



Promoting recovery

Annual Report 2007 | 2008

"The message we want to get across is that the people who use our services should have a care package that is based on their individual needs and that 'recovering' is about much more than an absence of symptoms; it's about hope."

Prof Louis Smidt
Chairman

Contents

Foreword by the chairman	04
Foreword by the chief executive	05
Who we are	06
A year of progress	09
Continued improvement	10
Linking with the local community in Ealing	12
Margaret's story	14
Getting it right: safe and effective mental health Services	15
Towards a new Broadmoor Hospital	16
Promoting recovery in Broadmoor Hospital	18
Involving and listening	20
Building on strengths in research and development	23
Looking after our staff	24
Diversity and inclusion	26
Putting service users FIRST in Hammersmith & Fulham	27
Jordan's story	28
Using information safely	29
Going green	30
Forward planning	32
Getting to the HEART of the matter in Hounslow	34
Financial information	36
Independent auditors' report	48
Who runs the trust?	49

Foreword by the chairman

Many people wrongly believe that once you have a mental illness, it is something you are stuck with for life. In fact, as with physical health problems, many mental illnesses can be treated and people do respond to treatment. Much of what we do as a mental health trust is about helping people towards recovery and helping them to lead a fuller life. That's why recovery is the theme of this year's annual report.

When we talk about recovery, we mean giving people the chance to lead as full a life as possible with or without their mental illness. It's about helping people develop choices and options. Promoting recovery is about taking a holistic view of a person's life: their family social networks, their job prospects, their values and beliefs and their capacity to lead a fulfilling life. The message we want to get across is that the people who use our services should have a care package that is based on their individual needs and that 'recovering' is about much more than an absence of symptoms: it's about hope.

This report highlights some of the work we are doing in this area, where we would like to go next and what our service users and

carers can expect from us. This theme sits alongside our reflections on the past year and highlights the challenges and changes for the trust.

As my term of office expires in October, this is my last year as chairman. I feel privileged to have led the organisation for the last eight years. I have been inspired by our patients and by those who care for them. I also want to pay tribute to both past and present trust board members, executives and non-executives. I leave the trust knowing that it will continue to go from strength to strength.

Professor Louis Smidt,
Chairman



Simon Crawford and Prof Louis Smidt. Photo: John Goodman

Foreword

by the chief executive

This has been a year of considerable progress for the trust. I would like to thank our staff and partner organisations for the hard work they have put in. It has not been without its challenges, but the overall feeling is that much of what we have put in place over the last few years is bearing fruit.

Our annual performance assessment from the Healthcare Commission showed a marked improvement on last year - we were rated excellent for quality of services and good for financial management. This placed us among the best performing mental health trusts in London and the best performing among the three trusts providing high secure services. This good news was tempered by an adult inpatient survey which placed us in the lower 10% of mental health trusts. In terms of patient experience, we clearly still have work to do. We are addressing the issues raised as a priority.

This year's staff survey received the highest response rate to date and improved results in nearly all areas. I was particularly pleased to see increasing numbers of staff reporting a positive feeling about working for the trust.

We are also seeing the benefit of investment we have put in to areas such as strategic planning and communication: we now have a clear ten year strategy, which informs the objectives of every team across the trust. We have finalised plans for a restructure of the trust to improve and streamline our management and reporting systems. Many staff and service users have noted the improvements in how we communicate with them – record turnouts at successive AGMs reflect our efforts to engage with and involve people.

For the third successive year, we achieved financial balance with a slight surplus. We have been able to invest more money in improving patient areas, with further work planned to develop our estates. Our outline business case for the Broadmoor redevelopment programme will be submitted to the Department of Health during 2008.

The Healthcare Commission's announcement of an investigation into our services during 2008/9 will present new challenges: our intention is to work with the Commission and to act on any areas for improvement. This will be an important challenge in the year ahead, as we take the trust forward delivering the best and most responsive services we possibly can.

Who we are

West London Mental Health Trust provides a full range of local mental health services for children, adults and older people living in the boroughs of Ealing, Hammersmith and Fulham, and Hounslow. These services are jointly commissioned by PCTs and local authorities. We also provide forensic mental health services, including high secure services at Broadmoor Hospital in Berkshire. The forensic services are provided to a larger catchment area of London and the south of England. We employ 4,196 staff across 32 sites, and the trust's budget is £243m.

The trust was formed in 2001 from a merger of Ealing, Hammersmith and Fulham Mental Health Trust and Broadmoor Hospital Authority and was further enlarged by the absorption of Hounslow mental health services in 2002.

We have five strategic aims, which inform our annual business planning process and ultimately the team and individual objectives of all our staff:

- To effectively treat and care for people with mental health problems
- To provide accessible services
- To support independent living
- To promote health and well-being in partnership
- To be responsive and accountable.

West London Mental Health
NHS Trust



Headquarters

Development Centre →

“We have five strategic aims, which inform our annual business planning process and ultimately the team and individual objectives of all our staff.”

Foundation trust status

During 2007/8, we worked closely with Monitor, the independent regulator for foundation trusts, with a view to achieving foundation trust (FT) status. Ministers then decided, however, that as one of the three trusts that have high secure services in our remit, they would like to retain 'line of sight' of our work and that our FT application could not go forward at that stage. The Department of Health has now decided that the three trusts responsible for high secure services cannot become foundation trusts.

They have instead agreed to work with us to develop a new form of trust status which allows us freedoms foundation trusts enjoy – such as financial freedom and recruitment of members – but retains clear ministerial accountability and oversight of Broadmoor Hospital and the other high secure hospitals.

A year of progress

2007/8 saw a marked improvement in our annual healthcheck results from the Healthcare Commission. We were rated 'excellent' for quality of care and 'good' for use of resources, improving on ratings of 'good' and 'fair' in 2006/7. These ratings placed us among the best performing mental health trusts in London and the best performing of the three trusts which are responsible for high secure services.

Our improved performance in 2007/8 gives us confidence in year-end performance for 2008/9. In 2007/8 we have achieved a surplus of circa £2.3m for a second year running.

Despite the postponement of our foundation trust (FT) application, we have continued to implement plans to move towards a version of FT status, including plans to become a membership organisation.

We are currently developing our detailed five-year clinical strategy. We have based this upon a robust market assessment, analysis of our strengths, weaknesses and opportunities, and engagement with partners and staff.

We restructured our Board and are continuing with a Board development programme, which we are now linking to a senior management development programme and management restructuring exercise. We have a development control plan for our largest site at St. Bernard's and are progressing to outline business case for the redevelopment of Broadmoor Hospital.

Our approach to care is based on promoting recovery in all our service users and patients. Our aim is to help the people who come into contact with us to lead a more fulfilling life, so we take a holistic approach to their care which goes beyond simply treating symptoms and looks at their lives as a whole. This 'recovery approach' forms the theme of our 2008 annual public meeting and we have produced a short film explaining it. This can be accessed on our website, www.wlmht.nhs.uk

Continued improvement

During 2007/8, we have continued to strive for improvement in all areas of our services. We were encouraged by our improved annual healthcheck performance rating, but the results of our adult inpatient survey reminded us that there is still considerable work to do in improving the experiences of people using our services. Some of our achievements over the year include:

- A new women's enhanced medium secure service was opened at the Orchard unit in Ealing. Patients were transferred safely from Broadmoor Hospital and from the established medium and low secure services at Ealing, to this newly built location.
- Child and adolescent mental health services (CAHMS) in Ealing and Hounslow were successfully redesigned to meet Children's National Service framework guidelines, and a service for 16-18 year olds was implemented in Hammersmith and Fulham after transfer of services from another trust.
- A borough-wide early intervention in psychosis service was developed in Ealing. The existing service in Hounslow was significantly expanded.
- We established Tamworth community support, a residential unit for people with severe and enduring mental illness who have been discharged from hospital.
- An action plan developed by Mental Health Strategies to increase referrals to the Cassel hospital in Ham was implemented successfully.
- A new clinical model for Broadmoor Hospital was developed to support the outline business case for the hospital's proposed redevelopment.
- Improvements were made to the trust's IT network, including training 1800 staff in using the new electronic patient record system (RiO).

- Our 'cultural competency toolkit', designed to help clinicians understand patients' cultural needs, won two national awards.
- We developed a new, user-friendly trust website, including a comprehensive listing of all trust services and how to access them.
- We continued to enhance our estate, with improvements to a number of sites across the trust, including relocation of the gender identity clinic in Hammersmith, a major refurbishment and relaunch of Blair Ward in Ealing and transfer of all older people's services in east Hounslow to one location.

"Improvements were made to the trust's IT network, including training 1800 staff in using the new electronic patient record system (RiO)."



Linking with the local community in Ealing

The LINKS project is a community based service in the borough of Ealing. The team works with the local community to promote mental health well being and support people with mental health problems to lead fulfilling lives.

Nila Suriakumar, LINKS project manager describes recovery as being at the core of everything they do. "Following a time spent in hospital we work to link service users back into their local community so they can access mainstream services. In promoting the recovery of service users we empower people to follow their aspirations. For some of our service users their recovery can be about getting into employment or education. For others it's more about giving them some quality of life back and the opportunity to maximise their potential.

" Through LINKS we run a number of alternative therapies in a local community centre including yoga, exercise classes and sports such as badminton. Our project workers accompany people to local leisure centres to participate in activities such as snooker. The idea is that by giving them the chance to do this through the project people will

eventually feel empowered to move on and participate in other activities in the community.

" In conjunction with West London College we oversee a vocational skills group to help people get back into employment, a literacy course and a retail course. Here people can get help with writing a CV, help with visiting job centres and they do role play activities to help them with interview techniques. We also encourage people to get back to work through a number of permitted worker posts which means that people can continue to claim their benefits but at the same time carry out meaningful work, for example as gardeners (in our allotment) or in an administration role. We also run computer classes for beginners and once applicants have completed the course we signpost them to local colleges to take up advanced courses.

" For some of our service users their recovery may be about gaining the social skills to live independently. With this in mind we help people to gain cookery skills and give them the skills to shop for themselves."

“Through LINKS we run a number of alternative therapies in a local community centre including yoga, exercise classes and sports such as badminton.”



Margaret's story

"I have battled with depression since I was 18, and I'm now 52. For fourteen years, from 1990-2004 I was in and out of hospital, and the treatments I had were many and varied. I tried suicide a few times and have been sectioned a number of times.

Through the years I've had a lot of things to sort out from my past, in particular my childhood. I was never outstanding at school except for when it came to music.

I know things have changed since the days when I was in hospital, with assertive outreach and teams working in the community, but I found my hospital experiences to be very restrictive. It was only when I had a very enlightened consultant who allowed me to go to work, whilst admitted that I started to make real progress with my life. Not being able to work was feeding into my feelings of low self esteem and little confidence, making matters much worse for me.

In the last few years I've been able to accept that I may have recurrent depression for the rest of my life. Through being able to go to work and from the treatments received I have become much better at



managing the illness and am more aware now of my limitations, which is helping in my recovery. I'm unit work supervisor in the picture framing unit run by work rehab in Ealing and while at work I now encourage others that I work with to manage the illness rather than letting it manage them.

I've learnt to write down positive things that I enjoy and might forget, such as people I like to talk to, things I like doing and books I find helpful. I'm still on medication and even last year had a period of severe depression. However I've been able to achieve much through my work, such as delivering basic IT training for staff and on the trust's scheme for volunteers I have given talks on understanding mental health. I have also realised how important it is for me to exercise my creative side and have got into photography in the last few years and more recently have started writing."

Getting it right: safe and effective mental health services

Making sure our services are safe and effective is a key priority for the trust and one that absorbed a great deal of time and effort in 2007/8.

Our achievements this year included:

- Implementation of a new policy on incident management and reporting, together with management guidelines for undertaking reviews.
- Development of a new strategy for treating personality disorder.
- Implementation of the national approach to New Ways of Working within clinical teams – for example, ensuring a multi-disciplinary approach to enhance the experience of service users receiving care.
- Responding to recommendations made by the Mental Health Act Commission following their visits to wards across the trust.
- Videos to help service users understand and engage with services.

Further detailed work took place in year on the four 'must do' areas identified by the board as priorities:

- Care programme approach – work was done to ensure all care plan documentation was up to date and that all service users had an active care plan.
- Mandatory training – the framework was reviewed to ensure it reflects the needs of the organisation.
- Work was done with staff and service users to address bullying and harassment.
- Work was done to improve the level of personal development reviews for staff.

Further information is available in our annual clinical governance report, which is being published alongside this annual report.



"A new clinical model for the hospital's patients is being finalised as part of the redevelopment process."

Towards a new Broadmoor Hospital

The need for a redevelopment of Broadmoor Hospital was set out clearly in a Commission for Healthcare Improvement (CHI) report in 2003. CHI inspectors declared that the current facilities were not suitable for delivering 21st century mental healthcare. While the hospital deservedly has an international reputation for its innovative work in treating mentally disordered patients who require conditions of high security, the physical environment of a hospital built in 1863 does not meet the standards required to deliver mental healthcare in 2008.

We have been working with the Department of Health, the Home Office and other national and local partners to take forward the case for redevelopment of Broadmoor Hospital. Ministers approved a strategic outline case for the redevelopment in November 2005 and the next stage of approval – outline business case – will go to the Department of Health this year. This will be followed at a later date by the full business case. At each of these stages, the trust will have to convince ministers that its plans are deliverable and desirable and that

they will bring tangible improvements to patient care whilst maintaining the current high levels of public safety and security.

A new clinical model for the hospital's patients is being finalised as part of the redevelopment process. The innovative model has been developed following consultation across the hospital, the wider NHS and public sector and with an international panel of mental health experts. The new model is based on individualised programmes of assertive rehabilitation and aims to reduce length of stay from an average of seven years to five.

Promoting recovery in Broadmoor Hospital

"In Broadmoor, as in the rest of the trust the recovery philosophy features at the core of our clinical practice. We work collaboratively with patients to enable them to play an enhanced role in their own recovery," says head occupational therapist Joe Ayres.

"The recovery approach is inextricably linked with the work we have been doing in implementing the principles of social inclusion and the philosophy of assertive rehabilitation for people with mental health problems. The overarching philosophy of the service has been to give patients more say and more responsibility so they hopefully recover more quickly.

"As healthcare professionals working in a multi-disciplinary team the benefit of the recovery approach is that it has unified the language used by the various professional groups - which is a good thing. We are now all working with recovery at the forefront of our clinical practice which has improved communications between the teams as well as the patients".



“The recovery approach is inextricably linked with the work we have been doing in implementing the principles of social inclusion and the philosophy of assertive rehabilitation for people with mental health problems.”

Involving and listening

We are strongly committed to involving our service users and patients and their carers in our work. All of our services hold regular service user forums and these forums report in to our trustwide service user forum, which meets bi-monthly and is jointly chaired by our chief executive and a service user representative. There are also carers forums meeting regularly across the trust. All of these forums provide an opportunity for service users, patients and carers to raise problems, give feedback and shape our agenda.

Many of our internal planning meetings also include service user reps and we are aiming to increase this representation. People who use our services are also involved in many of our recruitment interview panels and a number of service

users have taken up opportunities to volunteer or gain work experience across the trust.

During 2007/8, the trust received 240 formal complaints, 9 of which were referred to the Healthcare Commission due to the complainant not being satisfied with our response. We responded to 80% of complaints within the required NHS time limit of 25 days.

Quarter	Number of Contacts 2007/8	Number of Contacts 2006/7
Q1 April to June 2007	183	81
Q2 July to September 2007	138	120
Q3 October to December 2007	117	124
Q4 January to March 2008	99	166
TOTALS	537	491



“We are strongly committed to involving our service users and patients and their carers in our work.”

Public and patient involvement

The trust's patient and public involvement forum (PPIF) met for the final time in February. It was announced last year that nationally PPIFs are to be phased out and replaced by Local Involvement Networks (LINKs).

Sue Cumming head of patient and public involvement says, "I have really enjoyed working with the PPI forum. They are all really passionate about mental health and the experience that people who come into contact with our services have.

That independent view has been so important in helping the trust to improve services. I will miss working with them greatly and hope that members decide to join the new local LINKs arrangements."

LINKs will be established later this year. In the past each trust had a single PPIF to cover all areas of the work of the trust. LINKs will differ in that each local authority will be funded to establish a LINK in its area. WLMHT has services within five boroughs and so will have a LINK in each of the five areas.

Tackling prejudice in the press

In 2006, we launched a campaign to tackle prejudice against mental illness in the media. Our Write Now campaign captured immediate interest among users of services and their carers, our staff and the general public. The campaign has enjoyed a number of successes, including having a front page story removed from the website of a national newspaper.

As part of commitment to challenge stigma, we have worked closely

with the Press Complaints Commission (PCC) over the last two years. The PCC's chief executive, Tim Toulmin, visited Broadmoor Hospital in 2006 and met with senior staff there, taking on board their concerns at the way mental illness – and the hospital itself – are routinely stigmatised in the press. He was able to give us sound advice about how and when to complain and reissued PCC guidance on reporting mental health.

Since then, PCC staff have been enormously helpful in guiding us through a number of complaints against both national and local newspapers. With their advice and guidance, we have also managed to resolve a number of complaints informally, leading to an improved understanding with some national newspapers and marginally better coverage of mental health.

Rory Hegarty, deputy director of communications for the trust, says: “When the day comes when Broadmoor Hospital isn’t described as a jail or its patients as prisoners, I’ll feel we’ve finally won the battle – but we are getting there. The PCC have been a tremendous help and I think mental health trusts and service users should use them more often.”

Building on strengths in research and development

Over the last year, the London West Mental Health R&D Consortium (West London and Central North West London Mental Health Trusts) has continued to build upon the strengths and expertise developed in previous research programmes. In 2006-07, researchers in the consortium were involved in 109 active projects, which had external funding of over £3.2m, and published 146 research papers. Much of the funded research is focussed on the following themes: personality disorders; psychosis; mental health services research; child and adolescent psychiatry; old age psychiatry, and substance use.

The consortium trusts previously enjoyed a significant income stream to support its R&D activity, but this was replaced by ‘transitional funding’, which will finish this year. However, the development of the Comprehensive Research Network provides the possibility of future funding to Trusts to support eligible R&D activity. The consortium’s aim is to maintain and support a critical mass of researchers working in priority areas who have the range of skills and expertise to submit successful translational and other clinical research applications to the National Institute for Health Research and other eligible external funders.

Looking after our staff

This year a new team has been established at the trust to provide a one-stop advice service for staff with queries on their pay, terms and conditions. The team is the result of a merger between payroll with some administrative processes provided by HR.

Graham Crennell who manages the team says, "The benefits to employees of having this new service are significant in that each member of staff now has one advisor who they can call with queries, issues or changes to their pay, terms and conditions. In the past staff may have had to speak to individuals from two completely separate services."

The main bulk of the work done by the team is making sure staff are paid correctly and on time. Graham Crennell says, "This may sound straightforward but there

are many things which make paying a workforce of over 4,000 staff complicated."

Bernie Embleton, team leader

"We can now provide a more rounded service, dealing with most aspects of the employees needs throughout their working lives, from starters to leavers and variations to working patterns."

Carl Fernandes, employee services officer

"Thanks to the new service we can now give trust employees a more thorough and dedicated service. Staff can come to employee services for issues surrounding pay just as before but in addition to this, we will be able to answer core questions surrounding their employment and implications of their terms and conditions."



Celebrating quality staff

For the third year running the Quality Awards event has been an important date in the diary for a number of the trust's employees. The awards provide an annual opportunity to acknowledge contributions made by individual members of staff and teams, both clinical and non-clinical. The trust's staff, service users, their carers and partner organisations are invited to nominate any team or individual who is a current employee, for one or more of eleven award categories.

Again this year the awards attracted nominations for teams and individuals from all corners of the trust. In all there were 157 nominations sent in from staff and service users.

The leadership and unsung hero categories proved most popular again this year with a significant number of entries for the team of the year award too. Winners and runners-up were invited to an awards dinner in the Novotel Hotel in Hammersmith to celebrate their successes. The trust received sponsorship for this event from partner organisations Capsticks, Kier Health and EuroRSCGRiley.

The trust also runs an Employee of the Month scheme to reward staff for outstanding performance.



Diversity and inclusion

At WLMHT we embrace diversity and inclusion, not just because it is our public duty to deliver services that are culturally sensitive, but also because we need to attract and develop staff who reflect the communities we serve. We have a dedicated diversity unit, working full time on diversity and inclusion issues.

Our equality and diversity strategy covers both our services and how we behave as an employer. The policies that underpin it include equal opportunities monitoring at all levels of employment; employment of service users and disabled people; culturally sensitive services and environments; an enhanced race equality scheme; the disability 'two ticks' award for employment; a mentoring scheme for black and minority ethnic (BME) staff and full participation in the local BME network; a multi-faith spiritual and pastoral care service; comprehensive training for staff on diversity, gender awareness and bullying and harassment and measures to reduce discrimination and bullying among patients.

Our cultural competency toolkit – a resource for clinicians who care for people from different ethnic and religious backgrounds – has won two national awards and has attracted interest from across the UK. We also have a dedicated social inclusion programme which is led by our head of allied health professions, Gemma Stanion. The programme covers a wide range of areas where people with mental illness can be socially excluded – employment, social networks, community participation and housing – and has dedicated workstreams looking at reducing stigma and at high secure services (Broadmoor Hospital). Promoting social inclusion is one of our core objectives and is an issue raised continually with us by patients and service users. Elements of social inclusion have formed the main themes of successive annual reports and annual public meetings.

Putting service users FIRST in Hammersmith & Fulham

FIRST (first incident of psychosis recovery and support team) is a specialist service developed to support young people experiencing psychosis for the first time. As part of the treatment programme, support is also given to families and carers. Clinical psychologist Anna Solly says, "The team works within the ethos of a recovery approach. No two people are alike in their experience of psychosis and our aim is to provide individualised support so that people can achieve their maximum potential in their recovery."

"Everyone coming into contact with the service is allocated a care co-ordinator. This person will stay with them for up to three years if required and practical issues are also addressed such as housing and benefits. People accessing the service have the option to join a recovery group at which education is provided on psychosis, what it is, what causes it and what can be done to prevent relapse."



Jordan's story

" Last summer, I was 22 years old and feeling really paranoid. I ended up moving to another city and it was there that I got arrested. I'd approached a stranger and told them that their child was going to be hurt because I thought that I had an ability to know information like that. I didn't think anything was wrong with me and so I resisted arrest, but they injected me and then I woke up in a mental health hospital.

" I was diagnosed with schizophrenia and kept in hospital for about five months. For the first month I still didn't think that anything was wrong with me, but I just got on with it, reading and staying in my room. It's only when I compare my thinking now to what it was then that I can see that I was paranoid and unwell. My care coordinator at FIRST came to visit me every week. It was really helpful because I wasn't speaking to my family at the time, and she could help me with things outside the ward, like buying clothes and banking.

" After a month or so, I slowly started to get better. I started speaking to my family again and joined in with groups on the unit. I've been out of hospital for a few months now and have been to a couple of groups through FIRST which gave me information about why people get sick and it helped me to understand my own illness. Meeting other people who had mental illness made me feel that I was not alone and that I'm not the only one.

" I still see my care coordinator once a week and recently started having some therapy with her. This has been useful as I get to speak about my experiences and go over what happened to me. I'm still taking the medication, but I am feeling back to my old self. I've got a place to live, a part-time job and I'm going to do my driving test soon!"

Using information safely

We have identified and reviewed all bulk flows of personal information, where risks were identified these have been mitigated; any remaining risks identified have been included in the trust risk register. A comprehensive review of all information flows is underway.

A self assessment has been undertaken against the standards in the information governance assessment; this has demonstrated further improvement in all aspects of information governance. An action plan is in place to address remaining areas of weakness and to ensure ongoing improvement.

All information security breaches are reported, investigated and lessons learned.

There were no significant or serious untoward incidents involving personal information in 2007/8. There is an ongoing programme of communication to raise awareness and improve practice; including mandatory induction, refresher training and communication of lessons learned from security breaches.

Personal data related incidents

We are required to publish information about the number of incidents relating to personal data that occurred this year. There were no 'serious untoward incidents' involving personal data in 2007-8. The table below is a summary of other personal data related incidents in 2007-8.

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment devices or paper documents from outside secured NHS premises	2
III	Insecure disposal of inadequately protected electronic equipment devices or paper documents	0
IV	Unauthorised disclosure	4
V	Other	0

Going green

As a health trust, we have a natural interest in promoting and protecting a healthy environment. This has been an increasingly important part of our agenda over the last year.

Green travel plan

We have successfully introduced a green travel plan in partnership with Ealing Hospital NHS Trust. The plan allowed us to significantly improve transport services and parking for staff and visitors at St Bernard's Hospital. We also invested in a staff shuttle bus which operated between local train stations and the hospital throughout the year. We provided additional bicycle shelters and installed new site signage, as well as making improvements to bus stops on and near the site.

Environmental management monitoring

We are developing an environmental management system based on the requirements set out by ISO (the International Organisation for Standardisation). This standard is an internationally recognised quality benchmark which

is used across the UK. It will enable us to identify and control the environmental impact of our activities and services. The development of policies and procedures as part of the implementation of this system will allow us to demonstrate our ongoing commitment to the sustainable use of resources. This will be evidenced to the board, staff and the public during the next year.

Estates infrastructure environmental improvements

When developing and maintaining the estate, we have undertaken capital works to install efficient new plants in our premises to reduce heating and hot water energy consumption. We have also made investments in the installation of new utility meters at our major sites, to ensure the effective monitoring of energy usage. These meters have been and will continue to be used to review our progress in achieving a 15% reduction in energy consumption between 1999 and 2012, in line with the NHS energy saving targets.

Integrated service developments

At a strategic level, the trust's service development plans have facilitated joint working with primary care trusts and local authorities to develop local, integrated, services across primary care and social care services. These service developments offer

new or re-configured services as near to the patient's home as practically possible, avoiding the need for patients to travel great distances to access much needed services. An example is the recently completed Heart of Hounslow Primary Care Centre.

“As a health trust, we have a natural interest in promoting and protecting a healthy environment. This has been an increasingly important part of our agenda over the last year.”



Forward planning

Every year, the trust puts together a business plan for the next twelve months. This is based on our strategic aims and our ten year strategy and is designed to take the trust and its services forward year on year.

The main themes in our 2008-9 business plan are:

- Implementing our clinical service strategy to ensure our growth and sustainability in the increasingly competitive mental health environment, including responding to a recent survey of GP attitudes towards the trust.
- Improving our estate and patient environment. We have plans for disposal and reinvestment of land at our St Bernard's site in Ealing with the aim of improving inpatient facilities and where possible moving services off the site. We will also complete the outline business case for redevelopment of Broadmoor Hospital.
- Continuing to develop information systems by realising the benefits of RiO, the new mental health information system implemented in 2006/7 and implementing the latest version of the system (version 5).
- Workforce modernisation:
 - alongside a middle managers' leadership development program we are introducing an organisational development programme for senior managers;
 - achieving efficiencies through a review of working patterns, supported by the implementation of electronic staff rostering across the trust.
- Continuing to improve patient experience through the implementation of our patient and public involvement strategy and responding positively to the patients' survey. We will also develop our focus on staff and patient safety by implementing a newly revised risk management strategy.

- Social inclusion - we strongly support the national agenda of improved inclusion opportunities for people with mental health problems and we are one of four national pilot sites chosen to promote leadership and social inclusion opportunities.
- Strengthening partnership working, particularly external relationships with GPs and local government.

“Every year, the trust puts together a business plan for the next twelve months. This is based on our strategic aims and our ten year strategy and is designed to take the trust and its services forward year on year. ”



Getting to the HEART of the matter in Hounslow

The Hounslow Early Active Recovery Team (HEART) was set up in 2006 to provide support for young people with psychosis. Team manager Jane Kelly explains, "Our approach is based on the recovery and working with the individual's strengths. We don't focus too much on symptoms and problems. Instead we inspire hope in our clients so they have the belief in themselves to go on and achieve their goals and aspirations in life. Already we have many examples where clients have succeeded in attaining their goals despite the limits of their illness."

The team uses a welcoming, flexible and positive approach towards clients. Dr Chris Harrop, consultant clinical psychologist says, "We believe that our clients want some money in their pocket, some mates and a date on a Saturday night!

"We rarely insist that people come into the hospital to meet with us. We're happy to meet them in their homes or in local cafés of their choice if they prefer that. There is still an amount of stigma attached to coming into a psychiatric hospital. Since making the shift towards meetings outside of the hospital environment our

engagement figures have improved significantly. Our clients are more receptive to us because they feel more comfortable. What we may have lost in confidentiality by meeting in a public place, we feel our clients have gained in confidence.

"One of the things we focus on is helping clients with peer relationships. People with psychosis often feel left behind by their peer groups and so we work with them to help them feel part of the community again, by getting them into mainstream sports and leisure activities and work or education, for example. We recently set up a dating group for clients because we realised that what many of them desperately want is a relationship, but due to illness this may not have happened and can be an enormous source of anxiety for them. Through the group we teach them the skills they need to find a partner, help them to build up a network and help them feel this is something positive they deserve and can get lots out of, when they meet new people.

“ We also do work with clients to facilitate better communications with their families. We help them to negotiate healthy relationships with the family, because sometimes communication channels are desperately blocked, or the relationships may even have broken down. Family members sometimes need help and advice too.

“ I think the team we’re in works really well because the senior staff are truly inspirational and the whole team works with recovery in mind. We are totally client focused and everything we do is about inspiring the clients.”

“ The team uses a welcoming, flexible and positive approach towards clients.”



Achieving financial balance

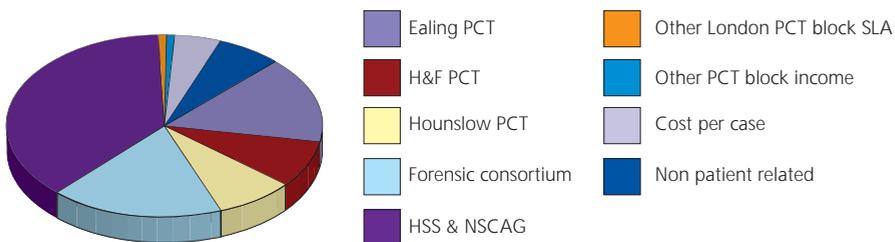
Finance director's report for the year ended 2007/8

The trust continued to build on the strong position achieved over the last few years and ended the year with a surplus of £2.279m.

The trust total income was £243.3 million, a 6.9% increase on 2006/7. Healthcare commissioned services accounted for £231 million of the income. Education, training and research and non-healthcare services provided by the trust to other organisations make up the bulk of non healthcare income. The eight PCTs in North West London account

for just over 48% of the trust income, high secure services, commissioned on behalf of all PCTs by the national oversight group, contribute 29% of the trust's healthcare income. The remaining healthcare income is either through specialist commissioning such the Wells Unit (forensic adolescent service), Department of Health pilot projects, the Paddock (dangerous and severe personality disorder service), national specialist services, gender reassignment and the Cassel service and a number of smaller service level agreements and cost per case activity.

**West London MH NHS Trust
Analysis of Income 2007/08
by Commissioner**



The final income and expenditure position was a £2,279k surplus (£2,339k surplus 2006/07). The trust set itself the target of achieving a 1% surplus in 2007/08 in line with the operating framework, as an aspiring foundation trust. The achieved surplus demonstrates the trust is in recurrent balance. The trust also achieved the other key targets linked to cash management and capital spending. The capital resource limit (CRL) undershoot of £4,196k is a result of slippage on a capital project to build a new psychiatric intensive care unit.

Cash at bank was £4,259k at 31st March 2008. This undershoot on the CRL and EFL is acceptable in terms of achievement of the financial duty. There was a significant achievement in meeting the target to pay NHS creditors in line with the better payment practice code, 97% by value compared 95%, by number. The target is to pay 95% of creditors in 30 days.

The table below shows the position on the trust's statutory and administrative financial duties for the last 3 years

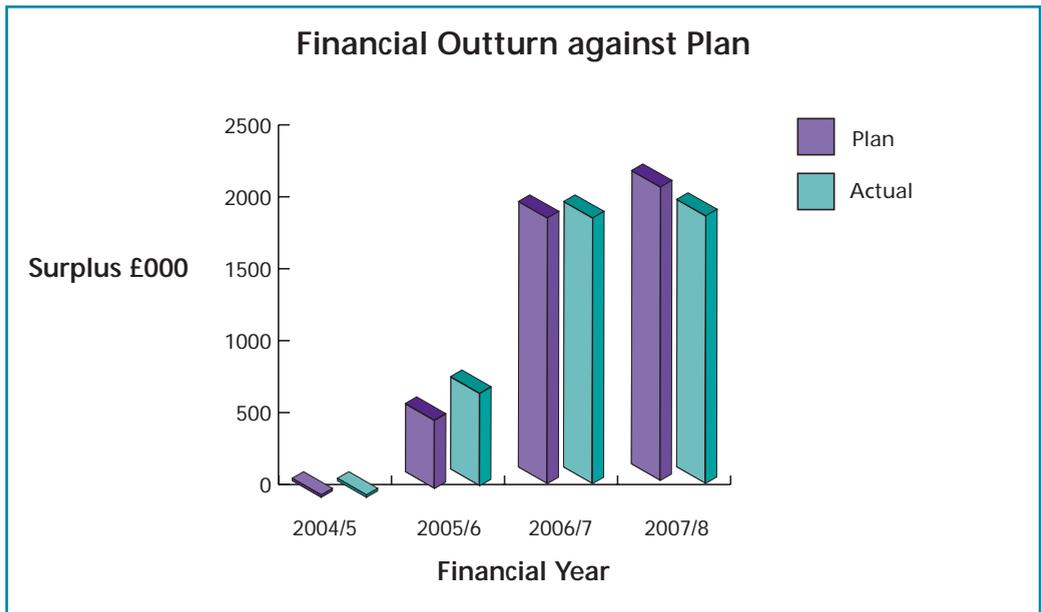
Financial Year	2005/2006	2006/2007	2007/08
Breakeven/surplus on income and expenditure account	✓	✓	✓
Public service payment policy (PSPP)	x	x	✓
External financing limit (EFL)	✓	✓	✓
Capital resource limit	✓	✓	✓
Capital cost absorption rate	✓	✓	✓

Achieving financial balance

(continued)

Achieving the robust financial position continues to represent significant hard work and commitment to change from staff across the trust. Trust staff and managers, as in previous years, had to identify changes to deliver the nationally required 2.3% efficiency.

This means delivering service change or savings equating to £4.2million. In addition there was income loss through commissioning changes which required further service redesign.



The financial planning for 2008/09 has reflected the trust's position in relation to foundation trust status. The DH has advised that the three trusts who manage high secure hospitals cannot become full foundation trusts (FT). This is in order to maintain the direct ministerial line of sight into high secure hospitals.

While the Department of Health is seeking to work with the trusts concerned to ensure that this decision does not prevent them from earning the FT freedoms, in another form, it is as yet uncertain how far that can be achieved. The board therefore decided for 2008/9 to plan for a smaller surplus and

hold a larger contingency, equating in total to 1%. This means that if the contingency is not required in year to manage financial risks the funds can be released for the benefit of patient care.

There are a number of financial risks looking forward to 2008/9, the economic indicators in the wider economy will add to price inflation pressure for utilities and general commodities. This will impact on the trust, which holds some limited reserves against these pressures.

The move to international finance reporting standards deferred in the budget until 2009/10 will have an impact in 2008/09 as the Department of Health has ceased to provide support for costs incurred when assets have to be impaired, for instance if an asset is sold for less than its book value. This is an example of where the NHS trust regime differs from the FT regime as such costs currently count against the achievement of an NHS trust statutory duty to break-even but do not impact on an FT in the same way. This could have a significant impact on the plans for Broadmoor Hospital redevelopment. The trust understands the Department of Health is seeking to resolve this to avoid the detriment to NHS Trusts.

Capital

The trust has a large capital programme both at the Broadmoor Hospital site and London sites. In 2007/08, £15 million was invested in trust infrastructure.

The Orchard project, a £32m development to provide enhanced medium secure services for women from London and South of England was handed over in June 2007 and the 1st patients were welcomed in September 2007. The service has yet to achieve patient numbers consistent with its costs. The trust has made provision in its revenue budgets to support the income gap in part in 2008/9, while the service seeks alternative income streams.

The redevelopment project at Broadmoor hospital has continued to move forward in 2007/8 and the revised date for the submission of the outline business case is September 2008.

In addition to the major capital projects there continues to be a significant investment in local and London forensic and Broadmoor services funded through trust own capital. This capital has been used to improve staff and patient safety, strengthen the IM&T infrastructure to support the introduction of the

Achieving financial balance

(continued)

new patient information system (RiO), and begin remedial work on parts of the St Bernard's estate that are not currently occupied but are subject to a Section 106 agreement with the local authority.

Overall the trust fixed assets increased in year to £391.7 million up from £373.6 million at the end of 2006/07.

As an NHS trust with a significant asset base, the trust is now able to plan to invest significantly more capital year on year. Given the age and condition of some of the assets this is welcome investment. It does however bring with it a need to recognise the revenue impact year on year of increasing internal capital investment. The trust therefore will seek to improve and rationalise its use of estate to ensure that it achieves best value for money. To this end a St Bernard's redevelopment project has been formally established and will seek to dispose of surplus land to reinvest in modern facilities.

Barbara Byrne
Director of Finance
& Information

Income and expenditure account for the year ended 31 March 2008

	2007/8 £000	2006/7 £000
Income from activities	231,595	216,229
Other operating income	11,697	11,191
Operating expenses	(227,480)	(212,594)
OPERATING SURPLUS/(DEFICIT)	15,812	14,826
Cost of fundamental reorganisation/restructuring	(500)	0
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS BEFORE INTEREST	15,312	14,826
Interest receivable	673	414
Interest payable	0	0
Other finance costs - unwinding of discount	(111)	(139)
Other finance costs - change in discount rate on provisions	0	0
SURPLUS FOR THE FINANCIAL YEAR	15,874	15,101
Public Dividend Capital dividends payable	(13,595)	(12,762)
RETAINED SURPLUS FOR THE YEAR	2,279	2,339

All income and expenditure is derived from continuing operations.

Balance sheet as at 31 March 2008

	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS		
Intangible assets	0	0
Tangible assets	391,779	373,577
Investments	0	0
	391,779	373,577
CURRENT ASSETS		
Stocks and work in progress	228	224
Debtors	17,068	8,220
Investments	0	0
Cash at bank and in hand	4,259	2,723
	21,555	11,167
CREDITORS: Amounts falling due within one year	(26,078)	(25,888)
NET CURRENT ASSETS/(LIABILITIES)	(4,523)	(14,721)
TOTAL ASSETS LESS CURRENT LIABILITIES	387,256	358,856
CREDITORS: Amounts falling due after more than one year	(176)	(187)
PROVISIONS FOR LIABILITIES AND CHARGES	(6,327)	(3,918)
TOTAL ASSETS EMPLOYED	380,753	354,751
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	245,767	237,310
Revaluation reserve	113,814	98,815
Donated asset reserve	1,753	1,656
Government grant reserve	460	460
Other reserves	(464)	(464)
Income and expenditure reserve	19,423	16,974
TOTAL TAXPAYERS' EQUITY	380,753	354,751

Cash flow statement for the year ended 31 March 2008

	2007/8 £000	2006/7 £000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	26,256	25,505
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	673	414
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow from returns on investments and servicing of finance	673	414
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(20,575)	(25,099)
Receipts from sale of tangible fixed assets	320	7,537
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash outflow from capital expenditure	(20,255)	(17,562)
DIVIDENDS PAID		
Net cash outflow before management of liquid resources and financing	(13,595)	(12,762)
Net cash outflow before management of liquid resources and financing	(6,921)	(4,405)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of investments with DH	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash outflow before financing	(6,921)	(4,405)
FINANCING		
Public dividend capital received	11,578	7,012
Public dividend capital repaid (not previously accrued)	(3,121)	(158)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received from DH	0	0
Other loans received	0	0
Loans repaid to DH	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Net cash inflow from financing	8,457	6,854
Increase/(decrease) in cash	1,536	2,449

Statement of total recognised gains and losses for the year ended 31 March 2008

	2007/8 £000	2006/7 £000
Surplus for the financial year before dividend payments	15,874	15,101
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	15,307	27,532
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	0
Defined benefit scheme actuarial gains/(losses)	0	0
Additions in "other reserves"	0	4,673
Total recognised gains and losses for the financial year	31,181	47,306
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	31,181	47,306

MANAGEMENT COSTS

	2007/08 £000	2006/07 £000
Management costs	15,891	15,367
Income	235,104	219,891

BETTER PAYMENT PRACTICE CODE

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 year	38,935	65,148
Total bills paid within target	36,899	63,071
Percentage of bills paid within target	95%	97%

Directors' remuneration

Remuneration	Salary	2007/8 Other remuneration	Benefits	Salary	2006/7 Other remuneration	Benefits
Name and title	(bands of £5,000)	(bands of £5000)	rounded to £100	(bands of £5000)	(bands of £5000)	rounded to £100
Ms Tesse Akpeki Non-executive director	5-10			5-10		
Prof Tom Barnes* Director of research & development	15-20			210-215		
Mrs Barbara Byrne Director of finance & information	110-115			110-115		
Mrs Ann Chapman Non-executive director	5-10			5-10		
Mr Kelvin Cheatle Director of human resources	100-105		2,400	100-105		2,900
Mr John Corlett** Director of estates & facilities	85-90			85-90		
Mr John Cox Non-executive director	5-10			5-10		
Mr Simon Crawford Chief Executive	155-160			155-160		
Dr Elizabeth Fellow-Smith Medical director	170-175			165-170		
Prof Christopher Kennard***** Non-executive director	0-5			0-5		
Mr Ian Kent Director of Local Services	110-115			110-115		
Mr Alistair McNicol*** Director of security	5-10			5-10		
Mr Robert Grant MacDonald - Director of nursing	100-105			100-105		
Ms Nuala O'Brien**** Director of communications	75-80			75-80		
Mr Sean Payne Director of forensic services	110-115			110-115		
Mr Anthony Pearson Non-executive director	5-10			5-10		
Mrs Kamaljit Singh Non-executive director	5-10			5-10		
Prof Louis Smidt Non-executive director	20-25			20-25		
Ms Lesley Stephen Director of strategy & performance	95-100			95-100		
Dr Timothy Woolmer Non-executive director	5-10			5-10		

Directors' remuneration

Name and Title	Pension benefits	Total accrued	Cash equivalent	Cash equivalent	Real increase
	Real increase in pension & related lump sum at age 60 (bands of £2,500)	pension & related lump sum at age 60 (bands of £2,500)	transfer value at 31 March 2008	transfer value at 31 March 2008	in cash equivalent transfer
	£2,500)	£2,500)	£000	£000	£000
Mrs Barbara Byrne Director of finance & information	5-7.5	135-140	587	529	31
Mr Kelvin Cheatle Director of human resources	0-2.5	40-45	170	143	16
Mr John Corlett** Director of estates & facilities	2.5-5	130-135	0	492	0
Mr Simon Crawford Chief Executive	52.5-55	170-175	585	381	136
Dr Elizabeth Fellow-Smith Medical director	15-17.5	210-215	805	703	59
Mr Ian Kent Director of Local Services	2.5-5	110-115	372	337	18
Mr Alistair McNicol*** Director of security	0	40-45	0	160	0
Mr Robert Grant MacDonald Director of nursing	2.5-5	50-55	154	133	13
Ms Nuala O'Brien**** Director of communications	2.5-5	60-65	236	212	13
Mr Sean Payne Director of forensic services	15-17.5	230-235	978	859	68
Ms Lesley Stephen Director of strategy & performance	2.5-5	70-75	187	164	13

* Professor Tom Barnes left the Trust Board on 1st May 2007
 ** Mr John Corlett left the Trust Board on 1st September 2007
 *** Mr Alistair McNicol left the Trust Board on 30th April 2007
 **** Ms Nuala O'Brien left the Trust Board on 1st May 2007
 ***** Professor Christopher Kennard left the Trust Board on 31st December 2007

Notes on directors' remuneration

The trust considers that there is no sound basis for distinguishing between duties as a director and other duties and that it would therefore not be meaningful to attempt to split directors' remuneration in this way. As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The external auditors appointed by the Audit Commission are KPMG LLP, who have been the trust's auditors since the trust was established in October 2000.

The auditors' costs in 2007/8 were £181k.

A copy of the trust's statement of internal control can be obtained from the board secretary, Abby Fadina, on request. The board has given its management representations to its external auditors and confirms that it is not aware of any relevant information of which the external auditors are unaware.

Independent Auditors' Report

Statement to the directors of the board of West London Mental Health NHS Trust

We have examined the summary financial statement which comprises the income and expenditure account, balance sheet, cash flow statement, statement of total recognized gains and losses, management costs, better payment practice code and directors remuneration note.

This report is made solely to the board of West London Mental Health NHS Trust as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the board of West London Mental Health NHS Trust, as a body, those matters which we are required to state to them in an auditor's 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, 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 statement within the annual report 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 statement.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of West London Mental Health NHS Trust for the year ended 31 March 2008.

KPMG LLP
London
June 2008

Who runs the trust?

Chairman

Professor Louis Smidt

Non executive directors

Miss Tesse Akpeki

Mrs Ann Chapman

Mr John Cox

Professor Christopher Kennard (until 31 December 07)

Mr Anthony J Pearson

Mrs Kamaljit Singh

Dr Timothy Woolmer

Prof Christopher Mathias (from 28 February 08)

Chief executive

Mr Simon Crawford

Executive directors

Mrs Barbara Byrne, director of finance & information

Mr Kelvin Cheatle, director of human resources

Dr Elizabeth Fellow-Smith, medical director

Mr Ian Kent, director of local services

Mr Grant Macdonald, director of nursing
(became director of nursing and facilities from
1 September 07)

Mr Sean Payne, director of forensic services

Other Trust directors in attendance at board:

Ms Lesley Stephen, director of strategy & performance

Ms Nuala O'Brien, director of communications
(until 1 May 2007)

Professor Thomas Barnes, director of research
& development (until 1 May 2007)

Mr John Corlett, director of estates & facilities (until
1 September 2007)

Mr Alistair McNicol, director of security
(until 30 April 2007)

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 six months notice of termination.

Due to a restructure in the responsibilities of executive directors, there were a number of changes in attendance to board meetings in 2007.

Board Meetings

The trust board is holding seven business meetings in 2008, during the months January, March, April, June, July, September and November. Board meetings are held in the board room at trust headquarters in Southall. Members of the public, patients and staff are welcome to attend these meetings and agendas and papers are available on request from the 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 at which it presents its annual report and accounts. This meeting is also open to the public and questions and comments invited and encouraged. This year's meeting is on 8 July at 1pm at the Waterman's Centre in Brentford.

Committees

To support the work of the trust board the following sub-committees have been established:

Audit committee

The audit committee is the senior committee of the Board. Its main role is to "to comment on the adequacy and effective operation of the organisation's internal control system". It does this by meeting with the external and internal auditors and with our counter fraud adviser and by reviewing the annual accounts and the chief executive's statement of internal control before recommending the board to approve them. The committee is also responsible for monitoring the trust's risk strategies and approves the assurance framework and HCC Standards for Better Health Declaration prior to the board.

The committee undertakes an annual review of its effectiveness and plans regular training events to keep up to date with issues of specific relevance to the committee

Membership

John Cox - Chair

Anthony Pearson

Dr Timothy Woolmer

Clinical & research governance committee

The clinical & research governance committee is a sub-committee of the trust board reporting via the audit committee. The committee is chaired by a non executive director and composed of non and executive directors of the trust.

The remit of the committee 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.

The committee undertakes an ongoing review of its workplan and considers its forward agenda in light of trust developments and the Healthcare Commission standards.

Membership

Kamaljit Singh, Chair, Non-Executive Director and Deputy Trust Chairman
Ann Chapman, Non-Executive Director and Chair of Risk Management Committee
Dr Timothy Woolmer, Non-Executive Director and Member of Audit Committee
Tesse Akpeki, Non-Executive Director and Diversity Lead
Simon Crawford, Chief Executive
Dr Elizabeth Fellow-Smith, Medical Director
Grant Macdonald, Director of Nursing
Professor Tom Barnes, Director of Research & Development
Lesley Stephen, Director of Strategy and Performance
Kelvin Cheatle, Director of Human Resources

Risk management committee

The risk management committee is a sub-committee of the trust board, reporting via the audit committee. The committee is chaired by a non executive director and composed of executive and associate directors of the trust.

The committee coordinates the management of clinical and non-clinical risks and supervises the operation of the risk register. It is responsible for ensuring that all significant risks are reported to the audit committee and to the board as required. The committee ensures there are processes in place for managing these risks by monitoring action plans and promoting the implementation of a trust-wide risk register. The committee ensures that risks are allocated to existing sub-committees and working groups to manage/mitigate the risks. It is also required to monitor and report upon external

accreditation schemes such as the clinical negligence scheme for trusts (CNST).

Membership

Mrs Ann Chapman, Chair and Non Executive Director
Simon Crawford, Chief Executive
Grant Macdonald, Director of Nursing
Barbara Byrne, Director of Finance & Information
Sean Payne, Director of Forensic Services
Ian Kent, Director of Local Services
Dr Fellow-Smith, Medical Director
Lesley Stephen, Director of Strategy & Performance

Remuneration committee

The remuneration committee is chaired by the trust chairman. All the non executive directors are committee members. 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.

Mental Health Act managers' committee

All the non executive directors are members of this committee, which is chaired by Ann Chapman. A number of lay Mental Health Act managers also serve as members. 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.

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. As at 29 April 2008, the following interests have been registered:

Professor Louis Smidt

- Independent Consultant providing some work to NHS clients (currently none within the Ealing Hammersmith & Hounslow health community)
- Honorary Vice President The Society of Chiropodists & Podiatrists

Ms Tesse Akpeki

- Independent Consultant working mainly in the voluntary and community sector

Mrs Ann Chapman

- Councillor for London Borough of Ealing
- Trustee, Age Concern, Ealing Borough
(husband is a Director, who may from time to time bid for NHS work)

Mr John Cox

- Councillor for the Royal Borough of Kensington & Chelsea
- Director London Pension Fund Authority
- Director of Grand Union Homes Ltd
- Member of Management Committee North Kensington Opportunity Centre
- Part ownership John and Elizabeth Cox, Consultants
- Trustee of the Nottingdale Partnership

Professor Christopher Kennard

- Member of Council and Chairman, Neuroscience and Mental Health, Medical Research Council
- Trustee of Imperial College Trust
- Trustee Migraine Trust
- Trustee Graham Dixon Charitable Trust
- Ceased to be a Non-Executive Director for the Trust on 31st December 2007

Mr Anthony J Pearson

- Director Triostar Limited (Pharmaceutical Consultancy)
- Director Pearson Associates (Management Consultancy)
- Director Streetlighters Limited (Media Company)
- Magistrate (Justice of the Peace, Thames Valley)

Dr Timothy Woolmer

Former Chief Executive Westminster Pastoral Foundation

Mr Simon Crawford

- Member of the Board, NHS Innovations London Ltd

Mrs Barbara Byrne

- Company Director and Trustee of the Healthcare Financial Management Association
- Husband works for Brent MIND

Mr Kelvin Cheatle

- Visiting Fellow at University College London

Dr Elizabeth Fellow-Smith

- Chair of the Royal College of Psychiatrists Special Committee for Professional Governance and Ethics
- Trustee of the Royal College of Psychiatrists

Mr Sean Payne

- Trustee Harrow Special Needs Consortia

Mr John Corlett

- Committee member of Friends of Boundaries Surgery (registered charity)
- Ceased to be a Executive Director on the Trust Board on 1st September 2007

Professor Thomas Barnes

- Member of the Lundbeck International Neuroscience Foundation
- Member of the Guideline Development Group for the NICE Schizophrenia Treatment Guideline
- Ceased to be a Executive Director on the Trust Board on 1st May 2007

Ms Nuala O'Brien

None
- Ceased to be a Executive Director on the Trust Board on 1st May 2007

Mr Alistair McNicol

None
- Ceased to be a Executive Director on the Trust Board on 30th April 2007

Albanian	Pyete anëtarin e stafit për këtë fletushkë në gjuhën tuaj
Arabic	اطلب هذا المنشور مطبوع بلغتك من أحد الموظفين.
Farsi	این کتابچه را به زبان خودتان از یکی از اعضای تیم درخواست نمائید.
Gujarati	તમારી પોતાની ભાષામાં આ પત્રિકા માટે સ્ટાફના સભ્યને જણાવો.
Hindi	यह पत्रिका अपनी भाषा में लेने के लिए स्टाफ के किसी सदस्य से कहें।
Kurdish	داوا له ئەندامیەکێ کارمەند بکە تا ئەم نامێلکە یەت بە زمانەکهی خۆت پێبەدات.
Pashto	دا اعلان پانې د دفتر د کارکوونکو څخه په خپله ژبه وغواړی
Polish	Aby otrzymać tę broszurę w Twoim języku, poproś członka personelu
Punjabi	ਇਹ ਪਤਰਾ ਪੰਜਾਬੀ ਵਿਚ ਲੈਣ ਵਾਸਤੇ ਸਟਾਫ ਦੇ ਕਿਸੇ ਮੈਂਬਰ ਤੋਂ ਆਖੋ.
Somali	Haddad rabto warqaddan oo afkaaga ku qoran waydii xubin ka
Tamil	இந்த கையேடு உங்கள் தாய்மொழியில் கிடைக்க ஒரு பணியாளரை அணுகவும்.
Urdu	عملے کے کسی فرد سے کہہ کر اس معلوماتی پرچی کو اپنی زبان میں حاصل کیجئے

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