broadmoor Hospital Authority, was just one year old when we undertook a further merger, and mental health services for Hounslow were reconfigured from the former Hounslow & Spelthorne Community and Mental Health NHS Trust. Although this took place, formally, on the 1st April 2002, much work had been undertaken by many people in the months prior and I am most grateful to all who contributed to making the merger a success.

Work has continued in harmonising the many policies and procedures that have been inherited from the predecessor parts of the Trust, as well as responding to the central initiatives required of us by the Department of Health. During the year Strategic Health Authorities were created and we are now learning to work with a new and different reporting structure.

A huge programme of capital work is being undertaken by the Trust at the moment. This includes a new building on the Charing Cross site to re-provide the wards from the tower block of Charing Cross Hospital; work on the West Middlesex Hospital site to provide excellent additional facilities for the Lakeside Mental Health Unit which are now being used; and continuation of the work at Broadmoor which has included the completion of the Sports & Visits Centre.

During the past year I visited many parts of the Trust and have been impressed by the hard work and dedication of those members of staff whom I have seen and met during these visits. I want to thank everyone for their contribution to the objectives which we all aspire to achieve - the continued improvement of the Trust's services.

Professor Louis Smidt
Chairman

Chief Executive's introduction



Improving services for users is our number one priority, and during the coming year will enhance the way we put users at the heart of services by progressing a Framework for User Involvement. The Trust is very large and complex and one trust wide mechanism for user involvement is proving difficult to design. Through regular

meetings with users, under the auspices of the new framework, we aim to have an opportunity to discuss a range of issues with as broad a group of people as possible. Throughout this annual report there are a large number of examples of where services have been improved for users, and this includes the improvements which can be gained by supporting and developing staff.

The last year has been a year of some success. The staff in the integrated Adult Mental Health Service for the residents of Hammersmith and Fulham have worked hard in partnership with service users, to address the recommendations of the review undertaken by the Health Advisory Service (HAS) last year. Their hard work was rewarded in January when the review team revisited the service and was very complimentary about the progress that had been made. Also the Trust has been awarded Improving Working Lives Practice Status and the Specialist Mental Health Services for Older People have achieved the Investors in People Award.

Services have continued to develop. Further progress has been made in implementing the National Service Framework, the Cassel Hospital has begun work on the Five Year Plan that came out of the review undertaken last year of its services, the balance of the Hounslow Mental Health Service has transferred to refurbished accommodation at the West Middlesex University Hospital, and new forensic services have opened; a pilot treatment unit for patients with Dangerous and Severe Personality Disorder and a Long Term Medium Secure unit on the Ealing site.

It has taken a great deal of hard work, commitment and dedication from staff across the Trust to secure this success, particularly given some of the difficulties that have had to be addressed and overcome. It has been a year of significant financial pressure, particularly in Local Services, and the

breakeven position achieved by the Trust at the year end is a credit to everyone. In addition, we have experienced considerable difficulty responding to complaints promptly. A number of things contributed to this and I have been delighted to see that the performance towards the end of year has improved, and the backlog of very longstanding complaints has been cleared. Several people have worked very hard to achieve this and the progress is a credit to all of them. An enormous amount of work has also been needed to rationalise policies and procedures across the Trust.

There is still more work to be done, and as a result of not having achieved Trust wide policies in all areas the Trust has failed to achieve Level 1 Accreditation for the Clinical Negligence Scheme for Trusts and the Risk Pooling Scheme for Trusts. However we are confident we will achieve this during the coming year.

Looking forward to 2003/2004 the Trust will start work on identifying the direction of travel for some of the unresolved service questions highlighted in the recently published Developing a Service Strategy 2003-2006. In addition the Trust will have its first Clinical Governance Review by the Commission for Health Improvement (CHI), which will involve two site visits given the two service divisions and hence we will not know the outcome of the review until the end of 2003. Across the Trust a great many people have invested time in developing Clinical Governance procedures and it will be helpful to us to have CHI's view of the strengths and weaknesses of the position we have now reached.

This is such a large organisation I am aware that I do not get opportunities to talk to many staff on a regular basis. Therefore I need to use this report to say thank you to all of you for the huge efforts you have made during the year to maintain services, whilst undertaking all the necessary work to support change and development. I value all your efforts enormously. I must also thank the Board for the continuing support given to me during the last year and finally to all members of the Executive Team who have worked unstintingly to resolve problems and achieve success while still remaining positive, cheerful and loyal all year.

A handwritten signature in black ink, appearing to read 'Julie Hollyman'. The signature is fluid and cursive, with a long horizontal stroke at the end.

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 Ealing, Hammersmith & Fulham and Hounslow. The Directorate works from St Bernard's Hospital, Charing Cross Hospital, Lakeside Unit at the West Middlesex University 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 Ealing, Hammersmith & Fulham and Hounslow. In-patient provision is provided at Charing Cross, St Bernards and the Lakeside Unit as well as continuing care provision at Chiswick Lodge. In addition there are a number of Day Hospitals in Ealing and Hammersmith & Fulham.
- Services for Child and Adolescent Mental Health Service (CAMHS) across Ealing, Hammersmith & Fulham and Hounslow.
- 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 Services 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
- 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

LOCAL SERVICES DIVISION

In 2002/03 the Local Services Division increased in size with the integration of services in Hounslow in April 2002. In addition services from Ashford Hospital transferred to the West Middlesex University Hospital site in April 2003, completing the transfer of services in Hounslow into the West London Mental Health NHS Trust.

During the year there have been a number of significant developments across the division which have improved services for patients, their carers and families.

In Hammersmith & Fulham

- All adult community mental health teams are now fully integrated with Social Services and co-located in refurbished premises.
- Adult in-patient services at Charing Cross have been subject to a specific programme of improvement following an external review undertaken by the Health Advisory Service in 2001. The Health Advisory Service re-reviewed these services in January 2003, were extremely positive and noted significant progress in relation to:
 - improved environment for patients
 - evidence of improved therapeutic working
 - the introduction of daily morning meetings for staff and patients on each ward
 - the introduction of a range of activities for in-patients
 - improved communication with community mental health teams
 - the establishment of a service user project with regular patient meetings on the adult mental health wards
- Agreement has been reached to expand the assertive outreach and crisis services during 2003/04
- Additional resources to fund additional medical staffing
- A community mental health team for older people was established at Chiswick Lodge in September 2002 and continuing care services were transferred from Chiswick Lodge into a refurbished nursing home in Acton.
- A Partnership Board has been established in the child & adolescent mental health services
- A clinical lead for child & adolescent mental health services has been appointed

In Ealing

- Further progress has been made in implementing the National Service Framework for adult mental health
- Consolidation of a unified mental health service for adults
- A review of day services for adults undertaken with the Local Authority leading to proposals to develop more comprehensive services to reflect the diversity of need
- A 'modern matron' was appointed to help improve clinical standards in the in-patient wards in Ealing
- A Partnership Board has been established to oversee the strategic development of adult mental health services in the Borough
- Service user consultation meetings have been reintroduced and these rotate between the community mental health centres in Ealing
- Two additional part time Consultants have been appointed to improve access to adult mental health services
- In older people's services, funding has been secured to appoint a Project Manager to develop an integrated community mental health team for Ealing
- Work has continued with the Borough to re-provide day facilities into purpose built accommodation
- An exchange scheme for staff working in NHS and Local Authority day centres was introduced
- A clinical lead for child & adolescent mental health services was appointed

In Hounslow

- T Block at the Lakeside Mental Health Unit was refurbished and adult in-patient services transferred
- A comprehensive redecoration programme is underway in the Lakeside Mental Health Unit
- There have been improved success rates in the recruitment of all staff groups
- A Training Officer has been appointed to work on the training requirements for staff, service users and voluntary sector providers





developments

- Additional funding was secured to develop a service user involvement project for adult mental health
- The psychiatric liaison and out of hours approved social worker services have been expanded
- In older people's services, a second Consultant has been appointed
- Dove ward transferred into refurbished accommodation in T Block
- A clinical lead for child & adolescent mental health services has been appointed

At the Cassel Hospital

The West London Mental Health NHS Trust Board endorsed the outcome of a Review of the Cassel Hospital's Services, and an associated 5-year Implementation Plan. At the suggestion of the Board, a marketing strategy was commissioned and this is helping to take forward the Cassel Hospital's links with its stakeholders.

Work within the hospital continues to a high standard, involving patients/users as partners in the clinical work, and in developing and implementing clinical governance arrangements. An Alumni Association of ex-Cassel patients meets regularly and has a voice that is listened to within the Cassel on service development and, more broadly, within a number of other NHS fora.

The Cassel has accepted fully its redefined primary task of providing services to patients, their families and carers and to their professional networks, thus enabling patients to better use local services appropriate to meet their needs. Outreach services within the Adult Service, Adolescent Service and Families Service continue to evolve alongside an increased focus on education and training, and on research and evaluation. Senior clinical staff continue to make significant inputs into national policies on personality disorder, women's mental health, and child and family work.

Other Developments

The Division has recruited a Head of Psychology and Psychological Therapies and a Head of Allied Professions. Both these posts will provide professional support, leadership and strategic representation for psychologists, psychotherapists, art therapists, and speech and language therapists amongst others.

FORENSIC SERVICES DIVISION

During 2002/03 a number of service developments and improvements have been achieved. These include:

High Secure Services at Broadmoor Hospital

- The occupational therapy department has seen an increase in establishment and undertaken skill mix reviews. Vacancies are at a minimum and virtually all the clinical teams are being supported by an occupational therapist.
- A Health Advisory Service review of vocational services has facilitated the development of the Broad Horizons Project for patients, to engage in and learn skills related to the undertaking of commercial work. This project is based on the concept of social firms.
- A review of mixed gender activities resulted in the development of a range of single gender therapeutic and structured activity sessions. A survey of vocational needs led to the development of a women-only gardening group and specific vocational services focusing on activities of significance for women. Further work will be progressed in this area.
- The Sports and Visits Centre was opened in early 2003. The Sports Centre development, with an increased complement of highly trained staff, provides programmes for patients, including swimming, team sports and fitness training in the wellness gym. The Visits Centre provides improved facilities for patients' visitors.
- The refurbishment of the women's services building was completed. This provided wards with better quality living environments and also included the development of a gender discrete health care centre for physical well being.
- Lead psychologists were provided to each directorate with role specifications and time allocations agreed with the service and clinical directors. Link psychologists have been provided to every clinical team. Training has been introduced to enable new psychologists to undertake this role.
- The Centralised Group Work Service, which provides needs led, evidence-based group work in respect of offending behaviour and related needs has been consolidated for patients across the hospital.

The service directorates at Broadmoor have been configured into new catchment areas – "London" and "The South of England". This has improved communication and the focus of commissioning arrangements through directorate specific teams.

key achievements and service

Men's Directorates (London and The South of England)

- The process of repatriating patients from Ashworth High Security Hospital who are from the London catchment area was initiated. Ten patients had been offered places and nine had been admitted at the end of May 2003.
- Agreement has been achieved to reshape and better define the Addictions Service for men as a 12 bedded unit.
- The Accelerated Discharge Programme accounted for 53% of the discharges for last year, keeping the Trust on target to meet its NHS Plan obligations.
- Agreement was reached with the North Central London & North-East London Strategic Health Authorities on catchment area changes and these will take effect from September 2003.

Services for Women

- The directorate has been extremely successful over the past 12 months in transferring patients to services providing more appropriate levels of security.
- A range of regular meetings for patients have been established, including
- Bi-monthly Women's Forum user involvement meetings
- Weekly ward community meetings
- Quarterly Open Forum sessions, where women service users have direct access to senior managers and clinicians

Patients have also been consulted about the mixed gender service review and the future of women's services, both locally and nationally.

- Nurse vacancy levels remain very stable at 10%

Medium and Low Secure Services at Ealing

- Rollo May, the Trust's Long Term Medium Secure Unit, opened in November 2002 taking its first cohort of admissions. This newly commissioned unit provides accommodation to patients previously from high secure hospitals that now require a lower level of security, in line with the NHS Plan. Glyn Ward was relocated in refurbished accommodation to facilitate this.
- There has been continued development and expansion of mental health services to Feltham Young Offenders Institution, including the establishment of an outreach service

- Blair ward Psychiatric Intensive Care Unit (PICU) was successfully transferred to the Local Services Division
- There are now consultant led clinical teams at HMP Wormwood Scrubs and a Partnership Board has been established to oversee developments for the expansion of mental health services to the prison, including the provision of an in-reach service and the creation of a new day care service
- The Independent Advocacy Service undertook a review of staff and service user perceptions of user involvement and service delivery. Their recommendations focused on enhancing user participation in community meetings and establishing effective clinical improvement groups.
- An outline business case has been produced for the development of a 60-bedded, integrated Women's Therapeutically Enhanced Medium Secure Service to serve London and the South of England. The proposed service would be developed within the grounds of the Trust's Ealing site.

Across the Division

The appointments of a divisional professional lead for Psychology and a lead for the Allied Health Professions have been made. The post holders will provide professional leadership, support and strategic representation for arts therapists, psychology, dieticians, occupational therapists, physiotherapists, and speech and language therapists.

Dangerous Severe Personality Disorder (DSPD) Service at Broadmoor Hospital

The consultation paper "Managing Dangerous People with Severe Personality Disorder" was published jointly by the Home Office, HM Prison Service and Department of Health in July 1999. Following the consultation process, the Home Secretary announced an investment of £126m for four DSPD pilot schemes over three years.

Of the four pilot schemes, two are within the Prison Service and two are within the NHS, one being created at Rampton Hospital and one at Broadmoor Hospital.



developments

Bicester Ward

Broadmoor has opened a trial 10 bed treatment ward for DSPD in preparation for a 70 bed unit due to be completed at the end of 2004. Bicester Ward opened in April 2003. All patients have been transferred from the prison service and have a structured therapeutic day based on cognitive behavioural therapy.

SECURITY MATTERS

The Trust's Security Directorate is largely based at Broadmoor Hospital, with a small team also located on the Ealing site, providing security advice to the Three Bridges Regional Secure Unit and the Tony Hillis Local Secure Unit.

At Broadmoor Hospital, work to upgrade the security perimeter to Prison Service Category B standards in accordance with recommendations contained in Sir Richard Tilt's 'Review of Security at the High Security Hospitals' was completed. The Directorate continues to monitor and enforce the hospital's compliance with the 'Safety and Security in Ashworth, Broadmoor and Rampton Hospitals Directions 2000', which aim to promote conditions of safety and security for patients, staff and the public.

TRUST-WIDE ENVIRONMENTAL IMPROVEMENTS

An important part of the NHS Plan was the introduction, in 2000, of PEAT (Patient Environment Action Teams) assessment visits. PEAT teams are made up of NHS professionals, who visit hospitals and assess the environment from the patients' and visitors' perspective, with the aim of identifying any improvements to the patient experience.

The assessment includes the standard of furniture, decorations, how privacy is provided to patients, overall cleanliness and the quality and standard of food.

West London Mental Health NHS Trust had a number of PEAT visits during the year, to

Charing Cross – levels 3,4 & 9	Oct 2002
Cassel Hospital	Jan 2003
Lakeside & EMI Unit (Dove ward)	Oct 2002
St Bernard's Site	Mar 2003
The Limes	Nov 2003
Broadmoor Hospital	April 2003
Chiswick Lodge	Nov 2002



All sites achieved a "green" or "amber" rating, with the exception of the services in Hounslow, which were identified as needing urgent action. When this result was made known, the Trust implemented an immediate remedial programme and plan of improvements with an expenditure of over £200,000. This money has been spent on ward redecoration, new flooring, lighting and furniture. Further work is planned for 2003/04 to ensure the facilities are brought up to a more acceptable standard.

The Trust is committed to ensuring patients' facilities are provided to the highest standard possible within the given financial resources and will continue to invest in all key areas where need arises.

clinical and research governance

The Trust produces a full Clinical & Research Governance Annual Report and a copy of this is available upon request (see end page).

The importance of Clinical & Research Governance in ensuring the delivery and monitoring of high quality and continuously improving clinical services is underpinned by the Trust's Statement of Strategic Intent, which is:

"By using a process of continuous improvement the West London Mental Health NHS Trust intends to become a leader in the development and delivery of high quality mental health services".

The Trust has endorsed that the delivery of this will be supported by principles and values that:

- can be locally implemented/developed
- are aspirational but not unrealistic
- reflect some of the rationale behind the mergers

Continuous service improvements were supported in year by a Clinical & Research Governance Development Plan. The three key priorities for achievement during 2002/03 were:

- improvement in implementation and monitoring of CPA
- review of clinical risk assessment processes.
- improvement in handling and responding to complaints

Improvement in Implementation and Monitoring of CPA

Significant improvement has been made in year in both the implementation and monitoring of CPA across the Trust.

A Trust-wide CPA/Care Management Policy has been drafted and circulated for consultation. This Policy will replace the previously existing policies of predecessor organisations.

The Forensic Division established a multidisciplinary group to review current practice and procedures. This has been done in conjunction with the Clinical Risk Group to ensure integration of revised risk assessment process into CPA. Revised procedures and format have been agreed and will be launched in June 2003

The Local Services Division has undertaken considerable work in training and improving staff awareness of the CPA process and importance of the same. A significant project is underway to improve the quality of existing CPA data and to enhance accuracy of future recording. Audit demonstrates improved implementation.

Further audits and key performance indicator monitoring will ensure the improvement in CPA compliance continues.

Review of Clinical Risk Assessment Processes

The Forensic Services Division's Clinical Risk Group has revised the Trust's risk assessment checklist and focussed on how best to use the information it gathers to devise risk management and contingency care plans for the patient.

Clinical risk assessment activity within the Local Services Division has focussed on CPA, benchmarking our CPA risk assessment tool with other Trusts and subsequently commissioning support to undertake a robust review of all associated procedures.

Improvement in Handling and Responding to Complaints

The Trust is firmly committed to responding to complaints in an open, honest and comprehensive manner. The Trust is also committed to ensuring the lessons learnt as a result of complaints are reviewed and incorporated into the planning and review of services.

During 2002/03, having recognised that there were significant shortfalls in the complaints management process, more robust systems for handling and managing complaints have been introduced. Considerable emphasis has been placed on improving the approach to local resolution and training in the management of complaints is a core component of staff induction programmes.

This year has seen a substantial reduction in the total number of the complaints received for formal investigation. 253 formal complaints were received, compared with 530 in 2001/02, 712 in 2000/01 and 578 in 1999/00.





Formal complaints are overseen by two complaints teams based on the Ealing and Broadmoor sites. During the year there have been significant changes in team personnel with new appointments and the formal introduction of a clinical governance structure to support both Forensic and Local Services Divisions. The reduction in the number of complaints is occurring in both the Local Services and the Forensic Services Divisions, with a major drop in the Forensic Services Division to 6 in the quarter from October to December 2002. In part, this reduction is due to the emphasis on resolving complaints locally, at the point of service delivery. A substantial number have been resolved in this way.

The national target for investigating complaints and responding to the complainant is 20 working days. For the 2002/03 the Trust achieved the following:

Complaints responded to within 20 working days:	16%
Over 20 working days:	68%
Complaints still under investigation:	16%

However, substantial work was undertaken to fully investigate and respond to a number of complaints that had been ongoing for a significant time. In addition, new protocols for management of complaints, and a weekly reporting mechanism have been introduced since December 2002. A robust reporting mechanism for detailing and describing clearance times for individual clinical areas will be in place for reporting during 2003/04 on a quarterly basis.

In 2002/03 there were 21 requests for an independent review of a complaint. Of these, 6 were within the Forensic Services and 15 in the Local Services Division. Six of these cases are currently under consideration. Of the fifteen reviewed, one case has been referred for an independent review panel and the others have had their request turned down. Currently, there is one file waiting for investigation.

There remains a considerable amount of work to do to improve performance on complaints' management but the Trust will continue to prioritise this.

Other significant areas of considerable activity this year have been:

Clinical Leadership

The Trust considers robust multidisciplinary clinical leadership to be a crucial component to the effective delivery of high quality continuously improving clinical services.

Significant progress has been made during 2002/03 in the appointment to key Clinical Leadership posts. These include appointment to:

- vacant Clinical Director posts
- Trust-wide Head of Allied Professions
- Head of Psychology/Psychological Therapies in the Local Services Division, and Head of Psychology in the Forensic Services Division.

A number of staff at organisational, service, ward and team levels have been engaged in Clinical Leadership development programmes.

Partnership Working

Many services are provided in partnership with other agencies. The Trust endeavours to deliver the Clinical & Research Governance agenda alongside governance agendas of these partner agencies. During 2002/03 the Trust has been involved in a Best Value Review of adult mental health services in Ealing and a joint inspection of Safeguarding Children in Hammersmith & Fulham. The interagency Partnership Boards receive SSI inspections, inquiries and action plans following serious untoward incidents. There is agreed local implementation for involvement of the Trust in Scrutiny Process, and the Trust is actively involved in the Boroughs' multi-agency Public Protection Panels.

User Involvement

The size and complexity of the Trust means that developing a coherent voice for users across the Trust is a significant undertaking. All areas have user involvement at a local level but finding a way of bringing this together at Divisional or Trust level is a major piece of work.

Throughout the year, the Trust has actively engaged with patients to develop a "Framework for User Involvement". The Framework sets out principles to underpin user involvement and protects the valued but different arrangements in Ealing, Hammersmith &

clinical and research governance

Fulham and Hounslow as well as within the Forensic Division in London and at Broadmoor Hospital. Service users are currently involved at a range of levels; individually in care planning and care management; in community meetings on the wards; in specific User Meetings at ward and Divisional level; and in Research and Development Forums. Many staff appointments panels have engaged user representatives.

Work will continue into 2003/04 to ensure regular meetings with user organisations to further develop the Framework and to consider an agreed approach to the introduction of the new national arrangements for public and patient participation.

Clinical Audit Programmes

Clinical audit activity has been prioritised to support the development of the clinical governance agenda, including the establishment of Clinical Improvement Groups and priority areas of work, for example, the Care Programme Approach.

Robust systems for planning, undertaking and reviewing audit activity have been identified. A key priority is to ensure that audit activity supports the clinical directorates in the delivery of the clinical governance agenda and is undertaken on a multi-disciplinary basis.

The reporting and review of clinical audit has been integrated into the performance management reviews of clinical governance. A multi-disciplinary, one-day clinical audit workshop training programme has been devised, and will be rolled out across the Trust during 2003/04.

Risk Management Processes

The Trust has reviewed its arrangements for the management of clinical and non clinical risk. The former Risk Management Committee has been reformed to become the Risk Forum. Chaired by the Director of Nursing, who is supported by the Director of Human Resources, it brings together the clinical, human resources, estates, information and corporate risk elements of the Trust's business.

Its aim is to bring together operational managers to identify ways to reduce risk and to work together on responding to the needs of external review bodies such as Controls Assurance, Clinical Negligence Scheme for Trusts, Risk Pooling Scheme for Trusts, Clinical Governance, Health and Safety, and Commission for Health Improvement.

The Risk Forum has met monthly since December 2002 and reports to the Trust Board's Controls Assurance Committee. It is supported by the Associate Director (Non Clinical Risk) and his team.

Learning from Incident Reporting

The Trust actively participates in the National Confidential inquiry. The national Suicide Prevention Strategy has been considered and a Local Strategy drafted.

Serious untoward incidents are reported to the Board and external reviews commissioned. Action plans to implement recommendations are agreed and actively monitored at Clinical Directorate, Divisional and Board levels. External reviews are received by the Board and discussed at Divisional meetings and, where relevant, Borough Partnership Boards.

Critical incidents and "near misses" are actively reported. Data is currently collated manually at Divisional level, although work is ongoing to support the reporting process electronically. An electronic system will be launched during 2003 and will enhance the Trust's ability to analyse themes and emerging trends.

Changes have been made to services to improve quality and reduce risk. These have included ward refurbishment, strengthening of windows, introduction of ward based community meetings, improvements to security for in-patient unit entrances and the cessation of transfers, at night, to the private sector. There is an ongoing programme to remove ligature points from all care environments.

Physical Healthcare

Endeavours to improve the physical healthcare of patients have continued in the Service Divisions. The Forensic Service has a physical healthcare Clinical Improvement Group and a GP has been employed at Broadmoor Hospital, who holds routine and specialist healthcare sessions. Particular attention is being paid to the detection and treatment of glucose intolerance.

An innovative approach to physical healthcare has been developed at Charing Cross Hospital with the regular provision of GP sessions. Evaluation of this service is underway.



Research & Development

A key objective of research and development (R&D) in the NHS is to support a knowledge-based health service in which clinical, managerial and policy decisions are based on sound information about research findings and scientific developments. With this aim in mind the R&D Consortium, which covers both West London Mental Health NHS Trust and Central and North West London Mental Health NHS Trust, has developed a strategy and established systems to facilitate this.

The broad aims of the Consortium over the past year have been to:

- Develop high quality R&D reflecting local and national priorities
- Establish an R&D culture throughout the Consortium
- Link with the Trust's Clinical Governance strategy and encourage the development of evidence-based practice
- Promote user involvement
- Continue the implementation of research governance

To achieve these R&D has worked on a number of initiatives.

Research Governance

In October 2001 the DoH produced a research governance implementation plan that detailed the actions required by NHS organisations to comply with the research governance framework. Compliance in all areas of the plan will need to be achieved by March 2004. In response to this a local implementation plan was developed describing systems in place and those to be developed. During 2002/03 the plan was reviewed, with systems such as project approval and monitoring being refined, as well as project auditing being fully implemented.

A collaborative project with Imperial College and its associated Trusts to develop a model partnership agreement for research governance took place earlier this year. This will be extended to other universities associated with the Trusts during the latter half of 2003.

One particular initiative within the Trust has been to ensure that research governance complements the clinical governance strategy. The R&D Director and Manager are members of the Trust's Clinical and Research Governance Committees. The R&D Manager also chairs the R&D Forensic subgroup, which provides a forum for the discussion and identification of forensic research projects and opportunities for their development, and ensures that the research governance framework is implemented across the division. With the success of this group a similar model will be extended to local services.

High Quality Research

2002/03 saw the development of 9 collaborative research programmes reflecting both the Trust's and Imperial College priorities. These are developing into mature cohesive groups that have the ability to produce high quality strategically driven research, and the potential to inform clinical developments within the Trust.

Over 60 new projects were started between April 2002 and March 2003, with more than 140 in total being conducted within the Consortium. There has been in excess of 180 peer-reviewed publications during the same period.

To facilitate and support good quality research the R&D office has established a number of ways to inform staff, service users and carers about current R&D news and information to support good research practice, some of which are listed below:

- R&D newsletter
- Funding bulletin
- R&D annual conference
- R&D handbook and factsheets
- Presentations to professional groups
- Development of an internet website (to be launched in June 2003)



The Trust continued to grow as a major employer in 2002/03 following the merger with some services from the Hounslow and Spelthorne Community and Mental Health NHS Trust and had a complement of over 3,700 staff during the year. The management and promotion of good Human Resource practice is therefore essential to the organisation and the quality of the services it provides. The Trust has achieved Improving Working Lives Practice Status following accreditation in February 2003.

DISABLED EMPLOYEES

The Trust achieved accreditation from the Department of Employment as a "Two Ticks" positive employer during the year, which supports good employment practice in relation to recruitment of disabled employees. 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.

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.

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:

- A listening exercise for staff at Broadmoor Hospital
- Workplace meetings, newsletters and briefings with staff on the development/reprovision of services at Charing Cross and the Cassel Hospitals.
- Wider staff involvement on key NHS initiatives including the Improving Working Lives Steering Group, Investors in People Working Groups, and Policy Review Groups (e.g. Staff Support Review).
- Business Planning Workshops were held in each Directorate to help develop the plan for the Trust as a whole for 2003/04.

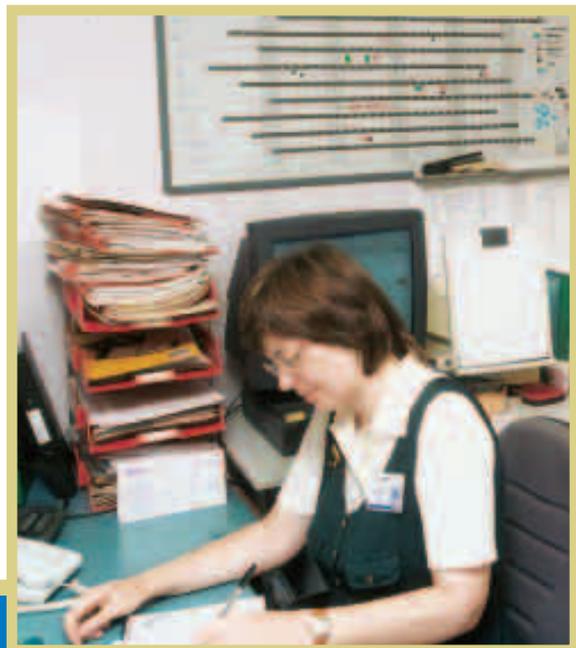
DIVERSITY

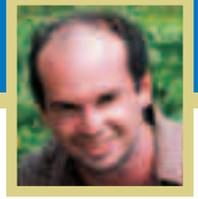
Each year, the Trust adopts a comprehensive Equal Opportunities and Diversity Action Plan, approved by the Board, to address its plans to meet the requirements of such national initiatives as "Working Together", "Positively Diverse" and "Tackling Racial Harassment in the NHS". A new feature for 2002/03 was the work the Trust had to do to comply with the requirements of the Race Relations Amendment Act 2000 and its resultant Race Equality Scheme.

The action plan for 2002/03 achieved the following:

- The continued employment of a Diversity Advisor for patients (London based) and advertisement of a Diversity Advisor post for employment (commencing June 2003).
- The development of the Trust-wide Equal Opportunities and Diversity Group, with sub-groups looking at specialisms such as Race and Culture, Gender and Disability.
- 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 2003/04, the Trust is again adopting a comprehensive action plan and implementing the Race Equality Scheme to comply with the provisions of the Race Relations Amendment Act. This area of work will attract a high priority in the year ahead.





TRAINING AND EDUCATION

In 2002/03 significant progress has been made in improving the Trust's Training and Education infrastructure and practices. The main target in 2002/03 therefore was to create a coherent Training and Education Strategy 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. New Trust-wide induction programme implemented.
- 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 now maintains a relationship with only one of these Confederations, the North West London organisation, for 2003/04.
- Funding secured and work commenced (completing May 2003) to introduce a dedicated training facility for the Ealing site.
- Introduction and implementation of a comprehensive Training and Development Strategy, approved by the Board in October 2002.

The Trust has introduced two, well received, leadership development programmes:

- The Royal College of Nursing Clinical Leadership Course – a one year programme with a variety of activities designed to improve work-based practice and facilitate the growth and development of participants
- Leading Empowered Organisations – a three-day programme, providing an overview of some of the theories and practices related to management and leadership

HEALTH AND SAFETY, OCCUPATIONAL HEALTH AND STAFF SUPPORT

The Trust has continued major developments in these areas during the year. The Occupational Health Service now complies with national standards and is in readiness for accreditation under the NHS plus scheme. Work on pulling together the Trust's Controls Assurance Standards has continued and progress towards a level 2 standard has been made 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 and this is being implemented. A new Staff Support Service for London based staff has been implemented and will merge with the Occupational Health Service in 2003/04.

the Trust's finances

West London Mental Health NHS Trust was able to report a financial break-even position for the second successive year in 2002/03 despite a number of financial problems during the year.

These included an underlying deficit of at least £800,000 inherited from the mental health services in Hounslow, significant use of the private sector for periods during the year and a heavy reliance on the use of agency staff due to a relatively high level of vacancies throughout the Trust. However, the Trust was able to contain these cost pressures through the central control of any slippage on new development, most notably capital charges, a thorough review of all budgets and maintaining the strong financial controls that were introduced during 2001/02. In addition, the work of the Financial Savings Group that was established last year continued and helped to identify and realise further savings in 2002/03 of approximately £1.8million.

The Trust was successful in meeting all four of the statutory duties of an NHS Trust which are to:

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

The capital investment programme continued in 2002/03 with a total capital spend in excess of £29million including the remainder of the Tilt related funding for Broadmoor Hospital and the re-provision of the mental health services at Charing Cross Hospital. It is known that this level of capital expenditure will continue over the next three years and will continue to be carefully managed over this period.

During the last year the Trust has continued to build relationships with its commissioners at a local level through the newly established PCTs and also at a regional level for some of the more specialist areas of service. These strong relationships have proved useful during the discussions relating to future potential developments and for resolving any difficulties relating to the commissioning and financing of existing services.

The work of the Audit Committee has continued in its role to review the work undertaken by both CEACC as our internal auditors and KPMG as external audit. There have been a number of significant pieces of work undertaken during the year by KPMG including the Medicines Management Report and the Structural Organisational Reviews (parts 1 and 2).

At a more local level the Finance Department was pleased to be awarded the Bronze Award for Promoting Good Practice by the

London DHSC, which reflects the hard work that has gone into ensuring that all staff are encouraged to share good practice and develop new ideas where appropriate. As part of this work the department has introduced a series of training sessions for managers in the Trust and is currently developing a Finance handbook for budget managers.

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 pages 15 to 19. Full details of Senior Managers' remuneration are given on page 20.

This report is made solely to West London Mental Health NHS Trust Board, as a body, in accordance with Section 2 of the Audit Commission Act of 1998. Our audit work has been undertaken so that we might state to West London Mental Health NHS Trust Board those matters we are required to state to them in an auditors report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the West London Mental Health NHS Trust and West London Mental Health NHS Trust Board, as a body, for our audit work, for this report, or for the opinions we have formed.

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 2003 on which we have issued an unqualified opinion.

KPMG LLP

**KPMG - LLP
London**

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

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.

The "Assurance – Board Agenda" is being developed and will be fully embedded during 2003/04 to provide evidence of a complete system of effective internal control and the identification of key risks.

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:

- Develop risk strategies on a directorate and department level.
- Introduce and implement a Trust-wide reporting and recording system.
- Develop a single risk management process.
- Approve at Board level the Counter Fraud Policy and the amendments to the Standing Financial Instructions.
- Complete the process of issuing Trust-wide financial procedures.
- Continue to improve financial training and development for staff.
- Critically address the information pathways between corporate, clinical and financial governance.
- Develop a co-ordinated process for obtaining benchmarking data sets.
- Follow up the action of plan from the previous year's controls assurance review.

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

Date: August 2003

summary financial statements

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
Income from activities:		
Continuing operations	155,175	128,159
Other operating income	13,447	10,410
Operating expenses:	(159,139)	(129,648)
Continuing operations		
OPERATING SURPLUS (DEFICIT)		
Continuing operations	9,483	8,921
Exceptional gain: on write-out of clinical negligence provisions		684
Exceptional loss: on write-out of clinical negligence debtors		(684)
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	0	0
SURPLUS (DEFICIT) BEFORE INTEREST	9,483	8,921
Interest receivable	179	150
Interest payable	0	(29)
Other finance costs – unwinding of discount	(15)	(52)
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	9,647	8,990
Public Dividend Capital dividends payable	(9,644)	(8,987)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	3	3

Signed on behalf of the Board on 29th July 2003



Dr Julie Hollyman
Chief Executive



Mr Simon Crawford
Director of Finance

BALANCE SHEET AS AT 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
FIXED ASSETS		
Intangible assets	14	28
Tangible assets	237,060	188,126
	237,074	188,154
CURRENT ASSETS		
Stocks and work in progress	294	221
Debtors	10,829	6,887
Investments	0	0
Cash at bank and in hand	209	201
	11,332	7,309
CREDITORS: Amounts falling due within one year	(31,409)	(19,886)
	(20,077)	(12,577)
NET CURRENT ASSETS (LIABILITIES)		
TOTAL ASSETS LESS CURRENT LIABILITIES	216,997	175,577
CREDITORS: Amounts falling due after more than one year	0	(62)
PROVISIONS FOR LIABILITIES AND CHARGES	(2,420)	(1,371)
TOTAL ASSETS EMPLOYED	214,577	174,144
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	184,152	166,138
Revaluation reserve	33,854	6,668
Donated Asset reserve	963	875
Government grant reserve	460	460
Other reserves	(464)	0
Income and expenditure reserve	(4,388)	3
TOTAL TAXPAYERS' EQUITY	214,577	174,144

summary financial statements

CASH FLOW STATEMENT FOR THE YEAR ENDED 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
OPERATING ACTIVITIES		
<u>Net cash inflow (outflow) from operating activities</u>	20,907	15,350
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	179	150
Interest paid	0	(29)
Interest element of finance leases	(15)	(52)
<u>Net cash inflow (outflow) from returns on investments and servicing of finance</u>	164	69
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(30,002)	(41,784)
Receipts from sale of tangible fixed assets	0	0
(Payments to acquire)/receipts from sale of intangible assets	0	0
<u>Net cash inflow (outflow) from capital expenditure</u>	(30,002)	(41,784)
DIVIDENDS PAID		
	(9,644)	(8,987)
<u>Net cash inflow (outflow) before management of liquid resources and financing</u>	(18,575)	(35,352)
MANAGEMENT OF LIQUID RESOURCES		
Purchase of investments	38,000	0
Sale of investments	(38,000)	0
<u>Net cash inflow (outflow) from management of liquid resources</u>	0	0
<u>Net cash inflow (outflow) before financing</u>	(18,575)	(35,352)
FINANCING		
Public dividend capital received	18,883	35,400
Public dividend capital repaid (not previously accrued)	(174)	(8)
Public dividend capital repaid (accrued in prior period)	(126)	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred from/to other NHS bodies	0	0
<u>Net cash inflow (outflow) from financing</u>	18,583	35,392
<u>Increase (decrease) in cash</u>	8	40

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31ST MARCH 2003

	2002/03	2001/02
	£000	£000
Surplus (deficit) for the financial year before dividend payments	9,647	8,990
Fixed asset impairment losses	(5,997)	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	30,828	6,675
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	460
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(45)	(32)
Additions (reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	34,433	16,093
Prior period adjustment		
- pre-95 early retirement	(1,906)	0
- other	0	0
Total gains and losses recognised in the financial year	32,527	16,093

Management Costs

	2002/03	2001/02
	£000	£000
Management costs	9,674	7,934
Income	163,622	136,889

Public Sector Payment Policy - Better Payment Practice Code – measure of compliance

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

	Number	£000
Total bills paid in the year	42,242	69,453
Total bills paid within target	39,135	64,925
Percentage of bills paid within target	92.64%	93.48%

summary financial statements

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 03 (bands of £5000)
		£000	£000	£000	£000	£000	£000
Akpeki, Ms T <i>Non-Executive Director</i>	40	5-10					
Barnes, Prof T <i>Director of Research and Development</i>	53	130-135				0-2.5	40-45
Bowler, Mrs S <i>Non-Executive Director</i>	65	5-10					
Cheatle, Mr K <i>Director of Human Resources</i>	48	75-80			2	0-2.5	0-5
Corlett, Mr J <i>Director of Estates and Capital</i>	56	75-80				7.5-10	20-25
Cox, Mr J <i>Non-Executive Director</i>	68	5-10					
Crawford, Mr S <i>Deputy Chief Executive, Director of Finance and Information Technology</i>	40	90-95			3	2.5-5	15-20
Fellow-Smith, Dr E** <i>Medical Director</i>	43	150-155				0-2.5	20-25
Hollyman, Dr J <i>Chief Executive</i>	51	120-125				5-7.5	40-45
Kennard, Prof C <i>Non-Executive Director</i>	57	5-10					
Kent, Mr I <i>Director of Local Services</i>	40	85-90				0-2.5	15-20
McNicol, Mr A <i>Director of Security</i>	56	55-60				0-2.5	5-10
Nessling, Mr R <i>Director of Nursing</i>	58	75-80				2.5-5	35-40
Payne, Mr S <i>Director of Forensic Services</i>	48	80-85				0-2.5	25-30
Pearson, Mr A J <i>Non-Executive Director</i>	47	5-10					
Seale, Mr M <i>Non-Executive Director</i>	49	5-10					
Singh, Mrs K <i>Non-Executive Director</i>	34	5-10					
Smidt, Prof L <i>Chairman</i>	59	20-25					
Williams, Ms J <i>DSPD Project Director</i>	35	60-65				0-2.5	5-10

* Benefits in kind relate to the taxable benefit incurred from use of a Trust-owned lease car.

** includes a one off payment in consideration of a variation to the contract of employment

Ms T Akpeki was appointed on 1 April 2002

Mrs S Bowler resigned on 31 January 2003

NHS Manager Pay

The NHS Executive's Chief Executive's letter of 11th April 2002 required the Trust to take all practical steps to ensure the pay rises for senior managers in respect of 2002/03 did not exceed 3.6% of the current pay bill for this group. The Trust has complied with this instruction.

Corporate governance

For 2002/03 the Trust Board comprised:

Chairman

Professor Louis Smidt

Non Executive Directors

Miss Tesse Akpeki

Mrs Sarah Bowler

Mr John Cox

Professor Christopher Kennard

Mr Anthony J Pearson

Mr Marc Seale

Mrs Kamaljit Singh

to 31st January 2003

Chief Executive

Dr Julie Hollyman

Executive Directors

Mr Kelvin Cheatle, Director of Human Resources

Mr Simon Crawford, Deputy Chief Executive / Director of Finance & Information

Dr Elizabeth Fellow-Smith, Medical Director

Mr Ian Kent, Director of Local Services

Mr Robert Nessling, Director of Nursing

Mr Sean Payne, Director of Forensic Services

Other Trust Directors who attend Board meetings are:

Professor Thomas Barnes, Director of Research & Development

Mr John Corlett, Director of Estates & Facilities

Mr Alistair McNicol, Director of Security

Ms Jessica Williams, D S P D Project Director

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.

Board Meetings

The Trust Board holds ten business meetings a year, on the last Tuesday of every month except August and December. The venue varies, as the meetings alternate between sites. Members of the public, patients and staff are welcome to attend these meetings and agendas and papers are available, upon request, from the Trust Board Secretary. The Chairman invites comment and questions from any attendees who wish to participate.

In addition, the Trust holds one Annual Public Meeting each year, in September, at which it presents its Annual Report and Accounts. This meeting is also open to the public and questions and comments invited and encouraged.

Corporate governance

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 Kamaljit Singh, Mr Marc Seale, Dr Julie Hollyman, Dr Elizabeth Fellow-Smith, Mr Robert Nessling and Professor Thomas Barnes are members of the Committee. Until her resignation, Mrs Sarah Bowler was its chair and she was succeeded in this role by Mrs Kamaljit Singh.

The Committee's remit is to oversee the implementation of clinical and research governance issues within the Trust, ensuring the development of systems to support effective clinical and research 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 Trust's Risk Forum, 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 and Mr Robert Nessling 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 Louis Smidt. All the Non Executive Directors are Committee members.

■ Mental Health Act Managers' 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 Committee. All the Non Executive Directors are Committee members. A number of lay Mental Health Act Managers also serve as members.

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 Board Secretary and available for the public to view. For 2002/03 the following interests have been registered:

Professor Louis Smidt

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

Honorary Vice President - The Society of Chiropractors & Podiatrists

Ms Tesse Akpeki

Commissioner - Equal Opportunities Commission

Mrs Sarah Bowler

Trustee - Westminster Pastoral Foundation

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)

Lay Interviewer - Independent Tribunal Service

Justice of the Peace - Wycombe & Beaconsfield Petty Sessional Division

School Governor - Burford School

Mr Marc Seale

Director - City Post Limited

Dr Julie Hollyman

Trustee - The Cassel Hospital Charitable Trust

Trustee - Royal National Institute of the Blind

Mr Ian Kent

Management Committee Member - Crossways Association





West London Mental Health 
NHS Trust

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