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Chairman's Foreword

It is a pleasure to be able to write this forward for the Annual Report for West London Mental Health NHS Trust. The Trust's Chief Executive, Dr Julie Hollyman, left the Trust at the end of 2003 and she will be missed by her colleagues on the Board, staff and the patients of the Trust. Dr Hollyman was strident in her commitment to improving the quality of services for mental health patients. Whilst Dr Hollyman will be a hard act to follow the Trust has been very fortunate in appointing Simon Crawford as the new Chief Executive. Simon is settling in to his new role and visiting many parts of the Trust and I am sure staff in all parts of the Trust will look forward to meeting him during his visits.

It is now three years since the Hounslow services were merged in to West London Mental Health NHS Trust and these services are now fully integrated. The Lakeside Unit, on the West Middlesex Hospital site is now fully operational and patients are benefiting from the much improved facilities on this site. The new unit on the Charing Cross Hospital site was completed and patients are now occupying this new building. The building is a vast improvement on the wards which were previously being used and which were located on the 3rd floor of the tower block in Charing Cross Hospital. The Trust is well underway with the construction of the new Dangerous and Severe Personality Disorder Unit on the Broadmoor site and we look forward to this being completed in the summer of 2005.



The new unit on the Charing Cross Hospital site was completed and patients are now occupying this new building

As part of the national work "Into The Mainstream", the strategy for women's services, it was agreed by the Board that women will no longer be cared for at Broadmoor and plans are well underway for those services to be reprovided in much more sympathetic accommodation on our Ealing site.



"women will no longer be cared for at Broadmoor and plans are well underway for those services to be reprovided"

In line with national targets the Trust has now developed four assertive outreach teams, two in Ealing, one in Hammersmith & Fulham and one in Hounslow. In addition crisis intervention services are now established in all three Boroughs. Finally, discussions are well advanced in establishing an early intervention service to cover Ealing, Hammersmith & Fulham and Hounslow.

As well as having a new Chief Executive the Board has seen some other changes. It is a pleasure to welcome Dr Tim Woolmer and Mrs Ann Chapman as new Non Executive Directors to the Board and Mrs Barbara Byrne as Director of Finance and Information in place of Simon Crawford.

Once again during the year I have visited many parts of the Trust and continue to be impressed by the hard work and dedication of the many members of staff within the Trust. The Trust's key objectives and strategic direction continue to inspire us to strive to achieve ever improving services for those people who have their care provided by this Trust.

Professor Louis Smidt
Chairman



Chief Executive's Introduction

I am delighted to have taken over as Chief Executive of the Trust on the 1st January 2004 from Dr Julie Hollyman. Dr Hollyman established very firm foundations for the creation and management of the Trust and was passionate about improving mental health services for all the patients served by the Trust.

Last year, once again, the Trust initiated a number of significant service changes and improvements which are detailed later in this report. The year began for us with a visit from the Commission for Health Improvement who carried out a clinical governance review. This involved many patients and stakeholders in Local Services and Forensic Services and resulted in a positive report received in the Autumn. The Trust has produced a detailed Action Plan in response to the CHI Report, and many of the Trust's staff are involved in its on-going completion and delivery.

Last year was particularly challenging for the Trust in financial terms and resulted in an overspend of £1.369 million. This was disappointing and in turn affected the Trust's star rating. As a result the Trust is facing an even tougher financial outlook in 2004/05 and, as a consequence, will be undertaking detailed reviews of the services it provides in conjunction with our partners in Social Services and the Primary Care Trusts (PCTs). We will be examining the impact that new clinical teams working in the community will have on the demand for inpatient beds in the years to come, reviewing the role and location of the day hospital and rehabilitation services, the interface between the Trust's services and GPs, the pathway between local/medium secure and step down services to the community, the organisation of wards and support services.

Throughout all of this the patient will be at the centre of what we set out to do and we will therefore also consider the wider social and economic factors that contribute to a patient's wellbeing; relationships, housing, employment and leisure. Our goal is to build upon what we do well, to redesign existing services and develop new ones so that local people have a range of modern, accessible, effective mental health services that are well managed. We can only achieve these changes by involving service users, carers, staff and partner organisations to make the shared vision for future services a reality. The redesign of services will be linked to the Governments improvement target's set out in the NHS Plan and National Service Frameworks for Mental Health and Older People.

The last year has seen continued improvement in services and those processes that support service delivery such as clinical governance, clinical audit, recruitment, training and education. I am determined that we continue to improve the quality and range of services within the Trust but also acknowledge and celebrate what we already do well and learn from each other within the Trust. Our workforce is our strength and despite financial pressures and service changes they have continued to deliver high quality services, contributed to discussions about how services should be provided in the future and made possible the improvements we have been able to introduce.

I therefore must end by thanking all staff for the huge efforts made during the year to maintain services whilst supporting change. I must also thank my colleagues on the Trust Board and staff throughout the Trust for all the support given to myself since taking up appointment.

In the meantime, I very much hope you enjoy reading about 2003/04 at West London Mental Health NHS Trust.

Simon Crawford
Chief Executive



"improving mental health services for all the patients served by the Trust"



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 and 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 Bernard's 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.
- Mental health services for Children and Adolescents (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. There is a specialist Gender Identity Clinic at Charing Cross Hospital.



The Forensic Services Division provides:

- A comprehensive range of high and low secure services.
- High secure services at Broadmoor Hospital for men and women from the London and South of England catchment areas.
- Medium and local secure services provided by the Three Bridges Medium Secure Unit and the Tony Hillis Wing at Ealing for men and women from the North West Strategic Health Authority area.
- Specialist rehabilitation services.
- Horseferry Road Court liaison scheme.
- Specialist mental health in-reach services to HMP Feltham YO1 and HMP Wormwood Scrubs.



Key Achievements and Service Developments

LOCAL SERVICES DIVISION

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

In Ealing

- Established Behaviour in Education support teams
- Recruited to vacant Child and Adolescent Psychiatry posts
- A Community Mental Health Team Project Manager for over 65's was appointed
- Integrated organic day services under development with the Local Authority
- "Letting Through Light" service user audit of Black and Ethnic minority service users in terms of service development and delivery was completed and forms London Development Centre best practice guidance
- Home treatment team established
- Day service review completed and new service model agreed
- Lead nurse and housekeepers appointed for in-patient services, John Conolly Wing



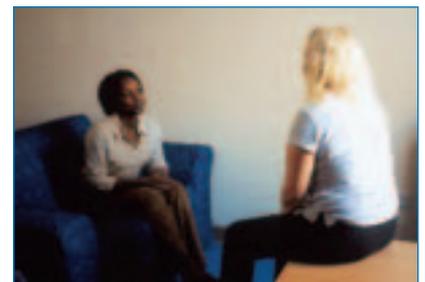
In Hammersmith & Fulham

- A new build mental health facility comprising 5 wards and a day hospital was opened on the Charing Cross Hospital site
- A memory clinic for the over 65s was established
- A shared care protocol for people with dementia was agreed with the Hammersmith & Fulham Primary Care Trust
- Successfully recruited to vacant Child and Adolescent Psychiatry posts
- Health and Social Care Advisory service review of CAMHs services completed
- Receipt of positive report on the inpatient services at Charing Cross from the Health Advisory Service (HASCAS) in June 2003 following their visit in January 2003
- The establishment of Acute Care Forum in line with DoH guidance
- Development of an expanded Assertive Outreach Team based on the model set out in the NSF Implementation guide
- Establishment of a new Crisis Resolution Team
- The successful strengthening of the local service management in Hammersmith & Fulham with the recruitment of a new Service Manager
- Health and Social Care Advisory Service review of CAMHs services has been completed



In Hounslow

- Funding secured to appoint a CMHT Manager and additional Psychiatrist for Older People's Services
- Feltham's Older People's Services integrated in April 2003
- Waiting lists reduced below 17 weeks in Child and Adolescent mental health services
- Established a Behaviour in Education support service
- Completed a Health and Social Care Advisory Service review of CAMHs services





Key Achievements and Service Developments

- Recruited to CAMHs vacant Consultant Psychiatry posts
- All adult mental health teams are fully integrated and have a single point of access into the service
- An assertive outreach team has been established
- A women only ward has been established at Lakeside Unit
- A Clozapine clinic has been established at Lakeside
- A Service User Employment worker has been recruited and the Lakeside Service User Activity Project was commended by CHI

FORENSIC SERVICES DIVISION

During the course of the year, there have been a number of significant developments across the Division, which have contributed to the improvement of services for patients, their carers and their families.

- The Hammersmith & Fulham MIND Advocacy Project have established an advocacy service at Broadmoor Hospital. The service has been positively received by patients and staff. The service has worked with service users on a wide range of issues
- Broadmoor Hospital launched the Carers' Forum in December. The forum provides a way for carers, friends and relatives to meet staff. A quarterly newsletter "In Touch" was also launched and is available to all patient visitors
- Additional funding has been agreed for the appointment to four new psychology posts



Men's High Secure Services at Broadmoor Hospital

There are two directorates in Broadmoor providing care and treatment to men in approximately 280 inpatient beds. One directorate (London) looks after patients from the whole of London, and the other (South of England) looks after patients who come from as far afield as Cornwall, Kent and Somerset.

The London Directorate consists of 8 wards, including the male admissions service for the hospital, which all male patients spend time in, high dependency for patients with the need for a lot of input and assertive rehabilitation which is aimed at ensuring patients are actively prepared for discharge. The directorate also manages the physical care centre for patients who are physically ill and require care away from the normal ward environment.

The South of England Directorate has 6 wards and, as with the London Directorate, these include high dependency and assertive rehabilitation. In addition, the South of England Directorate presently provides the intensive care service for patients who require very specialist care.

The inpatient areas have teams of nurses and are supported by a multi-disciplinary team consisting of medical staff, nursing, occupational therapy, psychology, education and social work. These teams look after a group of patients planning their care and providing a range of treatments.

In addition vocational services and sports and leisure staff provide a range of opportunities for patients to be involved in activities as part of the rehabilitation process.

At Broadmoor, there are also work placement opportunities for patients within the First Step Trust, which is an independent organisation who operate a number of business initiatives, including printing, clothing repair and picture framing.

Other services available for patients in Broadmoor include a Chaplaincy service, patients' shop and advocacy.





Key Achievements and Service Developments

- As part of the National Accelerated Discharge Programme Broadmoor achieved a target of discharging 145 patients who no longer required treatment in conditions of high security
- Prompt admission for referrals to ensure patients did not wait longer than 4 weeks for the care and treatment they were assessed as requiring
- The reduction of all wards from 25 beds to be no more than 20 beds in size, thus improving the environment in which we care for patients
- Enhancing the availability of Occupational Therapy services to provide greater assessment and treatment for all patients
- A change to the catchment areas served so that Broadmoor Hospital now provides the high secure service to all of London. Some patients were previously placed in Rampton Hospital, Nottinghamshire
- An extremely positive inspection report for our Social Work Department, which highlighted the high quality of service provided, including how we work with relatives and carers

Dangerous and Severe Personality Disorder Services 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, four pilot schemes were created, with one of the two NHS pilots being at Broadmoor Hospital.

Broadmoor Hospital opened a trial 10 bed treatment ward, Bicester Ward in April 2003. The majority of the patients admitted so far to date have been from the prison service and all under current mental health legislation. The patients have individualised care programmes with up to 6 hours per day of structured therapeutic activity based on cognitive behavioural therapy.

The ward has 100% occupancy, is operating in a safe and effective manner and has enabled the DSPD management team to test assumptions about the treatment regime, the staffing philosophy and how to manage the larger 70 bed unit.

Following the successful submission of a full business case to the Department of Health and DSPD Programme Board, the Trust has secured £36M to build a new 70 bed facility within the current secure perimeter for patients affected with DSPD, to be known as the Paddock Centre. Building started in August 2003 and is currently being managed within the agreed time and budget constraints.

The Paddock Centre for the Treatment of Personality Disorder will provide a high standard of care whilst incorporating new improved security standards. The building will be commissioned in June 2005 and will admit patients by July 2005.

Women's Integrated Secure Services

The Trust is contributing to the delivery of the national strategy for women's integrated secure services.

- An integrated Women's Secure Clinical Directorate has been agreed
- The Women's Services at Broadmoor Hospital and the medium secure services have completed the outline business case for the development of a 60-bedded women's enhanced medium secure unit at Ealing, proposed to open during 2006
- A joint Project Board has been established to develop the service
- A programme of gender awareness training has been commissioned and rolled out across the service
- Quarterly stakeholder seminars have been held throughout the year involving a wide group of professionals, voluntary groups and commissioning agencies from a range of services involved in the development of the Womens Enhanced Medium Secure Service (WEMSS)



Artist's impression of the Paddock Centre



Key Achievements and Service Developments

Medium and Local Secure Services

- Further development of the in-reach service at Feltham Young Offenders Institution (YOI) has been commended by the Chief Executive of the NHS and the Prison Lead in September 2003
- The approval of the full business case for the development of a 10-bedded interim adolescent secure service at The Three Bridges Medium Secure Unit (MSU) at Ealing has been agreed
- Key personnel have been appointed to lead the project to develop a 10-bedded interim adolescent secure forensic service with Feltham YOI
- A service redesign has been completed, setting out proposed changes for improvements to the range of secure services at Ealing
- In partnership with the specialist commissioning agencies, the MSU and Local Secure Unit (LSU) have undertaken a review of independent sector patients with a view to working with the Primary Care Trust in managing future independent sector placements

WORKING WITH LOCAL AUTHORITIES

All of our local services are delivered in conjunction with partners in the London Boroughs of Hounslow, Ealing and Hammersmith & Fulham. Partnership Boards are in place across all boroughs covering all care groups, CAMHs, Adults and Older People. These are usually chaired by a Local Councillor or Primary Care Trust (PCT) Non Executive.

The Forensic Division is working in partnership with all PCT's, the NW London Consortia and the ten commissioning consortia from the Broadmoor catchment area and partnership boards are in place with Feltham YOI and Feltham PCT.

Service developments have been progressed with the full involvement of local scrutiny committees at Ealing in relation to the WEMSS development and adolescent services proposals.

Progress towards NHS Plan Standards

Single sex accommodation which meets the Department of Health standards is now available in Hounslow, Ealing and Hammersmith & Fulham.

Waiting lists have been maintained within agreed waiting times for admission to high secure and medium and local secure services. No out-patient exceeded the 30 minute waiting times and no patient exceeded the waiting time target for consultant led out-patient services.

The NHS set a target for the accelerated discharge inappropriately placed high secure patients at Broadmoor Hospital which has progressed and is on target to deliver by December 2004. To date, of the 145 patients identified, 123 have been successfully transferred.

Other key quality improvements

Local Services Division

- New build in-patient and community mental health facility at Charing Cross Hospital
- Refurbished facilities at Lakeside Unit, Hounslow
- Women only facilities in all three Boroughs
- New patient information packs at Hammersmith & Fulham and Ealing
- New assertive outreach and crisis resolution in Hammersmith & Fulham
- Significantly improved recruitment to services in Hammersmith & Fulham





Key Achievements and Service Developments

- The Allied Health Professions are developing a strategy to improve recruitment and retention across the division. Recruitment drives, including an Occupational Therapy Open Day, have raised the profile of the Division and resulted in permanent appointments to vacant posts
- Refurbishment of Windmill Lodge, Child and Adolescent mental health facility

Forensic Services Division

A comprehensive modernisation agenda has been agreed, which will see a range of quality improvements implemented over the next three years

- Maximum Consultant caseload of twenty patients
- Maximum ward size of twenty beds
- Improved ratio of all professional staff to patients
- Improved integration with partner organisations and commissioning consortia
- Future capacity of the hospital agreed at 286 beds and the new DSPD service (70 beds)
- The strategic outline business case for the redevelopment of Broadmoor Hospital has been comprehensively revised in light of changes in national high secure policy



SECURITY MATTERS

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

The Security Directorate has continued to contribute to the planning process for future service developments and, in conjunction with the Risk Department, is taking forward across the Trust the Directions issued by the Department of Health Counter Fraud and Security Management Service in relation to the reporting of incidents and in particular the reporting of assaults committed against staff and professionals who work or provide services to the NHS. The Security Directorate has also taken the lead in developing major incident contingency plans for the London and Broadmoor sites. At Broadmoor the Directorate continues to monitor the hospital's compliance with the 'Safety and Security in Ashworth, Broadmoor and Rampton Hospital Directions 2000', which aim to promote conditions of safety and security for patients, staff and the public.

A Validation Team visited Broadmoor Hospital in January 2004 to examine evidence of the implementation of the recommendations contained in the Report of the Review of Security at the High Security Hospitals conducted by Sir Richard Tilt, published in May 2000. The Validation Team noted that the hospital had made great progress in meeting the requirements of the recommendations.

ENVIRONMENTAL IMPROVEMENTS AND INVESTMENTS

The Estates and Facilities Directorate continues with its commitment ensure patients' facilities are provided to the highest standard possible within the given resources. PEAT (Patient Environment Action Team) visits have taken place at various Trust sites throughout the year with a noticeable improvement from 2003, particularly at the Hounslow site which, having previously scored red, achieved an amber score this year.

The Directorate has contributed to the Trust capital programme, which in 2003/04 has seen the completion of the Hammersmith & Fulham Mental Health Unit at Charing Cross, the T Block at the Lakeside Mental Health Unit and the progression of the DSPD unit at the Broadmoor site. The Trust is using Procure 21 for the proposed Women's Integrated Unit and Interim Adolescent Unit at the St Bernard's site. Procure 21 is a new method of procurement for the NHS and uses pre-approved contractors in a partnership arrangement which reduces time and costs for both parties.



Clinical and Research Governance

Commission for Health Improvement Clinical Governance Review

During 2003/04 the Commission for Health Improvement (CHI) reviewed the Trust's Clinical Governance arrangements, the final Report being published in November 2003. The Trust welcomed this opportunity to reflect on Clinical Governance arrangements, and has, in turn, developed a comprehensive action plan based on the recommendations. Key positive findings of the Review included:

- "Evidence of strong, proactive leadership at all levels throughout the Trust, although there are some capacity and capability deficits at operational level in both the Local and Forensic Services Divisions."
- "The Trust has made considerable progress in developing the structures and processes to underpin clinical governance and good quality service delivery."
- "The Trust is seen as a good place to work, and staff recognise the difficulties the senior team have in spending time in areas where care is delivered, but generally respect and support them and feel that the organisation has a potential to improve care for service users."

The Trust's CHI Action Plan was published in May 2004. Copies of the CHI Review Report and resultant Action Plan are available from the Trust website www.wlmht.nhs.uk.

The Review was a positive contribution to the continued development of Clinical Governance across the Trust, giving the opportunity to publicise good practice and focus attention on areas for improvement.

Trust Clinical & Research Governance Committee

The Trust's overall strategic direction for Clinical & Research Governance is overseen by the Trust Clinical & Research Governance Committee, which reports directly to the Trust Board. The Committee has met on a bi-monthly basis, and has overseen both the implementation of the Clinical & Research Governance Strategy 2003/05, the Clinical & Research Governance Forward Plan for 2003/05 and the CHI Review Process. Chairs of Trust-wide Groups have attended the Committee to present updates and partake in strategic discussions of their area of work.

The Committee also oversees a programme of Clinical Governance seminars for the Trust Board. The seminars ensure the Board is informed of progress and issues faced by the Clinical Directorates.

Trust Clinical & Research Governance Group

The Trust's Clinical & Research Governance Group is responsible for overseeing the implementation and review of the Clinical Governance strategic direction and work programme. The multidisciplinary Executive Committee has met on a monthly basis, setting priorities, receiving and reviewing NICE guidance, disseminating information through the Divisional structures, providing direction & feedback on progress and integrating clinical and non clinical activities.

The User Forum

The Trust's User Forum has continued to meet on a regular basis, with venues rotating to ensure inclusion of patients from all geographical areas. The Forum has continued to support the development of locality based User Involvement Groups to maintain strong links with local services.

During 2003/04 the Forum has launched a Trust User & Carer Strategy established a new joint forum between user representatives and the Trust Board/Executive Team. This has proved successful and for 2004/05 the Trust User Forum will become a joint meeting between service users, voluntary bodies and members of the Trust Board and Executive Team.

Complaints

The Trust is firmly committed to responding to complaints in an open, honest, comprehensive and timely manner. During 2003/04 the Trust's performance on responding to complaints within the NHS twenty working day period has been a key priority.

The number of formal complaints received in 2003/04 was 233, compared to 253 received in 2002/2003. This year has seen a significant improvement in the Trust's performance in responding to complaints within 20 days from 16% in 2002/03 to 42% in 2003/04.



Clinical and Research Governance

Improved systems for handling and managing complaints have been introduced, under the auspices of the Clinical Governance Support Service. Considerable emphasis has been placed on continuing to improve the approach to local resolution with the support of staff, managers and the Patient Advice & Learning Service (PALS).

The development of Clinical Improvement Groups at divisional, directorate and ward/service levels has supported the dissemination of lessons learned from complaints. They have also provided patients and carers with a local structure with responsibility for ensuring changes to practice once identified.

During 2003/04 changes made as a result of complaints include: amended telephone policy for high secure patients, review of outpatient clinic arrangements, changes to the Care Programme Approach and standards for the services for women which are under development.

Patient Advice & Liaison Service (PALS)

The Trust's PALS Service has been in place since August 2002. It advises and supports patients, their families and carers in their journey through, and contact with, Trust and other NHS Services. PALS has been working within most sites of the Trust with the exception of Broadmoor, where contact has been limited to Carers Forums/Strategy and developing the relationship with Advocacy.

During the year PALS communicated with all wards and sites through a mail-out campaign of leaflets and posters containing the PALS freephone number. The relationship with Advocacy continues to develop with bi-monthly Advocacy Forums chaired by the Director of Nursing. A protocol has been developed and agreed about how PALS and Advocacy work together, this is being hailed nationally as an example of good practice.

A series of information leaflets and posters have been produced and PALS has been contributing on a regular basis to a monthly Customer Care Programme for staff, organised through the Older People's services.

The Trust linked with NELMHT to organise a greater London Mental Health PALS Network which has an increasing membership and profile. An action plan has been developed on work to be carried out by the group on behalf of Mental Health PALS and further links have been made on a national basis.

During 2003/04 a total of 375 individuals have made contact with the PALS Service.

Volunteer Service

In September 2003 a Volunteer Service Co-ordinator was appointed to develop a Volunteer Service within the Trust. The Trust is aware of the social benefits and expertise offered in projects that involve service users. They can bring a community together to share their skills, knowledge and experience to complement Trust activities. Volunteers reflect the local community and can expect a professional and committed response when selected.

A Volunteer Policy and a Volunteer Handbook are being finalised. Robust systems for the recruitment, placement and support of volunteers are now in place. Over 50 members of the public, including current and ex-service users, have been identified to become part of this new service. The development provides an excellent opportunity for patients, carers and members of the public to influence and support the delivery of mental health services across the Trust.

National Patient Survey

During 2003/04 the Trust has participated in the National Patient Survey for Mental Health Service Users. Between January and April 2004 questionnaires were sent to 850 randomly selected service users, seeking views on a number of the different aspects of the Trust's services and treatment. The Trust received 331 completed questionnaires and the results of the survey are being analysed. Feedback and action planning will take place in June 2004.

Carers' Forum, High Secure Services

During 2003/04 a Carers' Forum for the families, relatives and friends of patients cared for by our high secure services was launched. The Forum meets on a quarterly basis, with support from staff who participate in the carer's strategy group. Several changes have taken place as a result of the first meeting including the development of a policy on photographs, information leaflets for carers and the submission of carer reports to the clinical team. For meetings planned in 2004/05 the Chief Executive, Associate Medical Director, Chief Pharmacist and Director of Forensic Services have agreed to attend.



Clinical Audit

Clinical Audit is the systematic process whereby the Trust, in collaboration with partner organisations, voluntary bodies, patients and the public, can review the services provided by the Trust changes made where necessary to improve the achievement of high standards of care.

Clinical Audit Committee

Establishing Trust-wide coordination, prioritisation and learning from Clinical Audit has been a key priority within Clinical Research and Governance this year. A Trust-wide Clinical Audit Committee has been established and it provides a firm basis to further expand clinical audit activity within the Trust. A comprehensive Clinical Audit Strategy and Clinical Audit Toolkit have been developed, which encompasses prioritisation, peer review of audit proposals and monitoring of changes in practice.

Following the CHI visit during the year, a review of the Clinical Governance Support Service led to a number of changes, including:

- The appointment of an Associate Director of Clinical Governance
- The appointment of a Head of Clinical Audit
- Establishment of the Trust-wide and locality based Clinical Audit Committees
- Clinical Audit Training and awareness raising
- Integration of Clinical Audit with Research & Development, Clinical Effectiveness and Use of Information

The forward Plan for 2004/2005 will focus on Trust priorities to ensure organisation-wide learning and implementation of change.





Risk Management

Risk Management covers the systems required to assess, monitor and minimise the risks to staff and patients and the ability of the Trust to learn from incidents. There are a number of key initiatives linked to risk management:

Risk Pooling Scheme for Trusts (RPST)

The RPST Assessor team visited the Trust in March 2004. The formal assessment has been deferred until October 2004. As part of the ongoing RPST Action Plan, significant progress has been made with regards to the development, commissioning and introduction of the Trust-wide single Incident/Accident Reporting system (Safecode IRIS). The introduction of the Trust-wide Induction and Mandatory Training Programmes has also included the introduction of a records management system.

Health and Safety

A revised Health & Safety infrastructure has been implemented. Two Divisional Health & Safety Committees have met and work commenced to ensure a suitable support structure within each Directorate.

Risk assessment is the single most important tool in managing health and safety, the purpose of which is to determine and implement the control measures necessary to eliminate or reduce the risks associated with identified hazards.

Risk assessments have identified areas for staff training that have helped contribute to improved efficiency, implemented better control measures once hazards have been identified and highlighted financial savings in terms of 'lost time' from work related accidents and ill-health.

Incident Reporting (IRIS)

The new Safecode incident reporting system was introduced on 1st December 2003.

Although Safecode operates successfully as a data entry system, its reporting facilities are limited and time consuming. A more automated extraction procedure has been developed. All reports are now placed on the Trust network.



Risk Management Training

The in-house risk management training initiative (Risk Assessor Training) continues apace, with plans to hold a further workshop later in 2004. This core-training programme will be complemented by a series of directorate-led initiatives to address specialist directorate interests. A further new initiative to be introduced from April 2004 will be a Managers' Risk Workshop.

Controls Assurance

During 2003/04 the Department of Health reviewed and redesigned its central reporting and recording arrangements. Lead Directors and Senior Managers have been actively involved in updating the standards from last year in preparation for internal audit. Internal Audit have currently audited the three core standards: "Risk Management, Financial and Governance Standards". An additional new standard has been included this year: "Research Governance Standard", making a total of twenty two standards.

Caldicott Group

The Caldicott Group has met on a quarterly basis, with a work programme developed to progress the Trust's compliance against the 18 Caldicott Management Audit areas. Further progress has been made on 6 standards, (induction procedures, training provision, data ownership, security policy, security incidents and security monitoring). The group has continued to receive and respond to requests for guidance on information sharing from across the Trust.

The Group actively reviews information security incidents, and lessons learned have led to changes in practice. Training on information sharing, covering Caldicott Principles, Data Protection and Human Rights was provided for Consultant Psychiatrists.



Risk Management

The Caldicott Group will in future be an integral part of the newly established Information Governance Framework.

Drugs & Therapeutics Committee

Over the past 12 months, the Drugs & Therapeutics Committee has made progress on the priorities identified in its work plan:

- **Trust formulary:** A policy has been drafted on the use of off-label medications, and work has commenced on the procedure for introduction of new drugs. The main features of a Trust formulary have been identified and a strategy for implementation agreed
- **Implementation of NICE guidance:** In collaboration with the Clinical Audit Team, a work plan has been developed to audit all the NICE guidance relevant to medication and ECT. The outcome of the audits will demonstrate the gap (if any) between current service provision and NICE best practice guidance in order to inform future implementation plans
- **Outpatient prescribing policy:** This has been reviewed in the light of overall changes in outpatient prescribing in Acute Trusts and the Trust's suicide prevention strategy. Outpatient prescriptions should now routinely be issued for 28 days, with exceptions in line with the suicide prevention strategy
- **Use of homely remedies:** How homely remedies should best be prescribed within the Trust has been discussed. Work has begun on a Trust-wide prescription chart, which will incorporate the prescription of homely remedies
- **Dissemination of information:** Dissemination of information has been a key priority for the Committee. Membership has been kept under review and new members invited to join to ensure appropriate representation from all parts of the Trust. Documents from meetings and other relevant documents are now available on the Trust server. Procedures for dissemination of urgent information have been tested and refined. This has enabled rapid cascade and implementation of urgent guidance from the Department of Health.

Psychological Therapies Committee

The Trust-wide Psychological Therapies Committee has broad representation from across all service areas and professions of the Trust and has been meeting since April 2003 on a quarterly basis.

The focus of the Committee's work is the clinical effectiveness of psychological therapies as practiced within the Trust. In particular the Committee advises on implementation of NICE Guidelines and other recommendations for the practice of psychological treatments.

Guidelines considered and currently under review are:

- Guidance on the Use of Computerised Cognitive Behavioural Therapy for Anxiety and Depression
- Core interventions in the treatment and management of schizophrenia in primary and secondary care
- Treatment choice in psychological therapies and counselling
- Evidence based clinical practice guidelines, which will form the basis of recommendations for psychological therapy services
- The Committee is also looking at outcome measures currently being used within the Psychological Therapy Services.



Risk Management

Safeguarding Children Group

The Safeguarding Children Group takes an overview of the Trust's response to the welfare of children who come into contact with its services or indirectly through work with adult and children in the community. It is informed by the key child care legislation, the Children Act 1989 and specific guidance in relation to child protection and more recently the critical report into the death of Victoria Climbié. The Group aims to promote positive partnership and inter-agency working relationships and to draw on examples of best practice from elsewhere.

The Group has looked at ways to enhance the understanding and awareness of child protection by all staff. This has been supported through the work of the Local Services Named Nurse, who provides input to the Trust induction programme, and by the Workforce Development Confederation funding training needs analysis. Key achievements for 2003/04 have been:

- Recruitment of a Safeguarding Children Project Worker
- Review of existing Trust Child Protection Policies
- To produce a training analysis and formulation of training requirements
- Recommendation to the Trust following to the report into the death of Victoria Climbié
- Consideration of the CHI inspection of Safeguards for Children across Hammersmith & Fulham NHS Organisations
- Consideration of specific 'Chapter 8' Case Reviews undertaken by the local Area Child Protection Committees in the Boroughs with which the Trust works
- Input to Staff Induction
- Development of Named Nurses for each Local Authority area linked to Local Services i.e. Ealing, Hounslow and Hammersmith & Fulham

PMVA Review

The Trust is committed to ensuring the safety of patients, staff and visitors in its clinical environments. The Prevention and Management of Violence and Aggression (PMVA) group ensures the constant review of clinical practice and assesses that provision of training is in line with approved techniques. PMVA and update training is now clearly integrated into the Trust's mandatory training programme.

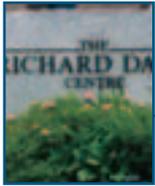
During 2003/04 a review of the current training package commenced. This is in line with guidance from the National Institute of Mental Health (NIMH), and work undertaken by the Nursing & Midwifery Council. In addition, the clinical work related basis and application of PMVA across the Trust's diverse clinical services has been reviewed.

Care Pathways

During 2003/04 work on Care Pathways has developed:

- IT & information management – database of services including community provision
- Bed occupancy and delayed discharge
- Community placements
- Home Office – delays in permission for restricted patients to move
- Difficulty with "Friday transfers"

It was agreed that the two Divisions would identify and develop action plans, to seek common issues and set out proposals, to identify factors affecting various parts of the Trust's services and seek to minimise overlap, duplication or gaps. Establishment of information management systems was identified as a goal.



Research and Development

Over the past year, the fundamental aim for R&D within the Trust has been to support research that is relevant to the national priorities of the NHS and the priorities and needs of the local community. 2003/04 has been a challenging year for all those involved in research and as an organisation we have had to respond to a number of key developments within R&D, such as the implementation of the EU Clinical Trials Directive, as well as changes to the way research governance is monitored.

The Trust's R&D programme, joint with Central and North West London Mental Health Trust (working together as the London West Mental Health R&D Consortium) has seen the continued development of the 9 collaborative research programmes:

- Behaviour & Physical Health
- Child & Adolescent Psychiatry
- Co-morbid Substance Use In Mental Health
- Mental Disorder & Violence
- Neurobiology & Treatment of Psychotic Disorder
- Older People With Mental Illness
- Personality Disorder
- Primary Care & Mental Health
- Service Effectiveness & Delivery In Mental Health



These programmes have all been rated as strong by the Department of Health and reflect key strategic alliances between the Consortium and other organisations.

Over the past year a number of key areas have been worked on:

Research Governance

The Consortium has continued to be fully committed to the implementation of research governance ensuring that research conducted within the Trust is of consistently high quality. With research governance becoming one of the twenty one controls assurance standards from April 2004, we have further developed and improved the governance systems and processes already in place.

Partnerships

The Consortium has a strong and longstanding collaborative partnership with Imperial College, but recently a number of other alliances have been developed alongside this. Partnerships have been established with other academic institutions such as Thames Valley University, one of the main providers of training for nurses within the Trust and Brunel University which provides training for occupational therapists and social workers.

One of the most significant developments for the Consortium this year has been the successful North London submission to act as a research hub in the Mental Health Research Network of the National Institute for Mental Health in England. R&D will have a key role in this new organisation which will strengthen our ability to deliver relevant, high quality research.

Capacity Building

A number of initiatives have been implemented over the past year in an effort to lend greater support to researchers, build capacity and ensure the effective delivery of evidence-based practice within the Trust. These include the availability of advice on statistics, study design and data analysis for all those staff members interested in participating in research. A comprehensive training programme on research and critical appraisal skills is now running. This is open to all Trust staff and aims to be multidisciplinary in its approach.



Research and Development

User Involvement

There has been considerable progress in this area, and we are seeking to ensure, through the peer review process, that projects have the opportunity to benefit from appropriate user involvement. A user link worker has been employed, starting work in April 2004, who will liaise with local user groups regarding their interest in R&D, and forge links with researchers and relevant Trust groups. It is important for the Consortium that users and carers are actively involved in R&D work and the link worker will concentrate some of his efforts on developing an R&D user involvement strategy, which will in turn be integrated with the Trust user involvement strategy.

Dissemination and Research Impact

A priority over the last year has been to improve greater access to, and dissemination of research findings and information. Last year saw the launch of the R&D website – <http://www.lwmhr-d.nhs.uk> which provides general research information for the staff and public.

Greater emphasis has been placed by the Consortium on highlighting research undertaken by staff that has had an impact either locally or nationally on clinical practice, services or policies. Some of which are shown below:

- Evidence from a study looking at treatment provision in first episode psychosis contributed to the planning of the early intervention service in the Trust
- The evaluation of an integrated primary care service for psychiatric inpatients led to the establishment of a permanent primary care service for people under the care of the mental health inpatient unit at Charing Cross Hospital
- The evaluation of a computerised treatment package has led to a computer aided treatment package for depression being implemented within the adult clinical psychology department in Hammersmith.





The Trust's Staff

The Trust is now one of the largest Mental Health NHS Trusts in the country. By the end of 2003/04, the Trust employed over 4,000 staff in different capacities, spread over 32 different work locations. The Trust has developed a comprehensive Human Resources Strategy setting out how the organisation will help National HR priorities and delivery strategies to meet its own local needs. The main pillars of the Strategy are:

- Becoming a model employer (how the Trust improves its working practices building on its success in achieving the Improving Working Lives Practice award in early 2003)
- Providing a model career (investing in the learning and education of staff and developing a “skills escalator” approach)
- Enhancing Recruitment and Retention (obtaining and keeping the workforce the Trust needs to deliver its services)
- Improving the morale of staff (providing strong leadership, management, Occupational Health, Staff Support and other resources to support staff in their work)

Improving Working Lives

The Trust is working towards achieving the Improving Working Lives Practice Plus award when it is assessed in Autumn 2005, and this will provide a true acid test as to how much progress has been made since the organisation was formed in April 2001 and will provide a benchmark for the development of the Trust's Employment Policies. During the year the Trust adopted the Work Life Options Policy – an overarching policy providing a mix of maternity, paternity, childcare special leave, flexible working and support arrangements – to enable staff to work productively in a family friendly way that achieves an appropriate work life balance. The childcare initiatives the Trust has undertaken in 2003/04 includes the provision of on-site Nursery facilities at the Broadmoor/Ealing sites (the latter via the Ealing Hospital's NHS Trust Facility); subsidised nursery places; development of holiday and out of hours play schemes and the piloting of Childcare vouchers.

Staff Involvement

The Trust has continued to develop its mechanisms for formal consultation, negotiation and communication with its Staff Side. An action plan to improve joint working has been developed, as part of which the Trust will be establishing a new post of Head of Partnership to which an appointment will be made in early 2004/05.

The Trust is seeking ways to involve staff directly in the design and delivery of services. For example:

- Workplace meetings, newsletters and briefings with staff in the new DSPD Service at Broadmoor, engaging staff in the development of this innovative service model
- Similar consultation exercises for Women's Service staff to promote the development of the Trust's Women's Services to meet the Government's “into the mainstream” policy initiative
- Staff involvement in major policy initiatives, including the development of Bullying and Harassment Policy and process; the Trust's Improving Working Lives Strategy; initial work on the Trust's Agenda for Change Initiative; wider staff involvement in the Trust's Equality and Diversity Agenda (see below)



The HR Modernisation Agenda

2003/04 saw the beginning of work within the Trust to deliver the NHS National HR Strategy including:

The European Working Time Directive

The European Working Time Directive will be implemented for Junior Doctors in August 2004. Considerable work has been undertaken, reviewing working patterns, identifying funding for new Junior Doctor posts and redesigning services to ensure compliance. In 2004/05 this work will be extended to other staff groups.



The Trust's Staff

Agenda for Change

This modernisation of NHS pay and conditions is arguably the biggest project involving the Trust's staff over the next 3-5 years. A Steering Group was established during 2003/04, chaired by the Director of Human Resources and with work streams looking at Job Evaluation, the Knowledge and Skills Framework, Creating Capacity, Terms and Conditions and Communication. This major project will come to fruition in 2004/05.

NHS Professionals

This is the NHS standard for regulating the procurement and employment of bank and agency staff. During this year the Trust has established a temporary staffing team to pull together the procurement of bank and agency staff across the organisation and to ensure NHS Professional standards are met. Again this project will come to fruition in 2004/05.

Diversity

The Trust has made real progress in this area of work during 2003/04. A Diversity Unit has been established, for employment and patient care issues. The Trust has also undertaken the following during 2003/04:

- The revision of the Race Equality Scheme adopted by the Trust in 2002 to make it more meaningful, supported by workshops across the organisation
- A comprehensive revision of the Trust's Equal Opportunities policy framework, including the adoption of a new Diversity Strategy and Bullying and Harassment Policy
- The design of a new mandatory diversity training workshop for all staff that will be implemented in 2004/05
- Development of bespoke initiatives for staff in the areas of race and culture, disability and gender awareness
- The Unit offers support for a range of bespoke culture sensitive services for patients, including culture sensitive shop products; provision of multi-denominational spiritual care across the organisation; a multi-cultural patients events week at Broadmoor Hospital; provision of translation and interpreting services

The Trust continues to develop its practices for disabled employees having achieved the "Two Ticks" Award in 2002/03. It continues to adapt premises in line with the requirements of Section 21 of the Disability Discrimination Act, and is developing a scheme for the employment of service users to support diversity and disability representation in the organisation.

Training and Education

The Trust's Training and Education practices were commended by the CHI Report, which complimented the Trust on their range and quality. The following initiatives came to fruition in 2003/04 to support this key area of work:

- An audit of appraisal training across the Trust, showing compliance ranging from 30 – 80%. Appraisal training and documentation has continued to be rolled out during the year, with the target of 100% compliance as soon as possible
- The achievement of the Investors in People award for the Ealing Older People Services and Work Rehabilitation Services adding to those already achieved for Broadmoor and the Cassel Hospitals
- Strong collaborative links with the North West London Development Confederation, who provide funding and support for the Trust's Learning and Development Activities, now in excess of £1 million per annum
- The opening of a new Ealing based Learning and Development Centre, providing a quality resource and a dedicated information technology training facility
- Further enhancement of induction programmes for both Broadmoor and the London end of the Trust, with a core four-day mandatory induction implemented for all occupational groups meeting best practice standards





The Trust's Staff

- Continued organisational support for a wide range of continuing Professional Development, NVQ, Individual Learning Account, Management Development and Leadership Programmes for staff groups across the organisation

Health and Safety, Occupational Health and Staff Support

The Trust undertook a major audit of Health and Safety practices (the Health and Safety baseline assessment) on all its London Sites during the year and graded the outcomes to ensure minimum standards apply across the organisation. There has been an effective collaboration with the Health and Safety Executive on all aspects of health and safety, although they did require the Trust to improve its practice in relation to “working at heights” during the year. However, the HSE did commend the Trust for the work it does supporting staff who experience stress at work and the Trust has made good progress in the national standards relating to Controls Assurance and the Risk Pooling Scheme for Trusts.

During the year the Trust's Occupational Health and Staff Support functions were merged. The Occupational Health Service runs surgeries across the organisation and this work was also commended by CHI. The Staff Support function is similarly regarded as being of high caliber, employing 5 Staff Support workers across the organisation to supply expert counselling, debriefing and support for employees suffering stress or in need of support in the workplace.





The Trust's Finances

West London Mental Health Trust has had a challenging year financially in 2003/4. The Trust reported a deficit of £1.369M. While this is disappointing it reflects less than 1% of turnover; however it means that the Trust missed achieving one of its key statutory duties. The Trust was successful in the three other statutory duties. These are:

- Meet its External Financing Limit
- Achieve a 3.5% return on net relevant assets
- Meet its capital resource limit

The shortfall of expenditure over income is due to a number of factors. The continued underlying deficit inherited when the Trust took responsibility for the Hounslow services, an unexpected surge in inpatient activity that meant the Trust had to purchase capacity in the private sector that was not funded by the commissioners, a shortfall on planned income from Hammersmith & Fulham Primary Care Trust (PCT), and the impact of the under funding of the new consultant contract.

The Trust has taken this failure to break even very seriously and in 2004/5 has responded by developing two non-executive led groups to identify capital and revenue savings. The Trust has advised all commissioners that it cannot undertake activity for which it is not funded, nor agree to risk sharing where funding for out-turn activity has not been agreed. The Trust welcomes the recognition by Hounslow PCT in 2004/05 of all of the underlying deficit in the services for which the Trust has responsibility. The Trust's financial position will continue to present challenges in 2004/05, given a local health economy where all its commissioners are under severe financial pressure, combined with the pressure to do more across the NHS to achieve planned targets. The Trust continues to work with its Commissioners to ensure the needs of mental health services are recognised. The case for reinvesting the revenue savings from Broadmoor to support the modernisation of services there will continue to be made.

The CHI report recommendation that the Trust should work with local Primary Care Trusts and the Strategic Health Authority to ensure equity of access to local mental health services gives an added focus and challenge to the relationship with local commissioners. There are inevitable variations in practice as a result of differential investment and ways of working over a number of years. This will take time to resolve in order to achieve the investment to meet the standards set for mental health in the National Service Framework (NSF) uniformly across the 3 local boroughs.

The Capital Investment Programme has achieved another successful year. Overall capital expenditure was £19m in 2003/04. The Trust is building a new unit for Dangerous and Severe Personality Disorder (DSPD) at Broadmoor Hospital at an estimated capital cost of £36m. It is planned to open this facility in June 2005. The reprovision of mental health services at Charing Cross was completed in February 2004. Staff and patients are now benefiting from this much improved facility. In addition to these projects the Trust continued to invest in backlog maintenance, health and safety and other minor capital works.

Looking forward to 2004/05 the Trust hopes to gain approval to develop a women's enhanced medium secure unit, estimated capital spend £29m and an adolescent unit, estimated capital spend £3m on the St Bernard's site.

The Trust has maintained its effective working relationship at both specialist and local level. It has developed and presented to specialist commissioners an ambitious strategic outline case to modernise Broadmoor high secure hospital so that it can deliver its services in conditions fit for the 21st century. The affordability of this proposal will present a challenge, but initial response from Commissioners is favourable.

On a local level the Finance Department have continued to build on their success in achieving the Bronze award for Promoting Good Practice by working for the Investors in People award, with the rest of the Finance and Information Directorate. A customer survey has been undertaken by Finance, and resulted in an action plan to build on the positive response received.

The Trust has published a Statement of Internal Control that can be found in the Annual Accounts, a copy of which can be obtained from the Director of Finance.



The Trust's Finances

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

We have examined the summary financial statements set out on pages 22 to 29.

This report is made solely to the Board of West London Mental Health NHS Trust in accordance with Section 2 of the Audit Commission Act 1998 and for no other purpose. Our audit work has been undertaken so that we might state to West London Mental Health NHS Trust's 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 West London Mental Health NHS Trust and the Board of West London Mental Health NHS Trust, 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 the 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 Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

KPMG LLP

KPMG LLP
London



The Trust's Finances

SUMMARY FINANCIAL STATEMENTS

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2004

	2003/04 £000	2002/03 £000
Income from activities:		
Continuing operations	165,056	155,175
Other operating income:		
Continuing operations	14,061	13,447
Operating expenses:		
Continuing operations	<u>(173,097)</u>	<u>(159,139)</u>
OPERATING SURPLUS (DEFICIT)		
Continuing operations	6,020	9,483
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	<u>0</u>	<u>0</u>
SURPLUS (DEFICIT) BEFORE INTEREST	6,020	9,483
Interest receivable	158	179
Interest payable	0	0
Other finance costs - unwinding of discount	(155)	(15)
Other finance costs - change in discount rate on provisions	<u>0</u>	<u>0</u>
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	6,023	9,647
Public Dividend Capital dividends payable	<u>(7,392)</u>	<u>(9,644)</u>
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	<u><u>(1,369)</u></u>	<u><u>3</u></u>

Signed on behalf of the Board on 19 July 2004

Simon Crawford
Chief Executive

Mrs Barbara Byrne
Director of Finance and Information



The Trust's Finances

BALANCE SHEET AS AT 31 MARCH 2004

	2003/04 £000	2002/03 £000
FIXED ASSETS		
Intangible assets	0	14
Tangible assets	266,077	237,060
Investments	0	
	<u>266,077</u>	<u>237,074</u>
CURRENT ASSETS		
Stocks and work in progress	258	294
Debtors	9,191	10,829
Investments	0	0
Cash at bank and in hand	231	209
	<u>9,680</u>	<u>11,332</u>
CREDITORS: Amounts falling due within one year	<u>(25,304)</u>	<u>(31,409)</u>
NET CURRENT ASSETS (LIABILITIES)	<u>(15,624)</u>	<u>(20,077)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>250,453</u>	<u>216,997</u>
CREDITORS: Amounts falling due after more than one year	(222)	0
PROVISIONS FOR LIABILITIES AND CHARGES	(3,326)	(2,420)
TOTAL ASSETS EMPLOYED	<u><u>246,905</u></u>	<u><u>214,577</u></u>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	199,159	184,152
Revaluation reserve	54,416	33,854
Donated Asset reserve	1,517	963
Government grant reserve	460	460
Other reserves	(464)	(464)
Income and expenditure reserve	(8,183)	(4,388)
TOTAL TAXPAYERS EQUITY	<u><u>246,905</u></u>	<u><u>214,577</u></u>



The Trust's Finances

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2004

	2003/04 £000	2002/03 £000
OPERATING ACTIVITIES		
Net cash inflow(outflow) from operating activities	10,481	20,907
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	158	179
Interest paid	0	0
Interest element of finance leases	(155)	(15)
Net cash inflow/(outflow) from returns on investments and servicing of finance	3	164
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(17,657)	(30,002)
Receipts from sale of tangible fixed assets	275	0
(Payments to acquire)/receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow (outflow) from capital expenditure	(17,382)	(30,002)
DIVIDENDS PAID	(7,392)	(9,644)
Net cash inflow/(outflow) before management of liquid resources and financing	(14,290)	(18,575)
MANAGEMENT OF LIQUID RESOURCES		
Purchase of current asset investments	(31,500)	(38,000)
Sale of current asset investments	31,500	38,000
Net cash inflow (outflow) from management of liquid resources	0	0
Net cash inflow (outflow) before financing	(14,290)	(18,575)
FINANCING		
Public dividend capital received	15,520	18,883
Public dividend capital repaid (not previously accrued)	(512)	(174)
Public dividend capital repaid (accrued in prior period)	(696)	(126)
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
Net cash inflow (outflow) from financing	14,312	18,583
Increase (decrease) in cash	22	8



The Trust's Finances

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2004

	2003/04 £000	2002/03 £000
Surplus (deficit) for the financial year before dividend payments	6,023	9,647
Fixed asset impairment losses	(2,222)	(5,997)
Unrealised surplus (deficit) on fixed asset revaluations/indexation	20,412	30,828
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	500	0
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	0	(45)
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	24,713	34,433
Prior period adjustment		
- Pre-95 early retirement		(1,906)
- Other	0	0
Total gains and losses recognised in the financial year	24,713	32,527

MANAGEMENT COSTS

	2003/04 £000	2002/03 £000
Management costs	10,914	9,674
Income	172,533	163,622

BETTER PAYMENT PRACTICE CODE

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS 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	41,469	69,405
Total bills paid within target	38,310	65,537
Percentage of bills paid within target	92.38%	94.43%

The Trust's Finances

DIRECTORS' REMUNERATION: SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS 2003/04

Name and Title	Age	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Golden hello/ compensation loss of office £000	Benefits in kind (Rounded to nearest £100) £	Real increase in pension at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2004 (bands of £5000) £000
Akpeki, Ms T <i>Non Executive Director</i>	41	5-10					
Barnes, Prof T <i>Director of Research and Development</i>	54	165-170				7.5-10	50-55
Chapman, Mrs A <i>Non Executive Director</i> ^a	52	0-5					
Cheatle, Mr K <i>Director of Human Resources</i>	49	75-80			2,400	0-2.5	0-5
Corlett, Mr J <i>Director of Facilities</i>	57	75-80				0-2.5	20-25
Cox, Mr J <i>Non Executive Director</i>	69	5-10					
Crawford, Mr S <i>Chief Executive</i> ^b	41	100-105			3,800	2.5-5	20-25
Fellow-Smith, Dr E <i>Medical Director</i>	45	115-120				0-2.5	20-25
Hines, Mrs D <i>Acting Director of Finance</i> ^c	41	20-25				0-2.5	5-10
Hollyman, Dr J <i>Chief Executive</i> ^d	52	90-95				2-2.5	40-45
Kennard, Prof C <i>Non Executive Director</i>	58	5-10					
Kent, Mr I <i>Director of Local Services</i>	41	85-90				0-2.5	15-20
McNicol, Mr A <i>Director of Security</i>	57	60-65				0-2.5	5-10
Nessling, Mr R <i>Director of Nursing</i>	59	80-85				0-2.5	35-40
Payne, Mr S <i>Director of Forensic Services</i>	49	90-95				2.5-5	30-35
Pearson, Mr A <i>Non Executive Director</i>	48	5-10					
Seale, Mr M <i>Non Executive Director</i> ^e	50	0-5					
Singh, Mrs K <i>Non Executive Director</i>	35	5-10					
Smidt, Prof L <i>Chairman</i>	60	20-25					
Williams, Ms J <i>DSPD Project Director</i>	36	55-60				0-2.5	5-10
Woolmer, Dr T <i>Non Executive Director</i> ^f	61	5-10					

^a Mrs A Chapman was appointed as Non-executive Director on 1 December 2003.

^b Mr S Crawford was Deputy Chief Executive/ Director of Finance and Information until 31 December 2003, when he was appointed Chief Executive of the Trust.

^c Mrs D Hines was Acting Director of Finance from 1 January 2004 to 31 March 2004, when Mrs Barbara Byrne was appointed as Director of Finance and Information.

^d Dr J Hollyman resigned from the Board on 31 December 2003.

^e Mr Marc Seale resigned from the Board on 31 October 2003.

^f Dr T Woolmer was appointed as Non-executive Director on 1 May 2003.

The Trust's Finances

DIRECTORS' REMUNERATION: SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS 2002/03

Name and Title	Age	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Golden hello/ compensation loss of office £000	Benefits in kind (Rounded to nearest £100) £	Real increase in pension at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2003 (bands of £5000) £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> ^g	65	5-10					
Cheatle, Mr K <i>Director of Human Resources</i>	48	75-80			2,400	0-2.5	0-5
Corlett, Mr J <i>Director of Facilities</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</i>	40	90-95			2,800	2.5-5	15-20
Fellow-Smith, Dr E <i>Medical Director</i> ^h	44	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 <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	55-60				0-2.5	5-10

^g Mrs S Bowler resigned from the Board on 31 January 2003.

^h Includes one-off payment in consideration of a variation to the contract of employment.

Benefits in kind relate to the taxable benefits incurred from the use of Trust-owned lease cars and, in the case of Mr S Crawford, the benefit of receiving a loan under the normal terms of the Trust's staff loan scheme.

Corporate Governance

For 2003/04 the Trust Board comprised:

Chairman

Professor Louis Smidt

Non Executive Directors

Miss Tesse Akpeki

Mrs Ann Chapman

from 1st December 2003

Mr John Cox

Professor Christopher Kennard

Mr Anthony J Pearson

Mr Marc Seale

to 31st October 2004

Mrs Kamaljit Singh

Dr Timothy Woolmer

from 1st May 2003

Chief Executive

Dr Julie Hollyman

to 31st December 2003

Mr Simon Crawford

from 1st January 2004

Executive Directors

Mr Kelvin Cheatle, Director of Human Resources

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

to 31st December 2003

Dr Elizabeth Fellow-Smith, Medical Director

Mrs Dawn Hines, Acting Director of Finance & Information

from 1st January to 31st March 2004

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. Traditionally the venue has varied, with meetings alternating between sites. However, to improve accessibility, from July 2004 Board meetings will always be held in the Board room at Trust Headquarters, Southall. 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.

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. Mr Anthony Pearson is a member. Mr Marc Seale was a Committee member until his resignation at the end of October 2003 and he has been replaced by Dr Timothy Woolmer. 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

This Committee is chaired by Mrs Kamaljit Singh. Mr Simon Crawford, Dr Elizabeth Fellow-Smith, Mr Robert Nessling and Professor Thomas Barnes are members. Mr Marc Seale and Dr Julie Hollyman were members until their resignations and the Committee has been joined by Dr Timothy Woolmer and Mrs Ann Chapman.

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 was suspended in October 2003. Its purpose had been to ensure all significant, non-financial, risk management issues were communicated to, and considered by, the Trust Board. Mr Marc Seale chaired the Committee and Committee members were Dr Julie Hollyman, Mr John Cox, Mr Kelvin Cheatle and Mr Robert Nessling.

Overseeing the work of the Risk Management Committee, the Controls Assurance Committee advised the Board on identified risks, determined unacceptable levels of risk and agreed where best to direct resources to eliminate or reduce those risks. Since it was suspended, the Committee's business has been undertaken by the Risk Management Forum.

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.

Corporate Governance

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 2003/04 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 Chiropractors & Podiatrists

Ms Tesse Akpeki

Commissioner: Equal Opportunities Commission

Mrs Ann Chapman

Director and Council Member: Institute of Management Consultancy
Trustee: Age Concern, Ealing Borough
Independent Consultant currently not working to NHS clients

Mr John Cox

Director: Campbell-Johnston Associates (Management Recruitment Consultants) Limited
Director: North Kensington Opportunity Centre
Part ownership: John and Elizabeth Cox, Consultants
Management Committee Member: Octavia Housing & Care Association
Councillor and Cabinet Member for Finance & Property: Royal Borough of Kensington & Chelsea
Committee Member: Kensington & Chelsea Tenant Management Organisation

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 Timothy Woolmer

Former Chief Executive: The Westminster Pastoral Foundation

Mr Simon Crawford

Governor: Royal National Institute of the Blind; New College Worcester

Dr Julie Hollyman

Trustee: The Cassel Hospital Charitable Trust
Trustee: Royal National Institute of the Blind

Mr Ian Kent

Management Committee Member: Crossways Association

Mr John Corlett

Trustee: "Friends of Boundaries Surgery", Alton, Hampshire - a registered charity.



For additional copies of this report
or further information please contact:

Paul Robertson,
Public Relations Manager
West London Mental Health NHS Trust
Trust Headquarters
St Bernard's Site
Uxbridge Road
Southall
Middlesex UB1 3EU
Tel: 020 8354 8847 Fax: 020 8354 8848
E-mail: paul.robertson@wlmht.nhs.uk