Draft Quality Account 2013-14

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Part 1 – Chief Executive's Statement

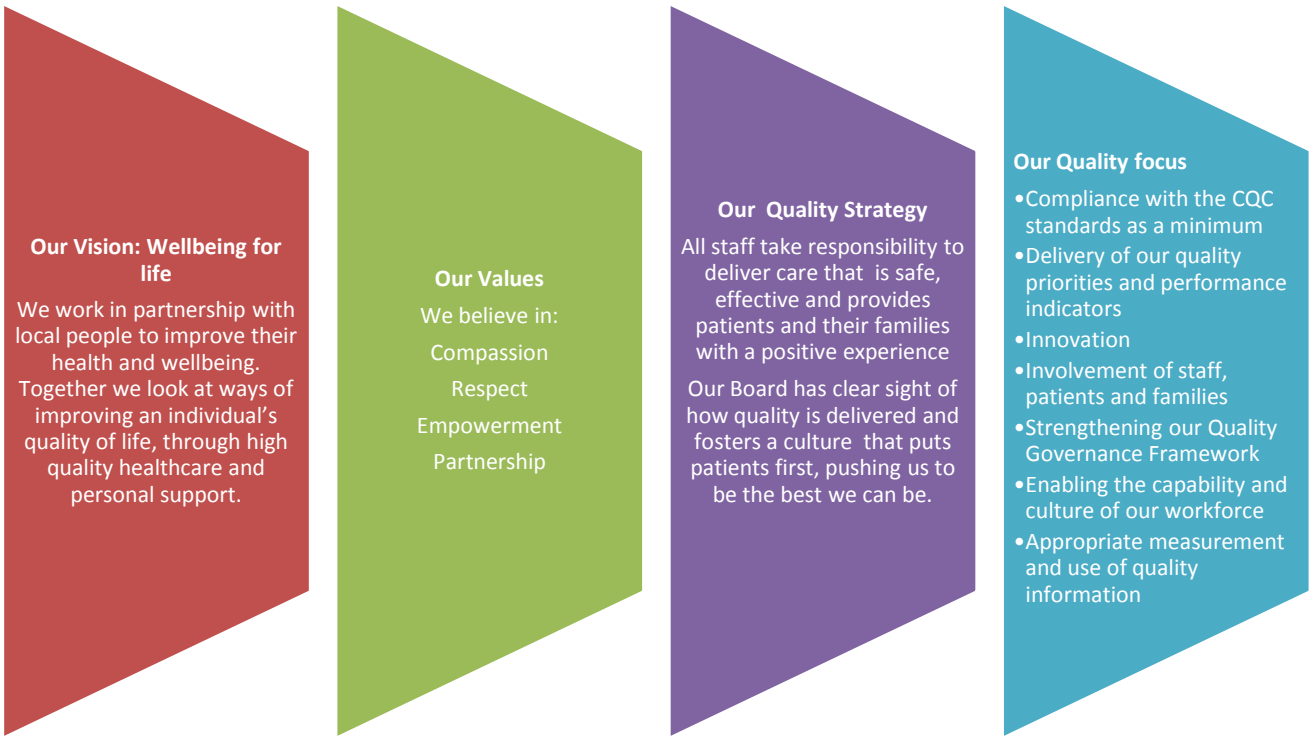
I want CNWL to be known for high quality in all we do. That can only come when patients feel we provide effective treatments, delivered by staff who show consideration, kindness and compassion. Patients will make that judgement themselves. Our staff must also feel they are doing a great job; so much so that they will recommend it to others and would be happy to be treated here themselves.

We want the community to trust in what we commit to. So we want to candidly show you where we are doing well and where we need to do more; and how we arrive at the views we do. You can then draw your own conclusions, and ask you to tell us about them.

This report – our fifth Quality Account - presents all the ways we judge quality – what the data says, what patients and their families say, what the regulators and commissioners say and how we have responded to it all.

We grounded our Quality Strategy in our values and set ourselves ambitious goals.

CNWL Quality Strategy



Milton Keynes community and mental health services joined the CNWL family in April 2013. This has widened our scope for learning and sharing good practice. In this Account we look at the specific Quality Priorities Milton Keynes had agreed with their local communities before they joined us.

We've invested in these new services too – upgrading buildings to modern standards. But we all know that any service is only as good as the staff providing it, so we are also prioritising recruitment; giving it special attention. We want to recruit people who share our values, people who other staff can bring into their teams and rely on. And it's a move that saves precious resources too because it reduces our dependence on agency staff, saving a huge amount. We will always need the back-up of agency, so here's a case where a quality improvement brings financial savings too.

So what have we achieved?

We set ourselves 5 challenging Quality Account Priorities and these in turn had indicators against which we measured ourselves. We believe that quality is best measured by outcome information and so we use a mixture of measures like audits, surveys, thematic reviews as well as data taken from our information systems. This means that over the year we have heard from approximately 8,000 patients and reviewed approximately 2,200 care records.

Our Quality Account Priorities were:

- **Helping our patients to recover by involving them in decisions about their care**
- **Supporting carers to look after their loved ones**
- **Making sure people who use our services get the best care we can provide**
- **Safe transfer of care in CNWL Milton Keynes**
- **Reducing the harm of pressure ulcers in CNWL Milton Keynes**

We have wholly achieved 2 of our priorities and have almost achieved the remaining three. (For a full breakdown see page 6).

We are disappointed not to have wholly met the indicators which tell us about the recording of carer status, patient involvement and satisfaction. However, there are some achievements I am proud of:

For the first time since we introduced the measure (in 2011/12) mental health patients tell us they were 'definitely' involved as much as they wanted to be in decisions about their care (71% at quarter four). When we combine our community and sexual health services this rises to 82%. We do however need to continue to engage our patients making sure they receive a copy of their care or treatment plan. We know that to improve this performance the further involvement of patients and their families has to be at the heart of our services. So in the coming year this will be one of our priorities and we will establish ways to systematically collect and respond to patient views in every service we provide; and we will tell you what we do about it too.

We did not wholly achieve our measure on overall satisfaction with services. We achieved this for mental health services but have narrowly missed this for our other patients in quarter four. We have run focus groups to find out what makes patients satisfied or dissatisfied with our services; and these have contributed to setting our quality priorities for next year. We are so disappointed to have missed our indicator on the recording of carer status by just 2%. We are committed to recognising and supporting our carers in the invaluable work they do to look after their loved ones, which is why this is a Quality Account Priority for us next year.

This year twelve of our services were inspected by the Care Quality Commission (CQC), seven of these were judged to be fully compliant and one had a minor compliance action.

I have to report the CQC judged the remaining three not to be meeting the standards and issued enforcement notices at two of our locations. We have taken prompt action to rectify the situation, learnt from our mistakes and apologised to patients and families who feel let down. I know our staff felt that too; we're proudly NHS and want services to be the best they can be. Safety is our top priority and we're investing in it but that's a dented claim when inspectors do not see accurate paperwork, training up to date and recorded, and every legality and protection observed – the demands of which, as a nurse myself, I know very well. CQC inspectors can visit us at any time to check but I rely on *our* 'inspectors', our staff, to deliver the standards they would want their own relatives and friends to receive.

Recognising that our staff are our most valuable asset, this year our focus is on a 'competent' and 'compassionate' workforce. We are proud to have been ranked 8th in the country in terms of our staff survey results but want to take this further. To be the best that we can be we have to rely on our staff; those delivering direct care to patients, those providing back office functions and those leading our teams. We want all our staff no matter what their functions to continue to put patients and their families or friends at the centre of what they do, recognising that each and every one of us has a role in making sure our patients get the best care we can provide.

We know that our quality of care is enhanced by listening, involving and supporting the families and carers who nurture their loved ones on their journey to recovery. And so this year we will continue to emphasise our role in this area. We will continue to listen to and act on what our carers tell us. We will continue to strengthen the carer voice being guided by the Carers' Council.

We know that quality does not begin and end with the Quality Account. More than ever we recognise that to ensure our patients are safer, more effectively cared for and better satisfied we have to focus our energies in three key areas:

- patient and family involvement,
- compassionate and competent staff and
- supported and engaged carers.

As ever we expect to be held to account for delivering these.

I would like to thank all who helped us monitor these quality priorities - patients, carers, Governors, Healthwatch, staff and commissioners in the NHS and local government. We have listened to you all; we know what you to see we heard you!

Here's the evidence; please let us know what you think.

To the best of my knowledge and belief, this Quality Account is true and accurate. It will be audited by KPMG in accordance with Monitor's audit guidelines.

Claire Murdoch RMN
Chief Executive

Independent Auditor's report to Council of Governors of Central and North West London NHS Foundation Trust on the annual Quality Report

< Final report and opinion issued by KPMG due on 20 May 2014 for inclusion >

Part 2 – Priorities for improvement

2.1. A review of our performance in 2013-14 against our Quality Account Priorities

CNWL strives to provide safe, personal and high quality healthcare services to the population it serves. This is achieved through:

- Listening to and partnering with our patients, carers, staff, governors and communities,
- Closely monitoring our performance and implementing innovation and change, and
- Strong leadership and the support of our most valuable asset, our staff.

In this section we demonstrate how we performed against our current Quality Account Priorities, what we plan to focus on for 2014-15 based on wide analysis of data and consultation, and finally, our formal statements required by our regulator, Monitor.

2.1.1. Summary of performance against our Quality Account Priorities 2013-14

Last year, CNWL set five Quality Account Priorities which were determined through wide consultation with our internal and external stakeholders.

CNWL's five **Quality Account Priorities** for 2013-14, were:

1. **Helping our patients to recover by involving them in decisions about their care**
2. **Supporting carers to look after their loved ones**
3. **Making sure people who use our services get the best care we can provide**
4. **Safe transfer of care**
5. **Reducing the harm of pressure ulcers**

We measured and monitored our progress in these five priority areas by 14 indicators. Six of which related to CNWL, and eight of which related to CNWL-Milton Keynes (CNWL-MK). This is because healthcare services in Milton Keynes joined CNWL in April 2013, and so had followed their own consultation and agreement process. In the coming year, we will align all our Quality Account Priorities so they apply to all our services.

We gathered data and information from a great variety of sources giving us a rich, informed view of the quality of services, and what improvements were needed. For example, our 14 indicators included patient and carer experience and outcome measures (qualitative and quantitative) from surveys and focus groups, as well as measures of our processes and systems which support the achievement of high quality services.

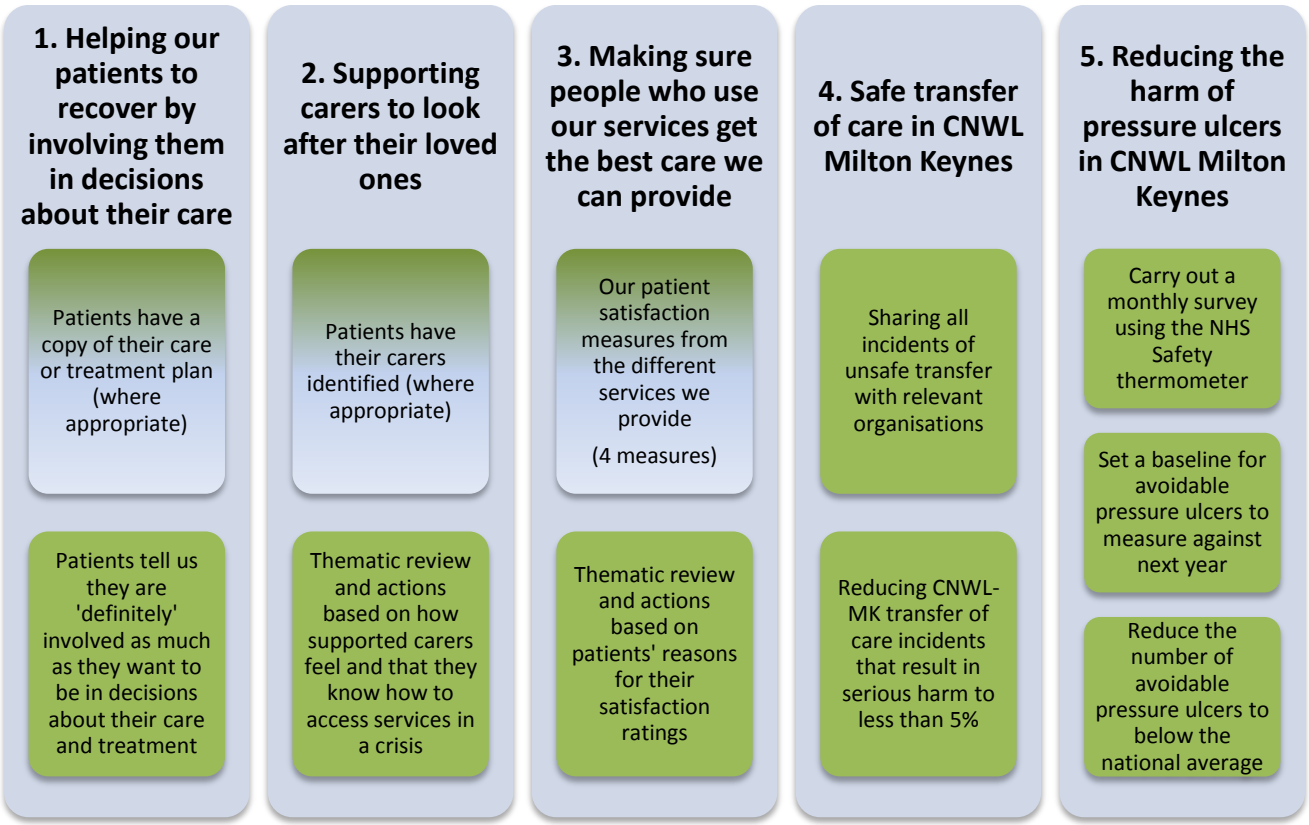
Our performance against our Quality Account Priorities was monitored by the Quality and Performance Committee, and overseen by the Board of Directors. These were in turn a key focus for our service lines to monitor performance and design and implement improvement programmes where required. Progress against the priorities endured robust testing by the Chief Operating Officers at our service line quarterly reviews, as well as presented to our Council of Governors.

We also reported our performance externally. On a quarterly basis our borough directors met with our Healthwatch either locally within the borough or at central quarterly meetings. The

aim was to facilitate open dialogue; to discuss quality of services, share monitoring information and feedback key messages. We also report to our commissioners quarterly through the Clinical Quality Group.

Overall, at quarter four we wholly achieved 9 out of the 14 indicators, the remainder we narrowly missed. The diagram below shows how we performed across our 5 Quality Account Priorities. (This will be further updated with our quarter four/year-end positions during April 2014 when these become available).

Overall achievement: Quality Account Priorities 2013-14



It is important to note that depending on methodology used to collect the data against each indicator, our year-end reporting figures are either 'year to date' (YTD) or 'at quarter four' (Q4). In some cases, where our data based on responses from patient survey was particularly low, we have aggregated our performance across the four quarters to produce a more meaningful year to date result. This will be made clear throughout the Quality Account.

To demonstrate a well-rounded view of the quality of CNWL services, we have included a number of other indicators of quality which are detailed in Part 3. These include historic Quality Account Priority indicators, performance in national staff and patient surveys, and details of complaints and equalities and diversity developments during 2013-14.

2.1.2. The detail of performance against our Quality Account Priorities 2013-14

The following five sections describe our performance achieved for each of our Quality Account Priorities, and the work which either took place to achieve our targets, or actions planned or in place to ensure improvements continue to be made.

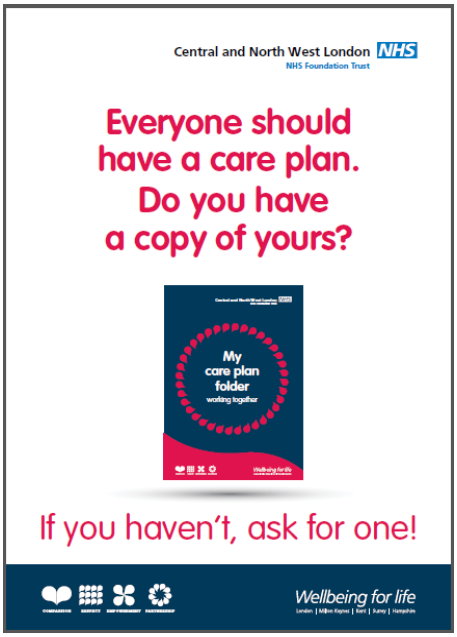
- **Helping our patients to recover by involving them in decisions about their care**

This priority builds on CNWL's focus from previous years to truly embed a culture of inclusivity, co-production and personalisation throughout the organisation and our services. Evidence tells us that key to achieving recovery and well-being is the patients' active involvement and participation in shaping a care or treatment approach which is tailored specifically to their needs.

This approach ensures patients understand what is in their care or treatment plan, what the alternative approaches are, the possible side-effects, where to get help if things go wrong; and encourages empowerment, shared ownership and responsibility on their journey to wellness.

A Trust-wide project, known as the Improving Involvement Project, was initiated during quarter two to drive up performance in this area and creating a culture of partnership and co-production. With the involvement of patients, we have designed, developed and implemented our new mental health Care Plan folders, within which care plans, medication information leaflets and other information can be kept together. This folder is aimed to be a 'conversation starter' to facilitate involvement and partnership in care planning. It also details useful telephone numbers such as that of the care co-ordinator, PALS, medicines information service, and the urgent advice line.

Alongside this, posters have been designed and disseminated to all mental health services prompting patients/services users to ask for a copy of their care plan if they have not had one offered already, as well as the training of reception staff to prompt and begin the conversation.

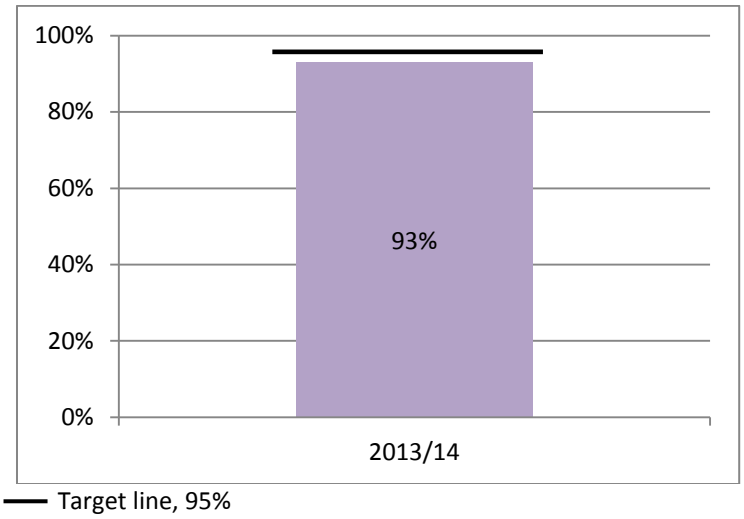


Posters, encouraging involvement

New care plan folders

This year we assessed and monitored our performance in this area through two measures; *first*, to determine that our mental health patients had been offered or given a copy of their care plan, or that our community physical healthcare patients had an agreed treatment plan in place, and *second,* to determine the extent to which all our community patients receiving mental or physical healthcare report feeling 'definitely' involved as much as they wanted to be in decisions about their care.

Measure 1: Patients have been offered or given a copy of their care plan (mental health) / Patients have an agreed care plan (community physical health)

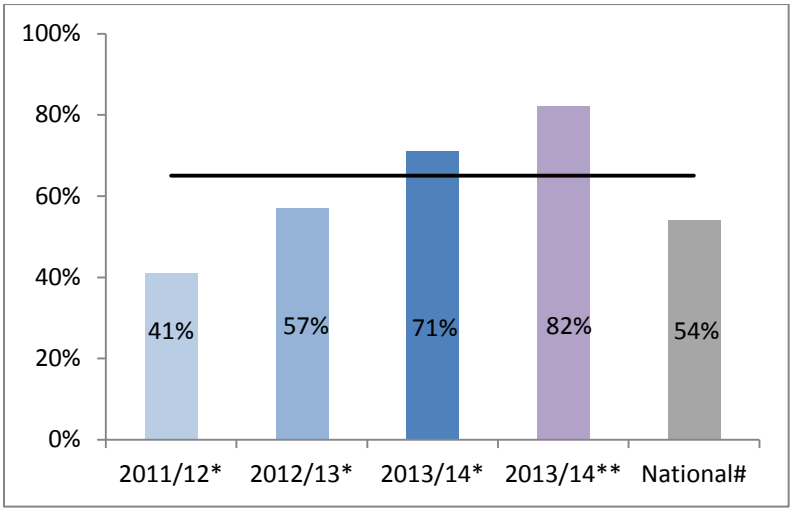


As this is a new measure for our physical community services in Camden and Hillingdon, our performance has varied throughout the year. Overall, based on the audit of clinical systems, at quarter four we recorded 93% of patients had been offered a copy of their care plan or had an agreed care plan. As presented above, this narrowly missed our 95% target. Considering these results separately, mental health achieved 82%, while our physical community services achieved 96%.

This shows there is still work to do to improve on this performance further in our mental health services. For example, local action has included staff and auditor training sessions, awareness raising via local communication networks, ward/team managers completing monthly audits with issues followed up during individual supervisions sessions and data reviewed at local care quality management meetings, and staff putting in place action immediate remedial action on a patient by patient basis where any issues were highlighted.

Measure 2: At least 65% of patients report being 'definitely' involved as much as they wanted to be in decisions about their care plan

This measure is based on our monthly telephone surveys of our patients, which are carried out by a group of especially trained patients, and quick feedback cards used in our sexual health services.



* Result for CNWL mental health services only;
** Overall 2013/14 result for CNWL mental health, community and sexual health services;
# National average based on Quality Health's 2013 NHS Community Mental Health Service User Survey for 'yes, definitely' responses to 'Do you think your views were taken into account when deciding

Overall, including our community mental, physical and sexual healthcare services, we achieved 82% at quarter four (based on 2389 patient responses), exceeding our target.

We are pleased to report that for the first time since this measure was introduced in 2011-12 our mental health services are now achieving this challenging target, which considers only those who stated they were '*definitely*' involved as much as they wanted to be in their care planning. In quarter four our mental health services achieved 71%, and a steady upward progression over the previous years, as demonstrated by the graph above.

We are very proud of this result which is a reflection of all the hard work implemented. When we consider those who reported being involved 'definitely' and 'to some extent', we achieved 90%. To ensure this level of performance is sustained and a culture of inclusion and partnership is embedded into practice we will be rolling this priority forward next year.

In focus: Involvement and responsiveness in our sexual health services

In our 2013 Staff Survey results 93% of our sexual health services staff felt that 'the organisation acts on concerns raised by patients' (CNWL overall: 77%). This reflects a culture in our sexual health services which is highly responsive to the needs of patients. This is confirmed by the sexual health services results for this measure, which achieved 89% of patients reporting that they were 'definitely' involved as much as they wanted to be in the planning of their care and treatment.

Other actions have included initiatives such as patients offered to chair their own meetings, the involvement of peer support workers to support patients in person centred planning, and the analysis and feedback of commentary through survey to shape our understanding of patients' values to match these. Training programmes run by our Recovery College further supports our achievement in this priority area, which involves patients, carers and staff learning alongside one another.

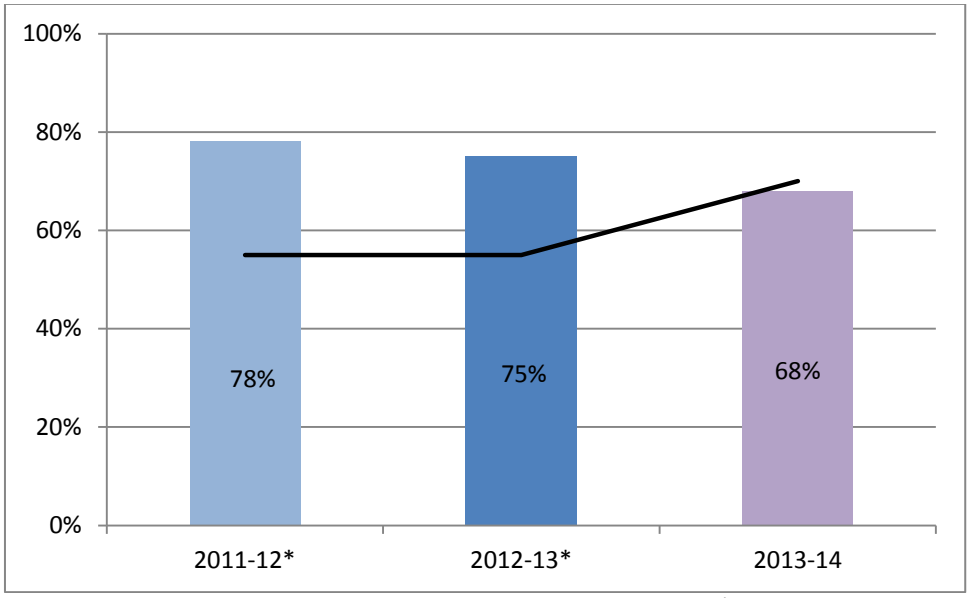
- **Supporting carers to look after their loved ones**

Family and friends (carers) provide a vital role in the wellbeing, safety and recovery of our patients. The first step in our process is therefore to make sure that we have accurately identified when a patient has a carer, or does not have a carer. We term this their 'carer status'. Once this is accurately recorded on our information systems we can follow up with the appropriate assessment and support.

Measure 1: Patients have their carer status identified

This measure is assessed through the audit of our patient information systems. We set ourselves a challenging target for 2013-14; one which increased from the 55% in 2012-13 to 65% by quarter three and finally 70% by quarter four. We also rolled this measure out to our physical community services in Camden and Hillingdon, applying these targets.

The chart below shows our progress year-on-year; performance demonstrated by the bars, and the rising target demonstrated by the target line.



Overall, we have just missed our target in quarter four by two percent. Reported separately, we achieved 77% in our mental health services and 66% in our physical community services in Camden and Hillingdon.

The reasons are two fold: Firstly, as this is a new measure for our physical community services, we expected performance to dip and be improved during the year as action is put in place and awareness raised amongst our staff in those services. Secondly, a dip was expected due to a change in how we record and collect this data due to the introduction of a new 'carer activity record' on our patient information system in our mental health services. Clinicians and auditors were informed of the changes in requirements and business rules updated and disseminated. We have since begun to see an increase in our performance for quarters three and four, and

expect this to rise further next year. This is due to the continued commitment of our staff and services in recognising and valuing the role of carers.

Measure 2: Do carers feel supported by CNWL and know how to access support in a crisis?

CNWL has established a Carers Council, chaired by a Carer Governor, and has carer and staff representatives from a variety services and demographic backgrounds. Work to deliver a better carer experience is co-ordinated and supported by this group.

We are committed to working in partnership with carers. We wanted to fully understand how we can better support our carers, ensuring they have the information they need and how to access services in crisis. This is especially important for our carers who care for individuals who may not be able to speak for themselves, for example those in our Learning Disability and Older People and Healthy Ageing services. It is important that all of our services include carers in care and treatment planning for the person they are supporting.

To achieve this we ran carer focus groups with different carer groups which included young carers, carers from black and minority ethnic (BME) communities, carers of older people and people with learning disabilities, and carers supporting someone accessing community recovery services.

2013-14 also saw the strategic collaboration between CNWL and the Spectrum Centre at Lancaster University. This collaboration has provided the Trust with a unique opportunity to review and improve carer experiences, especially in mental health care. A report was produced based on a review of our policies and procedures to support carers, and interviews with carers, patients and staff undertaken to establish the current experience of these. Trends from this data were positive but also showed there is more work to be done to embed these policies and procedures. CNWL's Carers Council will monitor and review progress on this in 2014-15.

Our carer feedback

The carer focus groups were positively received by both carers and staff who felt that these groups were a useful way to discuss any concerns and look at ways to address these, as well as provide feedback about the carer experience of the service. Such was the success of the carer focus groups that service lines committed to run at least two focus groups during the year to continue to work in partnership with and support carers. In addition, carer groups were also run in the Addictions Service and the Admiral Nurse Service.

Hillingdon and Camden Community Services have also successfully run awareness training sessions for community staff. A Carer Telephone Survey to contact newly identified carers to hear about their experiences of services was developed and initially piloted in Hillingdon and rolled out to Camden within the year.

- **Monitoring carer identification and providing information**

We heard from carers that, while we have improved staff awareness of carers and recording the 'carer status', we now need to focus on their early identification and ensure that carers are given local service information and sign-posted to accessible local support and contact points. This requirement directly feeds our Quality Account Priority for next year which builds on this

priority, supporting the implementation of local patient and carer information leaflets, while continuing to facilitate carer feedback and action planning through the year.

- **Learning**

Carers told us that staff should have a better understanding of the role of carers. We have co-developed with carers a carer film. The film is based on the personal testimony of a range of carers and told from their perspective. It is to be used as a learning tool to educate staff of the often complex carers' perspective and provoke discussion, insights and learning.

A learning set was co-developed and piloted in our acute services on 'Engaging with Families'. Positively received by staff, this learning opportunity will be reviewed with plans to roll-out during 2014-15.

Carers have also told us they needed training courses. CNWL's Recovery College has co-developed a number of courses specifically for carers, for example, 'Telling Caring Story', 'Health and Wellbeing for Carers' and 'Confidentiality and Information Sharing with Carers'. 'Managing Difficult Behaviour' and dementia courses have also been developed and are available to carers. Taster sessions are regularly run to offer carers the opportunity to try courses available. The Recovery College provides a unique opportunity for individuals (patients, carers and staff) to learn through shared experience.

- **Support in a crisis**

Carers told us that they need clear information on who to contact when out-of-hours advice is needed. The Urgent Advice Line Out-of-Hours service was launched and widely promoted to carers. The service is regularly monitored to ensure any carers who contact the service feel listened to, understood and they receive a satisfactory service.

In conjunction with carers, we developed Carer Contact Cards which received positive feedback. These will be updated to reflect local changes to carer and young carer support and re-launched in 2014-15.

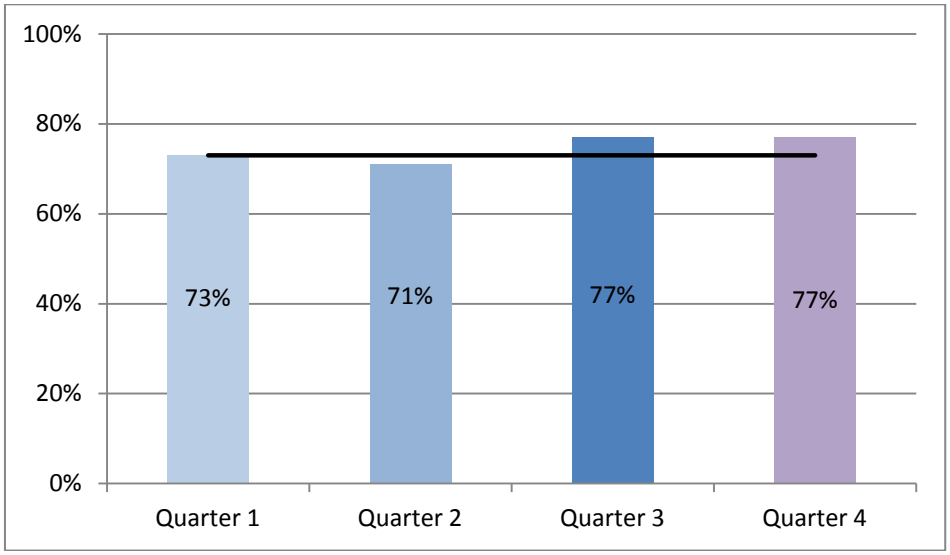
- **Making sure people who use our services get the best care we can provide**

It is important that our patients receive care and treatment that is safe, effective, responsive, compassionate, professional and well led.

Our approach is that a quality healthcare service is one in which the service understands, learns from and delivers beyond the expectations of its patients. To achieve this we set out to understand our patients' satisfaction with our services; with the aim of identifying, sharing and developing good practice across the Trust where things are working well, and make changes and innovate where things were not working as well.

We tested our patient satisfaction in five ways to make sure we have measured this in the most appropriate way for that particular service:

Measure 1a: We asked our mental health patients to '*rate the care they had received from our services in the last 12 months*'



Excludes our mental health services in CNWL-MK

As this was a new measure for our mental health services we display performance quarter on quarter in the chart above. The baseline was set based on the 'good' and 'very good' responses from our quarter one survey, achieving 73%. Data was collected via our monthly telephone surveys carried out by trained patients. We are pleased to report that we achieved an overall improvement during the year exceeding our target at quarter four (based on 765 patient responses). Actions to improve and sustain this are based on feedback from measure 2 below.

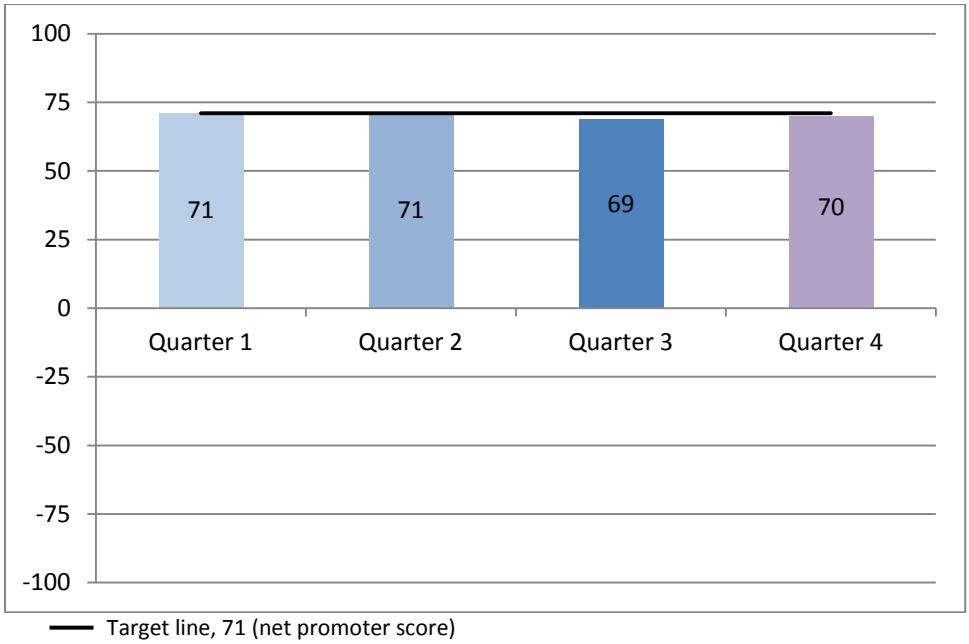
Measure 1b: We asked our community (physical) and sexual health care patients their '*likelihood of recommending our services to friends or family if they needed similar care or treatment*'

As above, we measured our performance based on the feedback from our monthly telephone surveys, and set our target based on the quarter one result. The chart below displays our performance quarter-on-quarter, and the results are displayed as "net promoter scores", not percentages.

The net promoter score

The results of this measure are calculated using a specific methodology laid out by the Department of Health, for national benchmarking purposes, known as the net promoter score. However, although this has yet to be rolled out to mental health and community health care services we have begun to measure patient satisfaction with our services in this way in our community physical and sexual health care services.

As by explanation, the net promoter score has a range from -100 to 100; and is calculated by simply subtracting the proportion of those who responded as 'neither likely nor unlikely', 'unlikely' and 'extremely unlikely' from those who responded 'extremely likely'. The 'likely' responses are not included in the calculation as they are deemed 'passive' responses.



The chart above displays our net promoter scores quarter-on-quarter and shows that we narrowly missed our baseline target at quarter four by just one net promoter score.

Reported another way: Overall, those who would be 'likely' or 'extremely likely' to recommend our services to family or friends, ranges between 95% and 96% across the four quarters. This result is particularly strong in our sexual health services who, from a comparatively larger sample have achieved up to 97% for this measure during the year.

Improving performance of measures 1a and 1b is based on a review of the reasons patients give for their satisfaction scores.

Measure 2: A thematic review of the follow-up question 'Please can you tell us the main reason for the score you have given' to inform action plans for development

The responses from measure 1a and 1b were supplemented by a follow-up question which asked for the main reason for the satisfaction score provided. The following themes emerged as consistent from quarter one to four, and so are the 'main predictors' of patient satisfaction:

- The patient – staff relationship (the strongest theme in determining patient satisfaction)
- Staff attitude and approach, with the following attributes as being most valued: inclusivity, supportiveness, flexibility, promptness and professionalism
- Access and consistency of staff, including waiting times for appointments in our sexual health services
- Provision of information and clear communication, for example, explanations about their treatment, alternative options, side effects and services available

Based on this feedback, we have put a number of actions in place to enhance the experience patients while in our care. Some of these actions have been immediate, while others are longer term and will be implemented throughout the next year:

- Improved access to our sexual health services through implementing improved telephone access for people booking appointments at the Margaret Pyke Centre, and the implementation of a new online appointment booking system;
- We have improved patient access to information through the publishing of key telephone numbers (such as PALS/complaints, medicines advice, and the out of hours urgent advice line) on our new care plan folders, flyers, and the Trust website;
- We plan to design and have available, for both patients and carers, site specific leaflets which outline all the services for support available and their access points;
- To address the key issues of 'the patient – staff relationship' and 'staff attitude', we are bringing this into focus as one of our Quality Account Priorities for 2014-15 entitled '*Competent and compassionate workforce*'. (For further detail of the work planned, please see page 28).

In focus: Quick feedback cards

Over the course of the year, our sexual health services have improved their systems for encouraging, reviewing and capturing patient comments (particularly those made via Comment Cards available in all clinics).

Each quarter quick feedback cards were also distributed to all patients seen over the course of a week. These cards ask key questions, such as the patients' feeling of 'involvement' or the 'friends and family test question'. This has resulted in over 1609 comments being logged as a result of feedback captured via these routes. 1429 (figure to be updated at year end), 89% of these comments were entirely positive.

Key themes in the feedback include the professionalism of staff, overall experience of using the service having been good and the operating system / efficiency of our clinics.

As a result of this feedback, we will strengthen our efforts to reduce waiting times (as was the theme in 6% of the comments we received).

In our mental health services for example, action has already begun with the consultation and involvement of patients in the development of 'Our commitments': 15 key messages which outline what our patients *value most*, to inform and shape our delivery of care and treatment. These have been published via the 'Our commitment' flyer available in waiting areas and on our wards, as well as printed inside the newly developed care plan folder.

'Our commitment' flyer

These are our commitments. We will:

- Work with you as an equal partner
- Treat you with compassion, understanding, respect and empathy
- Have your best interests in mind
- Aim to understand what your experiences mean to you
- Help you to think about what is most important to you
- Help you feel at ease to share what you want out of life
- Discuss your needs sensitively and supportively
- Share examples of how people have moved forward in their lives
- Work out a care plan with you and give you a copy
- Build care and support around your values, knowledge, skills and interests
- Provide enough information to help you make informed choices about treatment and support
- Help you to face things that might be hard
- Aim to help you keep healthy and feel good about yourself
- Help to support your family and community life
- Help your family and friends to support you.

We want you to know that you are listened to and involved in the decisions that are made about your care.

If you think that your mental health worker is not doing these things you could use this leaflet to:

- Talk to them
- Talk with their manager
- Talk with someone from the Patient Advice and Liaison Service (PALS).

PALS (Patient Advice and Liaison Service)
For confidential advice and information about CNWL services:

- **Phone:** 020 3214 5773
- **Email:** pals.cnwl@nhs.net
- **www.cnwl.nhs.uk**

The following three patient satisfaction measures relate to CNWL-Milton Keynes (CNWL-MK).

Measure 3: To improve on the 2012 CNWL-MK score based on the CQC national community mental health patient survey for responsiveness to patient needs in 2013

This score is based on the average of answers to five questions in the CQC national community survey. Each question is scored on a scale of 1-10, where 10 represents the best possible response, therefore, the higher the score for each question, the better the performance.

Health and Social Care Workers	2012	2013	2013 Score Compared with other Trusts based on Care Quality Commission data available http://www.cqc.org.uk/survey/mentalhealth/5CQ1
Section Score	8.2	8.1	About the same
Did this person listen carefully to you	8.3	8.3	About the same
Did this person take your views into account	7.9	7.9	About the same
Did you have trust and confidence in this person	7.7	7.5	Slightly Worse
Did this person treat you with respect and dignity	9.0	9.0	About the same
Were you given enough time to discuss your care and treatment?	8.1	7.8	Slightly worse

The results for the 2013 survey show that this target was not achieved, however, it is important to note that the sample of patients had already been pulled for the 2013 survey *before* the majority of our actions to address this had been implemented.

We believe that these responses are not an accurate reflection of the large programme of work we have implemented throughout 2013-14 given that the survey data collection took place in early part of the year. We therefore expect to see much improvement in these scores in the 2014 national community survey. Examples of our work are detailed below:

- **Service User and Carer Improvement Group**

Consisting of representatives of service users, carers, advocacy services and staff, this group was initially set up to support and inform changes within our Campbell Centre, a inpatient mental health facility in Milton Keynes. Successes included a review of all the notice boards in the unit and an update of all the information to include 'you said, we did' posters and signposting for information other languages for example. The group now focus their attention on an ongoing basis throughout the year on all feedback received from both our inpatient and community surveys and patients stories, and will soon consider incidents and complaints. The Group compiles a newsletter for dissemination to services, and will soon be offering service users within the group training to get involved in our interview and recruitment process.

- **Campbell Centre Weekly Survey**

A 'real time' tracker is used to capture the views of inpatients at the Campbell Centre each week. Service Users are asked questions about their environment, how safe they feel, and their care plans. The results are fed back to the unit and 'you said we did' posters are displayed showing any changes made. The feedback has steadily improved throughout the year in particular how safe patients feel on the unit.

- **Forums**

A programme of evening focus groups for all service users/carers of our Mental Health Services was set throughout the year. Topics have included Dementia, Meeting the Needs of Young People, Support for Carers and Understanding the CPA Approach. The results of the event are fed back to those who attended updating them on actions that have been taken as a result of their feedback.

- **Friends and Family questionnaire**

The Friends and Family questionnaire is distributed across all services on a monthly basis. A variety of methods are used to collect this information including paper based surveys, 'real time' trackers, the website and will soon be introducing an email option. Results are collated and fed back to teams in the first week of each month to inform actions needed. Teams feed back changes via 'you said we did' posters and the results are discussed with staff at team meetings.

- **Patient Stories**

As part of the Friends and Family questionnaire, patients are invited to leave their contact details if they would like to tell us more about their experience. Following on from this, patients are contacted and given an option to fill out an open questionnaire to tell us more about their experience. These are then returned to services anonymously as more in-depth feedback, and used to inform service improvement action. They are also used to choose service users for filming and are presented at the service user/care group.

To date we have filmed nine patient stories including Service Users from Mental Health, Intermediate care, District Nursing, Speech and Language Therapy and Health Visiting. The films are used internally for training and where we have permission, are posted on our website.

- **Our annual programme of Patient Campaigns**

Our responsiveness to patient/service user/carer need is underpinned by our annual Patient Campaigns. Each year we design a programme of campaigns in conjunction with our patients, carers, staff and Healthwatch which identify specific areas within which to facilitate patient/service user/carer feedback to inform improvements.
This year's Patient Campaigns have focussed on the following:

- Reducing the health inequalities of people with learning disabilities
- Review of the Milton Keynes complaints process
- Improving experience of patients in our District Nursing Services
- Introducing the 15-Step Challenge in our Health Visiting Teams

In all campaigns patient/service user perspectives are collected through the year to inform action plans for improvement. Examples of plans for improvement include:

- Developing a training programme for paid carers
- To identify the health and advice information needs of our learning disability patients to provide greater support
- Developing a Health Action Team leaflet in our Learning Disability services
- Development of a 'how to complain' poster, and the roll-forward of the complaints campaign to next year
- To engage patients in nurse training to give their perspective

Our Patient Campaigns for 2014-15 are currently being decided with our key stakeholders. We are hopeful that the evidence of this years' work will be improved scores in our 2014 Community Survey results. These results and continued progress of our Patient Campaigns will be reported on internally over the coming year.

Finally, CNWL-Milton Keynes wanted to assess the quality of services through the satisfaction of patients and staff with services using the national "friends and family test" survey. As described above, the friends and family test asks the respondent to state how likely they are to recommend our services to their friends or family if they ever needed similar care or treatment.

Measure 4: For CNWL-Milton Keynes to deliver the Friends and Family test across all services, and achieve a year-end position within the top 50% of the national result for this measure

We are pleased to report that we have achieved this measure.

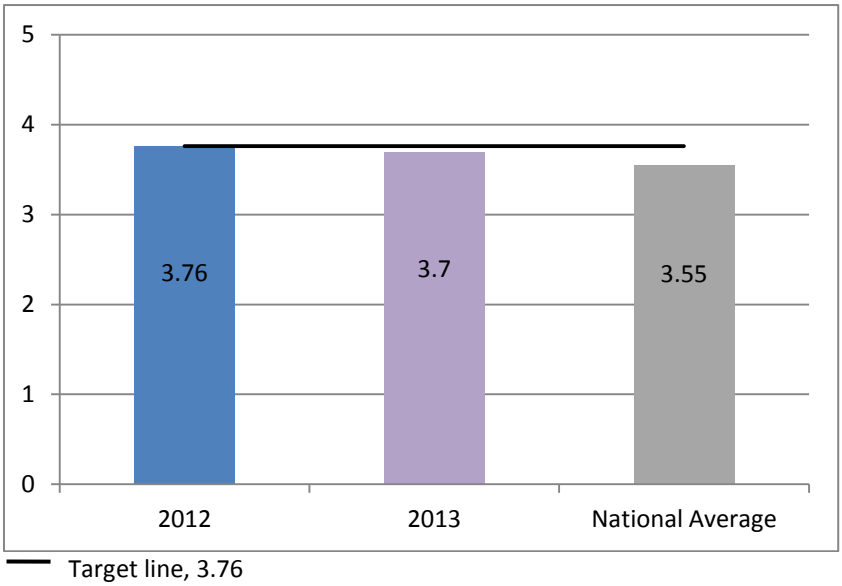
CNWL-Milton Keynes 'Friends and Family test' was rolled out across all services using an agreed representative sample from each service, and data was collected monthly throughout the year. Services receive monthly reports which are discussed at local team meetings and action is planned for improvements. To feedback initiatives and progress to patients and staff, 'you said, we did' posters are produced and disseminated.

At December 2013 (to be updated in the final report), the national result for England was 64. We achieved 71, placing us in the top 50% of the results for this measure. These results are reported by the 'net promoter scores' as explained on page 13. We expect to continue to

achieve this target in the final report. This achievement has been enabled through the wide variety of work undertaken in our services (detailed above): proactively opening channels of communication between services and patients and carers to hear views, respond and improve our services in line with their needs.

Measure 5: Improve on the 2012 national staff survey result for 'staff reporting that they would recommend CNWL-Milton Keynes healthcare services to their friends or family' in the 2013 national staff survey result

We also seek the views of our staff and how they determine the quality of our services. Last year CNWL-MK set out to improve on their achievement of the number of staff likely to recommend CNWL-MK services to their friends or family. This is reported nationally as a score out of five; and in 2012 a score of 3.76/5 was achieved and set as the baseline.



As demonstrated by the graph above, while we narrowly missed our target achieving 3.70/5 in the 2013 national NHS staff survey, we far exceeded the national average of 3.55 when compared to similar Trusts.

Our overall result (3.70/5) is broken down across our CNWL-MK services as follows:

- Corporate services: 4.02/5
- Children's services: 3.74/5
- Adult community services: 3.71/5
- Mental health and learning disability services: 3.35/5

Compared to last year we have improved in all areas apart from our mental health and learning disabilities services, who fair comparably below the other services in the 2013 survey. It is in this area that there has been focussed work to improve standards of care, staffing levels and the calibre of nursing staff appointed. Work will continue as part of a directorate-wide transformation plan for mental health and learning disability services.

Across all CNWL-MK services there is continued emphasis on good management and leadership at every level. We recognise that there is still further work to do and will continue to build our value base with our staff, and test these with our staff and patients. At each stage of the employee journey we will test out the standards of behaviour that we expect aligned to our values so that we have a 'competent' and 'compassionate' workforce. We are reviewing our selection methods to ensure that we appoint caring, compassionate staff with the skills and standards of behaviour that reflect our values. This work is reflected in our priorities for next year.

Also in the coming year we will begin to carry out quarterly 'snap shot' staff surveys to closely monitor our progress against this measure and to understand the issues for improvement action. This is to be taken forward as a priority for next year. With this focus we expect to see good progress against this measure and an improved picture when compared nationally.

- **Safe transfer of care**

The safe transfer of care priority was identified and set as a priority for our services in Milton Keynes.

We wanted to make sure that when our patients, especially those who are vulnerable and have complex needs, are transferred from one clinical setting to anther that they are kept safe, and that we have effective systems in place to ensure this.

As transfer of care includes other local healthcare providers and strong partnership working and communication to ensure patient safety at all times, we have worked closely with them throughout the year to reduce harm to our patients.

Our focus was two-fold:
Measure 1: To forward 100% of transfer of care incidents reported by our staff to the relevant organisation for investigation within one week, and
Measure 2: To reduce the number of those incidents originating from our services that result in moderate or major harm or death to below 5% by year end.

We have achieved both of these targets; however we are mindful of the need to continue to work with our partner organisations in order to sustain the improvements.

We send a weekly incident report to our local healthcare partners covering all transfer of care incidents originating from their services for investigation. It is positive to note that we now receive feedback on their investigations which has enhanced our partnership working and allows for better opportunities for shared learning.

Many of the incidents relate to medication, and we have been encouraged by the level of engagement from the hospital's Chief Pharmacist who has supported investigations and assisting in addressing issues. Further, the Single Point of Access, which was set up to manage referrals to Community Nursing teams, is helping to prevent inappropriate or wrongly routed referrals. Underpinning this, we now meet with the local hospital, local authority and

commissioners on a monthly basis to monitor the action plan which is in place to develop both operational and strategic solutions.

We are also pleased to report that we have had no transfer of care incidents originating from our services that have resulted major harm or death throughout the year.

Transfer of care problems arising from our own services remain low, accounting for 6% of the total in quarter three. When these incidents do occur, staff report and investigate the issue so lessons can be learned and shared. The Mental Health Service pathway redesign, for example, is likely to reduce the frequency of these incidents still further, as it will clarify and streamline the interfaces between services.

As we have now developed close partnership working with our local agencies, introduced systems to increase safe transfer of care further, and are confident that the systems which have been set up to monitor progress both internally and by commissioners are robust, this priority will not be reported in the Quality Account next year.

- **Reducing harm from pressure ulcers**

Pressure uclers are also known as 'bed sores'. Pressure ulcers usually develop in those who have limited mobility and are caused by a sustained pressure on a particular part of the body, for example, the hard surface of a wheelchair. Those cells under pressure are deprived of blood, oxygen and nutrients and eventually die, causing a sore. As the area is also devoid of white blood cells (our immune system), the area is easily infected and can cause considerable pain. Pressure ulcers are graded from one to four with four being the most severe.

Preventing pressure ulcers was a priority identified in our healthcare services in Milton Keynes, with the long-term ambition of achieving zero avoidable pressure ulcers. Work is overseen by the Zero Pressure Ulcer Ambition Group who report data to the Quality and Performance Committee. Three Quality Account Priorities were developed to monitor and drive our plans forward in this area. These were to:
Measure 1: Undertake a survey once a month using the NHS Safety Thermometer tool;
Measure 2: Achieve a year-end baseline for the number of recorded avoidable pressure ulcers to be measured against in the following year;
Measure 3: Achieve a level of recorded avoidable pressure ulcers less than the national average for this measure using the NHS Safety Thermometer tool;

We are pleased to report that at quarter three we have achieved our targets.

We have developed a system to accurately identify avoidable and unavoidable pressure ulcers, and data is collected on a monthly basis via the NHS Safety Thermometer. To ensure accuracy and validity, the data is triangulated with incident reporting data and provides robust information to inform action and improve patient safety overall.

Actions have included the provision of training on pressure ulcer prevention and management and use of equipment, provision of information for patients and the development of a Pressure

Ulcer Management Policy. The uptake of training is monitored on a monthly basis, and pressure ulcers are investigated to identify and share learning points for further improvements.

In our progress towards achieving a year-end baseline for the collection of avoidable pressure ulcers, we recorded 16 by quarter three. Three of these were grade 2, and 13 were grade 3. These are all routinely further investigated to identify the cause and inform action plans. These figures will be updated for quarter four and will form our baseline for assessment during 2014-15 in our progression towards our zero pressure ulcer ambition.

To put our performance in context we compare ourselves against the national average (using the NHS Safety Thermometer tool), and our aim is to do better that it. We are pleased to report that our actions are working and that at quarter three, patients recorded as having a grade 2-4 pressure ulcer was 4.01%, compared to the national average of 6.6%. Our performance also shows an improvement from our quarter two position of 5.07%. We expect to achieve these targets for quarter four.

These measures will not be included in the Quality Account for 2014-15 because the NHS Patient Safety Thermometer, which includes Pressure Ulcer Management, is mandated through CQUIN and this will ensure ongoing monitoring and provision of assurance to our commissioners. We are confident that our processes in place for the collection and monitoring of pressure ulcer data are robust and performance is improving.

CNWL's Quality and Performance Committee will be reviewing all the *historic* Quality Account Priority measures for reporting next year, and will complete this task through consultation with patients, carers and staff.

2.1.3. A borough breakdown – Our Quality Account Priority 2013-14 performance by borough

	Measure	Target	Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	CAMHS	Learning Disabilities	Eating Disorders	Addictions	Camden community (physical)	Hillingdon community (physical)	Sexual health services	Trust-wide
Helping our patients recover by involving them in decisions about their care plan															
1	We record inpatient/community patients have been offered/given a copy of their care plan (mental health) / Patients have an agreed care plan (community physical health) (Q4; n=2098)	95%	90%	90%	73%	78%	74%	100%	100%	83%	100%	94%	97%	-	**93%**
2	Community patients report that they were involved as much as they wanted to be in decisions about their care plan (definitely) (Q4; n=2389)	65%	62%	64%	67%	73%	77%	89%	-	100%	80%	72%	77%	88%	**82%**
	Community patients report that they were involved as much as they wanted to be in decisions about their care plan (definitely and to some extent) (Q4; n=2389)	65%	94%	86%	88%	90%	95%	100%	-	100%	88%	89%	96%	99%	**96%**
Making sure we support carers in looking after our loved ones															
3	Percentage of patients that have a 'carer status' identified (Q4; n=1986)	70%	93%	85%	81%	66%	58%	-	94%	57%	100%	67%	65%	-	**68%**
Making sure people who use our services get the best care we can provide															
4	Overall, how would you rate the care you have received from CNWL services in the last 12 months ('good' or 'very good'; Q4; n=765)	73%	72%	74%	68%	75%	87%	89%	-	83%	83%	-	-	-	**77%**
	How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment (Q4; net promoter score followed by percentage of 'likely' and 'extremely likely' responses; n=1697)	71	-	-	-	-	-	-	-	-	-	43 (83%)	35 (80%)	75 (97%)	**70 (95%)**

Key: "n=" denotes total sample size
"Q3/Q4" denotes results as at quarter three or quarter four

2.2. Our Quality Account Priorities for 2014-15

In this section we describe the journey we have taken to develop and agree our Quality Account Priorities for the coming year. We include the rationale for their selection, and how we will measure, monitor and report on them.

How we agreed our Quality Account Priorities for 2014-15

We value the views of both our internal and external stakeholders and actively facilitate dialogue and engagement at all times: Feedback, and sharing messages and lessons from as many sources as possible makes for the most informed decision making in which everyone is brought on the journey, and supports the Trust's aims and objectives for safe, high quality care.

The building up of our Quality Account Priorities began at the very start of year. This has involved:

- Our ongoing conversations with and feedback from our Healthwatch,
- Feedback and analysis from our patient, carer and staff surveys,
- Triangulation of our audit results, complaints, claims, incidents, and PALS data to inform our annual organisational learning themes,
- Feedback from our internal and external site inspections, and
- The development and integration of our priorities within our Annual Plan

Based on this information we have developed five key areas for improvement in 2014-15 and on which to base our draft Quality Account Priorities for 2014-15:

- Improving patient user experience
- Improving involvement in care/treatment planning
- Supporting carers to look after their loved ones
- A competent and compassionate workforce; and
- Integrated physical and mental healthcare

In refining and shaping our draft Quality Account Priorities for 2014-15 we consulted with our key stakeholders through a series of workshops. We consulted with patients, carers, Council of Governors, staff, union representatives, Healthwatch, commissioners, Overview and Scrutiny Committees and lead GPs.

Based on the key messages received from our individual stakeholder consultations the refreshed Quality Account Priorities for 2014-15 were proposed for *further* feedback and refinement at our annual 'all-stakeholder' consultation event (held on Thursday, 6 March 2014). This half-day event included the attendance of around 70 delegates, with representatives from all our stakeholder groups. Each individual had the opportunity to feedback their views, share personal insights and experiences, and network. The event received very positive feedback.

Consultation: Key messages

Through our consultation programme a number of key themes emerged in relation to the principles that should apply to the Quality Account Priorities for next year. The priorities should:

- Be written in the patient's voice to be easily 'accessible' and understandable to all
- Be consistent and applicable to all parts of the organisation for benchmarking purposes
- Cover no more than three areas to ensure focus and embedding of key quality improvements
- Focus on our processes, as well as outcomes and experiences of our patients and carers, and
- Include both quantitative and qualitative measures to ensure a rich and well-rounded understanding of the quality of services and where improvements are needed.

Feedback from our consultation programme provided clear and supportive direction for the development of the Quality Account Priorities. It was agreed that the three Quality Account Priorities for 2014-15 should be:

- **Priority 1: Helping our patients to recover by involving them in their care or treatment**
- **Priority 2: Supporting carers to look after their loved ones**
- **Priority 3: A competent and compassionate workforce**

Based on feedback it was decided that rather than be a Quality Account Priority, **'Improving patient experience'** should be reported as an overarching measure of quality services, as it depends on getting all other aspects of care 'right'. In response, this will be reported as standard in future Quality Accounts.

Finally, **'integrated physical and mental health'**, while vitally important and rigorously worked towards, was felt to be 'too early' for development in 2014-15. Integration processes are embedding across our physical and mental health services, and in light of current organisational re-structure to support this aim, 'Integrated physical and mental health' will be proposed as a Quality Account Priority for 2015-16.

The tables on the following pages display each of the three Quality Account Priorities planned for 2014-15. Each table describes:

- The aim, objective and rationale for the priority area,
- 'Our commitments' or projects we are planning to carry out during the year, and
- The 'measures' or indicators we are planning to monitor and report on to drive up performance in that priority area, and so the quality of our services.

It should be noted that these are not the only measures of the quality of our services that we monitor. Where stated, the Quality Account Priorities from previous years will continue to be measured and reported on in future Quality Accounts, as well as triangulated with all our other data sources throughout the year. This is described in more detail in 2.3 Monitoring and sharing how we perform.

Priority 1 - Helping our patients to recover by involving them in their care or treatment

Aim and objective:

- Involving our patients in their care and treatment is key to their on-going recovery or well-being: 'Involving patients' is a proxy measure for a number of other clinical practices, such as, explaining treatment or medication choice and side effects, the importance of concordance, what to do in a crisis, additional services available and how to effectively manage conditions
- CNWL introduced this priority to its mental health services in 2010-11, and rolled this out to its community (physical) and sexual health services in 2013-14
- While our community (physical) and sexual health services have shown encouraging results throughout the year, it is in CNWL's mental health services which have shown the greatest shift. Our consistent focus and improvement actions have taken effect with patients reporting a year-on-year increase that they were 'definitely' involved as much as they wanted to be in their care and treatment (see Section 2.1.2). Our mental health services achieved this for the first time in quarter three this year, and early results for quarter four report similar/increased figures
- While this is to be celebrated, it is not to become complacent: Through our commitment to continue the roll-out of our Improving Involvement Project we plan to drive up and maintain this performance, and ensure a culture shift of 'empowerment' and 'partnership' is made and embedded throughout our services. 'Empowerment' and 'partnership' reflects two of CNWL's four core values
- We will continue to measure, as appropriate, that we have offered our patients a copy of their care plan, but develop this further for next year by asking patients to report on *care plan implementation*: *'how well does your care co-ordinator or lead professional organise the care or services you need'?* (This is a CQC national patient survey item and so can be benchmarked against next year).
- Finally, to support all our aims in this area, CNWL will undertake a review of its care or treatment planning processes across the Trust with the aim of 'simplification', removing unnecessary bureaucracy to release staff time from administration to caring for patients; and 'integration', facilitating a holistic approach to healthcare where physical healthcare services are prompted to capture mental health issues (and vice versa), and pathways developed for integrated healthcare management.

Commitment 1a. To undertake a review of care and treatment planning across the Trust

Commitment 1b. Improving Involvement Project continued roll-out in our mental health services

Measures	Target	2013-14 achievement or new measure	Collected by	Service applicability	National benchmark available?
Measure 1a. Community patients who tell us they were 'definitely' involved as much as they wanted to be in decisions about their care or treatment	Q1: 65% Q2: 65% Q3: 65% Q4: 65%	82%	Telephone survey/ Quick feedback cards	All	Yes
Measure 1b. How well does your care co-ordinator/lead professional organise the care or services you need?	Baseline set at quarter one	New measure	Telephone survey	Mental health only	Yes

Priority 2 - Supporting carers to look after their loved ones

Aim and objective:

- Our carers are our allies in healthcare provision, and so it is essential that they are given the appropriate support to enable them to care for their loved one(s), to keep them safe and well
- Based on strong stakeholder support, this priority is a roll-forward from 2013-14: Throughout last year we heard many key messages from our carers (as described in Section 2.1.2), and so it is essential that these are responded to and built upon, to continue to drive up the culture of routinely identifying and involving carers, and providing them with the help, training, access to services, and advice and information they need
- Throughout 2014-15 the development work for carers will be managed and co-ordinated by CNWL's Carers Council (chaired by a carer governor). Based on feedback from our carers, work-streams include:
  a) to continue to measure the identification of carers on our patient information systems,
  b) the provision of accessible information about services and better sign-posting through the co-production of information leaflets,
  c) the 2014-15 launch of the co-developed Carer Film, to be used a learning tool to better understand the complex issues faced from the carers perspective and provoke discussion and enhanced learning
  d) the roll-out of a learning set co-developed and piloted in our acute services on 'Engaging with Families'; this was positively received by staff and plans are in place for wider roll-out in 2014-15
  e) to continue to gain carer feedback throughout the year from survey and focus groups, as well as learning from complaints and carer experience stories, to inform improvement action; and continue to benchmark results from national patient surveys. For example, we have seen a steady increase in the results for patients reporting that they were told that they can 'bring a friend, relative or advocate to your care review meeting'
- The Carers Council will continue to ensure its membership reflects the diverse services provided by CNWL, as well as the population it serves, and that it continues to partner with appropriate external organisations

Commitment 2a. To provide patients and carers with local information on services available, including, Urgent Advice Line details, advice on medication and side effects, how to contact PALS or make a complaint, and how to receive supportive training through the Recovery College, via leaflets and crisis card distribution.

Measures	Target	2013-14 achievement or new measure	Collected by	Service applicability	National benchmark available?
Measure 2a. Thematic review of carer feedback based on their experience of the support received from CNWL services to inform action plans for improvement	Thematic review and action	Achieved	Focus groups and surveys	All, except sexual health services	-

Priority 3 - A competent and compassionate workforce

Aim and objective:

- Our aim is not only for our workforce to be 'competent' but also have a human touch; approaching patients with 'compassion' and 'respect' as supported by two of CNWL's four core values
- There is an evidence base that states that staff who are well led, supported, listened to and receive regular feedback through supervision, appraisal or listening forums, for example, are better engaged, motivated and provide better quality care
- Our 2013 national staff survey results suggest that, even though above national averages, opening communication channels between management and staff is necessary: 40% believe senior managers involve staff in important decisions, 48% believe communication between senior management and staff is effective, and 39% believe senior management act on staff feedback
- To achieve this, our approach is multifaceted:
  - Starting with recruitment and employing the best candidates, we will implement an online recruitment screening tool to aid the efficiency and effectiveness of identifying the best candidate for the job – with not only the right skills, experience and qualifications, but also the right attitude and ethos; and getting them in as soon as possible;
  - We will encourage stronger, consistent and responsive leadership opening and facilitating lines of communication between our staff and management, through on-going supervision and appraisal on a one-to-one basis, but also through staff listening events – empowering a 'staff voice' and being responsive to it;
  - We will ensure our inpatient wards are safely staffed to ensure our patients receive a safe, effective and comfortable experience of care;
  - Finally, to assess overall effectiveness of our approach to a *'competent and compassionate workforce'*, we will ask our patients and staff for their views to inform our actions for improvement.

Commitment 3a. Improve the efficiency in the recruitment process through development and implementation of an online assessment screening tool

Commitment 3b. Development of a programme of staff listening events, to facilitate open dialogue between management and frontline staff for mutual feeding back, shared action planning and sharing of messages

Commitment 3c. To publish the staffing levels on our inpatient wards, as recommended by NICE, for the information of patients, carers and staff

Measures	Target	2013-14 achievement or new measure	Collected by	Service applicability	National benchmark available?
Measure 3a. The percentage of staff who have had their annual appraisals	Baseline set at quarter one	New measure	Internal database	All	-
Measure 3b. The percentage of patients who tell us that they were treated with 'dignity and respect'		New measure	Telephone survey/ Quick feedback cards	All	-
Measure 3c. The percentage of staff who would recommend Trust services to family or friends if they needed similar care or treatment		New measure	Staff survey	All	Yes

2.2.1. Monitoring and sharing how we perform

Reporting our performance and achieving our targets

The measuring and monitoring of the clinical safety, effectiveness and experience of patient, carer and staff of CNWL services is a top priority.

This work is closely overseen and scrutinised by the Quality and Performance Committee (chaired by a non-executive director, and made up of executive and other non-executive directors) and Operations Board (chaired by the Director of Operations), who in turn provide assurance and recommendation to the Board of Directors.

Service lines scrutinise their local data, action plan as appropriate and report on progress at local monthly care quality management groups and quarterly service line reviews. Service line reviews are attended by the Director of Operations, service line heads, business managers and other corporate and clinical staff to provide robust challenge, receive assurance regarding exception reports and on-going improvement actions and to learn and share lessons.

Where feedback or data indicates that Trust-wide action is required, a working project group will be arranged with clear terms of reference and objectives to design, consult on, and implement the change programme or initiative. Progress will be monitored through the Quality and Performance Committee and our key stakeholders will be kept updated throughout the project's life-cycle.

CNWL values the support, partnerships and conversation with both our internal and external stakeholders in our quest to provide the best services possible. On a quarterly basis we meet and report to our Healthwatch to share and gain feedback from their local communities as well as our Council of Governors. Further, to support effective internal messaging to the front line regarding we will publish quarterly messages via our internal staff bulletins to support progress against our key quality and safety targets and to share lessons learned.

The Quality and Performance Committee, Operations Board and service lines have a variety of tools and information streams to effectively triangulate intelligence, and monitor and facilitate their achievement of safe and high quality services.

Our systems and tools for measuring and monitoring safety and quality of services

- **Integrated dashboard:**
  Our Quality Account Priorities, historic priorities and other indicators of quality include both quantitative and qualitative indicators. This enhances the richness of the intelligence we collect and enables us to put in place focused and informed action plans for improvement.

  To achieve this, our data is collected from automatic reporting from our information systems (such as Datix Web), clinical audit, patient and carer telephone and postal survey, focus groups and listening events. This information is collected on a monthly and quarterly basis and a reported via the Trust's Integrated Dashboard. For further

triangulation, the dashboard also includes achievements against Monitor, HR, CQUIN and financial measures, and is broken down by service line and borough. Where targets are missed action plans are put in place and progress monitored in the following report.

- **Organisational learning:**
  We also actively compare, analyse and triangulate the messages from our incidents, complaints, claims, PALS, audits and surveys to produce organisational learning themes. These themes, as described in the previous section, are used to inform action plans with executive leads to ensure improvements in the areas identified, and are used to inform the Quality Account Priorities for the next year. This work is undertaken by the Organisational Learning Group which reports directly to the Quality and Performance Committee.

- **Quarterly quality reporting:**
  Key messages from a wide variety of work-streams from across the organisation are collated in one quarterly Quality Governance Report under the three headings of a) compliance with regulatory requirements and good practice guidance, b) management of concerns, problems and issues, c) quality improvement, and d) patient, carer and public involvement. These reports allow for further triangulation, scrutiny and assurance of the quality and safety of services.

- **Care Quality Commission's (CQC) essential standards for quality and safety:**
  We monitor our services' compliance with the CQC's regulatory standards on an on-going basis. Tools known as Provider Compliance Assessment tools (PCAs) are updated with action plans where gaps in assurance are identified on a quarterly basis, and reported via an on-line system to the Quality and Performance Committee and Operations Board. As PCAs are self-assessments of compliance, declarations are tested by internal audit, a programme of mock internal inspection of our services and CQC inspection reports.

  We also rigorously review our Quality and Risk Profile (QRP) which the CQC publish on a monthly basis. This document collates all the intelligence the CQC hold on CNWL from third party information and intelligence from their local inspections. Based on this information the QRP determines possible areas of risk and plays a part in informing their inspections. We track any changes closely and ensure any new information is logged and action in put in place as required.

  We provide monthly updates on the compliance with CQC's standards to the Quality and Performance Committee and Operations Board.

- **Service Improvement and Special Measures Programme:**
  Where we hear frequent messages or "noise" in the system from a variety of sources about a particular site or team, we instigate an initial assessment to determine whether there are fundamental or systemic issues which require further detailed investigation and improvement. If it is agreed that further action needs to be taken we deploy a level of response that appropriate to the seriousness of the issues found.

Our service improvement intervention has three levels: Level 1 warrants local management and reporting to resolve issues; Level 2 is an executive-led Accelerated Service Improvement Programme (ASIP); and Level 3, where systemic failings are found, requires a Board monitored Special Measures Programme.

Benchmarking

CNWL is a member of the NHS Benchmarking Network. The network's purpose is to perform nationwide comparisons, or benchmarking, across all mental health and community services across a variety of performance measures, such as 're-admission rates' for example.

CNWL is also a member of Prescribing Observatory for Mental Health (POMH-UK). POMH-UK run a rolling programme of clinical audits which focus on medication prescribing and monitoring of physical health side effects. CNWL partakes in these audits and is benchmarked against all other similar participating Trusts, as well as able to assess improvements since the previous audit. Participation and performance monitoring is carried out by the Medicines Management Group (MMG), with actions for improvement agreed and implemented by our services.

2.3. Statements relating to the quality of NHS services provided

Review of services

During 2013-14 CNWL provided and/or sub-contracted seven healthcare services.

These included:

- Mental health (including adult, older adult and CAMHS)
- Eating Disorders
- Learning Disabilities
- Addictions
- Offender Care
- Sexual Health/HIV Services
- Community physical health services (Camden, Hillingdon and Milton Keynes

CNWL has reviewed all the data available to them on the quality of care in all of these healthcare services.

The income generated by the NHS services reviewed in 2013-14 represents 100% of the total income generated from the provision of NHS services by CNWL for 2013-14.

Where we provide our seven healthcare services:

	Mental health services	Eating disorders	Learning disabilities**	Addictions	Offender care	Sexual health services	Community physical healthcare
Brent	y	-	Y	y	y	Y	-
Harrow	y	Y	Y	-	Y	-	-
Hillingdon	y		Y	Y	Y	Y	Y
Kensington & Chelsea	Y	Y	Y	Y	Y	-	-
Westminster	y	-	Y	Y	Y	-	-
Camden	-	-	-	-	-	Y	Y
Islington	-	-	-	-	Y	Y	-
Enfield	-	-	Y	-	-	-	-
Hounslow	-	-	-	Y	-	-	-
Ealing	-	-	-	Y	Y	-	-
Hammersmith & Fulham	-	-	-	Y	Y	-	-
Kingston	-	-	-	Y	-	-	-
Surrey	Y	-	-	-	Y	-	-
Kent	-	-	-	-	Y	-	-
Hampshire	-	-	-	-	Y	-	-
Buckinghamshire	-	-	-	-	-	-	Y
Milton Keynes	Y	-	-	-	Y	-	Y

* Provided in partnership

** Referrals accepted nationwide and includes offender, diversion and treatment services

Participation in clinical audit

During 2013-14, 7 national clinical audits and 1 national confidential enquiries covered NHS services that CNWL provides.

During that period, CNWL participated in 100% of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CNWL was eligible to participate in during 2013-14 are as follows:

- National Audit of Intermediate Care (NAIC)
- Falls and Fragility Fractures Audit Programme (FFFAP)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Parkinson's Audit
- National Audit of Schizophrenia (NAS)
- Prescribing Observatory for Mental Health (POMH)
- Epilepsy 12 Audit (Childhood Epilepsy) MK
- Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Homicide for People with Mental Illness

The national clinical audits and national confidential enquiries that CNWL participated in during 2013-14 are as follows:

The national clinical audits and national confidential enquiries that CNWL participated in, and for which data collection was completed during 2013-14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Confidential Enquiry / National Audit	Cases submitted
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	93.17% (for period January 2007 to January 2013)
Sentinel Stroke National Audit Programme (SSNAP)	Data collection continuing until 31st March 2013
Prescribing in mental health services (POMH) • Prescribing for Attention Deficit Hyperactivity Disorder • Monitoring of patients prescribed lithium • Prescribing anti-dementia drugs • Use of antipsychotic medication in CAMHS • Prescribing for substance misuse: alcohol detoxification	• 107 cases submitted • 94 cases submitted • 463 cases submitted • Data collection in progress • Data collection in progress (No set number required - audit sample determined by Trust)

National Parkinson's Audit	30 cases submitted (10 cases submitted for each profession: Physiotherapist, Speech and Language Therapist, Occupational Therapist) (Minimum of 30 patients required for audit sample)
Falls and Fragility Fractures Audit Programme (FFFAP)	100 cases submitted (ongoing) 100% of all cases submitted as per the terms required
National Audit of Intermediate Care (NAIC)	5195 cases submitted (No set number required)
Epilepsy 12 Audit	100 cases submitted (ongoing) (number of cases based on explicit referral criteria)
National Audit of Schizophrenia	106 cases submitted (minimum of 100 cases required)

The reports of 4 national clinical audits were reviewed by the provider in 2013-14 and CNWL intends to take the following actions to improve the quality of healthcare provided:

- **National Audit of Intermediate Care:** In Hillingdon community services, the audit results have been discussed at the Hillingdon's Clinical Effectiveness and Professional Advisory Group (CEPAG) and the results have been disseminated to the participating services, Community Rehabilitation Team, Hawthorn Intermediate Care In-Patient Unit and the Rapid Response Team. These services have reported to CEPAG group that recommendations from the report have been reviewed with an action plan in progress. In Milton Keynes Community Services the audit results have been shared with the teams that were involved in this audit and recommendations from the report are currently under review.

- **Epilepsy 12 Audit (Milton Keynes):** Epilepsy12 is a UK-wide multicentre collaborative audit which measures systematically the quality of health care for childhood epilepsies. The '12' refers to the 12 measures of quality applied to the first 12 months of care after the initial paediatric assessment and care is compared to National Institute of Clinical Excellence (NICE) Guidelines. The audit is in its second stage from 2012-2014 and our Paediatric Team continues to participate in this audit and have implemented the recommendations from the first round.

- **POMH-UK Lithium Audit:** The audit findings have been circulated to relevant Service Directors, Clinical Directors, the Trust's Clinical Safety Group and all teams that have participated in the audit. The majority of data submitted was from the Community Recovery Service and they have considered the results and developed an action plan.

- **POMH-UK Audit of Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in Children, Adolescents and Adults:** The audit findings have been circulated to Service Directors, Clinical Directors, and all teams that have participated in the audit.

The reports of approximately 300 local clinical audits were reviewed by the provider in 2013/14 and CNWL intends to take the following actions to improve the quality of healthcare provided:

Local quality governance structures are in place across the organization to monitor, and take action on the results of audits. Through these groups, the results of clinical audit reports are discussed, and any actions required to improve practice are identified. Some examples are given below:

Community services in Camden

Audit title: Audit of the effectiveness of an exercise group for patients following Stroke on balance, walking speed and quality of life
Actions:

- To include anyone with a neurological diagnosis who had goals that could be achieved within 6 weeks
- To develop two levels of exercise circuits to suit clients with varied abilities
- Repeat audit in six months when changes made

Audit title: Diabetic Risk Assessment (Podiatry Service)

- The purpose of this audit was to measure that annual risk assessments were undertaken for people identified with diabetes. Also that the assessments are recorded in the patient's record and a printed copy is sent to the patient's GP. The standards are in line with those detailed in the national NICE guidance.
- The results showed an improvement to those from the 2012 audit and demonstrated that the service had met its key performance indicator targets. The data also provided details of individual clinician performance against the standards. This information is being used to share and discuss with clinicians in order to set objectives and to continue further improvements.

Community services in Hillingdon

Audit title: An audit of current screening practices: Hillingdon Community Health staff and care/nursing home knowledge of the 'Malnutrition Universal Screening Tool' ('MUST')
Actions:

- A Replacement of all Standard BAPEN MUST nutritional screening tools used in care/nursing home patient folders with laminated versions of the screening tool.
- Further training of the MUST nutritional screening tool required among care/nursing/residential homes – group and individual sessions to Hillingdon staff.
- Dieticians to link in with doctors training/GP Master class.

Audit Title: The Management of Allergic Conditions in Hillingdon Schools (School Nursing Service)
Actions:

- To ensure that all schools in Hillingdon have a policy on managing allergic conditions in schools

- To ensure that medication held in schools are kept unlocked with regular spot checks to be undertaken and monitored. All medication should be in an unlocked cupboard to ensure immediate anaphylaxis treatment can be received without having to find a key. This is in line with the guidelines form the anaphylaxis campaign.
- To offer annual training/information sessions to each school.

Milton Keynes Services

Audit title: Handover Audit. BMA guidance (Safe handover, safe patients) states "good doctor to doctor handover is vital to protect patient safety and that "systems need to be put in place to enable and facilitate handover." There was a perceived problem with handovers and the data collected during the audit supported that the quality of handovers were inconsistent. As a result of the Audit the following actions have been implemented:
Actions:

- Junior Doctors Training Committee met and discussed the issues
- Sub-group formed to draft a new local procedure which has been implemented
- Trainees consulted and informed
- The process has helped to improve the quality of handovers which has been evidenced by further data collection

Audit title: Joint Audit of coverage of the health surveillance for children with Down Syndrome (Milton Keynes Hospital, Milton Keynes Community Services, Acute Paediatrics and Neonates). The Royal College of Paediatric Child Health (RCPCH) proposed new service standards for children with Down Syndrome. The rationale for the audit was to evaluate the quality of service provided locally through both audit and parent/carer satisfaction survey, and to assess coverage of surveillance against current DSMIG (Down Syndrome Medical Interest Group) guidelines and the proposed new standards from the RCPCH with the view to identify any gaps in current service provision.
Recommendations:

- Produce information packs in collaboration with local support group and seek their views on what sort of support would be helpful.
- Explore feasibility of having dedicated Neonatal Nurse /HV input at time of diagnosis/ongoing input at dedicated clinic respectively.
- Offer early appointments with Community paediatrician (ideally within 4 weeks)

Mental Health and Allied Specialties

Audit title: Observation and Engagement Audit
This audit looked at whether those carrying out observations have appropriate training, staff knowledge of the patients they are observing, and whether staff felt properly supported to carry out observations. Overall the review showed that staff are well informed about close observation and are able to translate this into practice in order to manage risk and engage patients. Recommendations included:

- Provision of observation and engagement training for bank and agency staff should be reviewed to ensure that it is available.
- Staff to be reminded of the need to document the outcome of their time spent on close observation in the care record.

Audit title: Section 12 Project

- The audit aimed to evaluate the implementation of an internal Section 12 rota within the Trust.
- The evaluation of the project identified that the introduction of the rota has had a positive impact on the completion of Mental Health Act Assessments (MHAAs) and use of Independent Section 12 doctors within the Trust. Analysis has shown that the implementation has had an impact on financial cost, which at present is serving to reduce the level of spend on independent S12 doctors.
- In addition the majority of AMHPs and doctors reported that the rota provided an improved quality of MHAAs, particularly in terms of clinical expertise, knowledge of local services, governance and accountability.

Audit title: Consent Audit (HMP Rochester)
Actions: Adjust consent to transfer information form to: clearly specify the services/agencies the patient wants to allow their information to be shared with; that information has been read and understood by the patient; and whether the patient has capacity to consent.

Sexual Health Services

Audit Title: Audit of Prescribing Errors
The main audit findings were that the number of errors has decreased sharply compared to the results of the previous two years. Many of the errors appear to be repeat errors - uncorrected from previous prescriptions.
Main action points:

- Future audits will be prospectively undertaken and will include home delivery prescriptions.
- Incorrect prescriptions will be corrected electronically to reduce mistakes with repeat prescriptions.

Audit Title: Audit of Initial Consultation for Emergency Contraception (EC)

- The audit was undertaken to determine that documentation in patients' notes demonstrates compliance with local and national guidelines for the provision of EC. There are currently 3 options for Emergency Contraception, these are: Levonelle®, EllaOne® and the insertion an intrauterine device (IUD). All patients were appropriately offered emergency contraception where a pregnancy risk was identified.
- It was noted that EllaOne® was used infrequently (12% of EC prescriptions) during the period audited. It had been recently introduced and after the audit period the pathway for provision of emergency contraception was updated in relation to EllaOne® which will likely increase its use where appropriate.
- Documentation in relation to offering an IUD could be improved.

Research

The number of patients receiving NHS services provided or sub-contracted by CNWL in 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 1476.

Throughout the year, the Trust has been involved in 71 studies; 60 were funded (of which 4 were commercial trials, and 11 were unfunded.

Over the past year researchers associated with the trust have published [tba in April] articles in peer reviewed journals.

Goals agreed by commissioners

A proportion of CNWL's income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between CNWL and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2013-14 and for the following 12 month period are available electronically at www.cnwl.nhs.uk.

Last year (2012-13) CNWL achieved 99% of its CQUIN goals, securing the total CQUIN income of £5,969,351.

For 2013-14, CNWL's CQUIN income equates to approximately £5,348,060. Achievement against this was unconfirmed at the time of printing and will be reported next year.

The key aim of the CQUIN framework is to support improvements in the quality of services and the creation of new, improved patterns of care. The following are a few examples of where the 2013-14 CQUINs have resulted in positive change for CNWL.

We have seen a reduction in A&E attendance rates and have gained a better understanding of this patient cohort due to the work in the Frequent A&E Attenders CQUIN. We have developed a thematic analysis of these patients, and along with a literature review we completed earlier in the project, this will add to the evidence base. In most boroughs the operational models are continuing and we have successfully adapted our model to meet local requirements.

The Smoking Cessation CQUINs have successfully raised the profile of smoking cessation across the Trust. This has resulted in a significant increase in the percentage of staff trained to give brief advice to patients regarding smoking cessation. This has lead to more patients being identified as smokers and being referred for stop smoking support. The recruitment of a smoking cessation lead for the Trust, introduction of the Smoke Free Strategy Group, and implementation of a new E-Learning package will ensure these positive developments remain a focus for the Trust.

Finally, through the Safer Discharge CQUIN, a new protocol was introduced which facilitated improved communications between staff, patients, and GP's, at point of discharge from secondary mental health services to primary care. Training sessions involving primary and secondary care clinicians have helped develop professional relationships and improve working practices, resulting in positive feedback being received from patients about their experiences of being discharged.

What others say about CNWL

CNWL is required to register with the Care Quality Commission and its current registration status is 'unconditional registration'. CNWL has no conditions on its CQC registration.

The Care Quality Commission has taken enforcement action against CNWL during 2013-14. CNWL has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2013-14: See table below for details of the Trust locations inspected by the CQC.

CNWL intends to take the following action to address the conclusions or requirements reported by the CQC: The Trust is committed to delivering high quality care and immediate action is taken to address any concerns raised by the CQC. Robust action plans are in place where required and the Trust reports back progress to the CQC. CNWL has made the following progress by 31st March 2014 in taking such action: See table below for details of the Trusts response to CQC inspections.

CQC Reviews of Compliance

Location	Outcome of Review	Progress with actions
North Westminster Recovery Team	Fully compliant with CQC Essential Standards assessed	None required
The Campbell Centre	Inspected twice during 2013/14. Compliance action and enforcement action taken.	The Trust has an action plan in place and reports on progress to the CQC on a regular basis.
HMP Bronzefield	Fully compliant with CQC Essential Standards assessed	None required
Addictions Community Teams: Hillingdon, Ealing, Brent	Fully compliant with CQC Essential Standards assessed	None required
HMP Holloway	Fully compliant with CQC Essential Standards assessed	None required
Seacole Centre	Fully compliant with CQC Essential Standards assessed	None required
Max Glatt Unit, SK&C Mental Health Unit	Fully compliant with CQC Essential Standards assessed	None required
3 Beatrice Place	Inspected twice during 2013/14. Compliance action and enforcement action taken.	The Trust has an action plan in place and reports on progress to the CQC on a regular basis.
St Charles Mental Health Unit	Compliance action required	The Trust has an action plan in place and reports on progress to the CQC on a regular basis.

Location	Outcome of Review	Progress with actions
Kingswood Centre	Fully compliant with CQC Essential Standards assessed	None required
HMP Woodhill	Compliance action required	The Trust has an action plan in place and reports on progress to the CQC on a regular basis.
HMP Winchester	Awaiting CQC Inspection Report as at 31st March	

Data quality

NHS number and General Medical Practice Code Validity

CNWL submitted records during 2013-4 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was (at month 11):

- 93.2% for admitted patient care;
- 98.9% for out-patient care; and
- N/A for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice code was (at month 11):

- 100% for admitted patient care;
- 100% for out-patient care; and
- N/A for accident and emergency care.

Information Governance Toolkit attainment level

CNWL Information Governance Assessment Report score overall score for 2013-14 was 86% and was graded satisfactory (green).

CNWL will be taking the following actions to improve data quality:

- Monitor progress across all service lines against nationally set measures and provide a holistic view of services including HR, Finance, Quality and Performance via the Integrated Dashboard
- Continue to refresh QIS (the Trust's business intelligence system) reports daily to support the business ability to audit and validate reports against the clinical systems and provide assurances to relevant stakeholders.
- Highlight anomalies in data via a scorecard to improve the quality of data, positively impacting reporting.
- Continue to engage and consult across services to produce/update business rules using national guidance to ensure standardization and compliance
- Use internal and external benchmarking information to monitor data quality and support improvement. Participate in national benchmarking work, such as the NHS Benchmarking Network, to ensure favourable comparison with leading mental health and community service providers

Clinical coding error rate

CNWL was not subject to the Payment by Results clinical coding audit during 2013-14 by the Audit Commission.

Part 3 – Other information

3.1. Our performance against national priorities and historical quality priorities

The following section describes how we have performed against indicators required by Monitor (our regulator), the Operating Framework for the NHS in England, and our previous years' Quality Account Priorities which we continue to monitor and report on.

The indicators are grouped as per the three quality dimensions of patient safety, clinical effectiveness and patient experience as per Lord Darzi's High Quality Care for All report.

Tables 3.1.1 to 3.1.3 below present these indicators by year-on-year achievement and comparisons with national averages (where available). Tables 3.2.1 to 3.2.3 that follow present results broken down by borough for our mental health services where applicable.

3.1.1 Patient Safety

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
1. CPA 7-day follow-up	What percentage of our patients, who are on Care Programme Approach, did we contact within seven days of them leaving the hospital? (YTD M11)	JADE scan	95%	95.5%	97%	95.2%	National Avg: tba% National Max: tba%; Min: tba%
2. Risk assessment and management	What percentage of mental health inpatients have had a risk assessment completed and linked to their care plans?* (Q4; n=157)	Internal audit	95%	92%	92%	96%	Not available
3. Infection control	a. The number of cases of MRSA (MRSA bacteraemia) annually (YTD M12)	Internal database	Year on year reduction	0	0	0	Not available
	b. The number of cases of Clostridium Difficile annually (YTD M12)	Internal database	Year on year reduction	2	0	0	Not available

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
4. Patient safety	Mental health patients reported that they felt safe during their most recent inpatient stay # (YTD M12; n=456)	Telephone survey	75%	80%	79%	75%	Not available
5. Access in a crisis	a. Community mental health patients report that they have a phone number to call in a crisis** (Q4; n=718)	Telephone survey	65%	75%	75%	72%	54%^
	b. Mental health patients report that they 'definitely' received the help they wanted from the CNWL urgent advice line when they contacted them in a crisis **+(Q4; n=125)	Telephone survey	65%	48% (84%)^^	67% (85%)^^	44%	48%^ (79%)^^
6. Sexual health services	At least one communication each year with a patient's GP for 90% of HIV patients who are registered with a GP and who have consented to letters being sent to their GP# (Q3; n=3044)	Internal audit	90%	96%	97%	90%	Not available
7. Incidents	a. Number of patient safety incidents for the reporting period (01/04/13-31/12/13);	Datix scan	N/A	11,558	11,622	10,924	Not available
	b. Percent of patient safety incidents that resulted in severe harm or death; and reported as per 100,000 population	Datix scan	N/A	0.77% (89) 2.64 per 100,000	0.79% (92) 6.46 per 100,000	0.98% (107) 7.52 per 100,000	Not available

Key:
^ Source: Quality Health 2013 NHS community mental health service user survey
^^ Denotes the 'definitely' and 'to some extent' responses
* This was a QP for 2009/10
** This was a QP for 2010/11
# This was a QP for 2011/12
+ This was a QP for 2012/13
"n=" denotes total sample size
"YTD M11/12" denotes 'year to date at month 11 or 12
"Q3/Q4" denotes results at quarter three or quarter four
"tba" denotes 'to be advised', M11 national averages not available at time of publishing draft Quality Account

Measure 1 CPA 7-day follow up: This measure is in place to ensure our patients remain safe and have their needs cared for after discharge from hospital to community care. We are pleased to report that, year to date, 95.5% of CPA cases received a follow-up contact within seven days of discharge, achieving the target. CNWL considers that this percentage is as described for the following reasons: Performance is monitored locally on a daily basis via the Trusts' Business Intelligence System (QIS) which reports all discharges so that local business teams can track patients who have or have not been followed up. Clinicians are alerted of those patients still requiring follow up, so that they are able to take focussed and informed action. The CPA policy supports operational delivery of follow up contacts, and the business rules are published and shared across the Trust to ensure data captured is representative of activity. This indicator is also published monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee. CNWL has taken these actions to improve this percentage, and so the quality of its services, and will continue to do so through the coming year.

Measure 2 Risk assessment and management: This measure aims to ensure that a risk assessment has been completed and that any issues highlighted are directly addressed in the patient's care plan. This is to ensure the patient's ongoing safety and management of any risk issues. This was achieved in 92% of cases for quarter four, narrowly missing the target. This is a slight decrease from quarter three where this target was achieved. Those teams who have not achieved this target are putting in place action plans which will be detailed in the final version of the Quality Account. We will continue to closely monitor and report on this indicator next year.

Measure 3 Infection control: We have a duty to ensure that our patients do not get any healthcare acquired infections whilst in contact with our services. At year end we are pleased to report that we achieved no MRSA bacteraemia cases, however two Clostridium Difficile cases within our Milton Keynes services.

Measure 4 Patient safety: It is important to understand our mental health patients' sense of safety on the ward. This impacts on their care experience and satisfaction of our services. We are pleased that we have consistently achieved this target over the past three years, achieving 80% at the end of 2013-14. This represents a cumulative result of all the surveys taken place throughout this year due to relatively low numbers in each individual survey. While we are proud of our performance in this area, we feel this is a key indicator to maintain at all times and so will continue to focus on this measure next year.

Measure 5 Access in a crisis: We want to monitor that our community mental health patients have a phone number to call in a crisis to ensure they get help when they need it most. We consistently exceeded our target throughout the year achieving 75% at quarter four (based on 718 responses), exceeding the national average of 54%. This has been due to our development of CNWL's Argent Advice Line (UAL) number and distribution of our crisis cards and care plan folders to our mental health patients, including those in Milton Keynes.

We also want to ensure that mental health patients not only have access in a crisis, but also get the help they need from UAL. We survey those who called the UAL number to assess this: At quarter four in 48% (target 65%, national average 48%) of cases, patients report that they *'definitely'* got the help that they wanted (and 84% report they got the help they wanted *'definitely' and 'to some extent';* national average 79%). This is a decrease from last year due to the change in survey methodology where, in 2013/14, only those who called the new UAL specifically were surveyed. As the Urgent Advice Line is a 'sign-posting' service, callers get the help they need from the onward service they are directed to resulting in lower scores for the UAL for this question. Nonetheless, to understand the satisfaction issues fully and to ensure expectations are set correctly, we will be reviewing our questionnaire in quarter one to ask specifically if callers were directed to the service they needed correctly, got they help they needed from that service, and overall satisfaction with the Urgent Advice Line, requesting rationale for responses to inform action plan – not only for the Urgent Advice Line, but also to flag to any onward services the UAL refers to. We will continue to monitor and report on this measure next year.

Measure 6 HIV services: This measure is in place to ensure patients are receiving the safest possible care for their HIV. It aims to ensure open communication and information sharing with the patient's GP, so all practitioners involved are aware of the patient's condition(s) and current medications. We are pleased to report that we have consistently achieved against this 90% target throughout 2013/14, and will continue to monitor and report on it internally.

Measure 7 Incidents: We take reported incidents very seriously at CNWL. We have an electronic reporting system to support the positive reporting culture we have within the organisation. Incidents are graded, analysed and, where required, undergo a root cause analysis investigation to inform actions, recommendations and learning. The Trust has a quarterly Incidents and Serious Incident group who review relevant information and data before it is distilled by the Organisational Learning Group and reported to the Board.

This measure indicates the total number of safety incidents reported during 2013-14 and, of these, what number and proportion resulted in severe harm or death. CNWL considers that this number is as described for the following reasons: the Trust provides a broad range of services and supports the reporting of all incidents whether related to patients, staff or other parties. As such, the Trust has a positive reporting culture which supports a culture of learning. The data included within the report relates to all safety incidents and includes incidents which have been graded as resulting in no harm, low harm, moderate harm, severe harm and death. The data covers all services provided by the Trust.

CNWL has taken the following actions to improve this number, and so the quality of its services: It has strengthened its arrangements for ensuring learning is shared across the Trust as well as developing its systems for monitoring the implementation of actions following root cause analysis investigations. The Trust has now established a central root cause analysis investigation team which has strengthened the arrangements for investigation and reporting within the Trust.

3.1.2 Clinical Effectiveness

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
1. Re-admission rates	What percentage of patients were re-admitted to hospital within 28 days of leaving? (YTD M11)	JADE scan	<8.1%	4.4%	5.3%	4.1%	Not available
	a. For patients aged 0 - 14: b. For patients aged 15 or over:			a. 0; b. 4.4%	a. 0; b. 5.3%	a. 0; b. 4.1%	Not available
2. Crisis Resolution Team gate keeping	The percentage of patients admitted to acute adult inpatient beds who were assessed as to their eligibility for home treatment prior to admission? (YTD M11)	JADE scan	95%	95.7%	99.4%	98%	National Avg: tba% National Max: tba%; Min = tba%
3. Early Intervention Teams	Did our Early Intervention Teams meet the commitments (set by commissioners) to serve new psychosis cases? (YTD M11)	JADE scan	95%	100%	100%	99.5%	Not available
4. Mental Health Minimum Data Set (data completeness)	a. Identifiers (YTD M11)	JADE scan	97%	99.2%	99.1%	99.1%	tba%
	b. Outcomes (YTD M11)	JADE scan	50%	97.4%	97.6%	97.2%	tba%

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
5. Physical health checks	a. The percentage of mental health inpatients with physical health assessment after admission (Nursing)** (Q4; n=155)	Internal audit	95%	94%	95%	96%	Not available
	b. The percentage of mental health inpatients with physical health assessment after admission (Medical)** (Q4; n=155)	Internal audit	95%	96%	89%	80%	Not available
	c. Patients on CPA report that they got enough advice and support for their physical health # + (YTD M12; n=370)	Telephone survey	65%	86%	75%	66%	63%^

Key:

^ Source: Quality Health 2013 NHS community mental health service user survey

** This was a QP for 2010/11

This was a QP for 2011/12

+ This was a QP for 2012/13

"n=" denotes total sample size

"YTD M11/12" denotes 'year to date at month 11 or 12

"Q3/Q4" denotes results at quarter three or quarter four

"tba" denotes 'to be advised', M11 national averages not available at time of publishing draft Quality Account

Measure 1 Readmission rates: Readmission rates describe how many patients get readmitted to hospital post discharge within a given timescale. It is important for us to monitor this as it may warrant investigation into whether our patients are being discharged before they are ready or not given the appropriate support in the community. We are pleased to report that our readmission rates within 28 days of discharge are below 8.1% target at 4.4%. CNWL considers that these percentages are as described for the following reasons: Performance is monitored locally via the Trust's Business Intelligence System (QIS) which identifies all patients who were re-admitted. The business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. This indicator is also published monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee.

CNWL has taken the following actions to improve this number, and so the quality of its services: by undertaking a review of the patients who were re-admitted so that if any themes prevail, appropriate action can be taken to improve the patient pathway. The introduction of the supported discharge protocol last year has embedded this year, which has contributed to improved performance. This measure is closely monitored by the Acute Service Line to ensure that the care pathway is working

Measure 2 Crisis resolution gate-keeping: Our crisis resolution teams assess patients when they are in crisis to quickly determine if they are suitable for home treatment rather than being admitted to hospital. It is important to treat our patients in the most appropriate settings to ensure their safety and that they receive the effective treatment. We are proud that we have done well on this measure for three years running, achieving 95.7% against our 95% target. CNWL considers that these percentages are as described for the following reasons: Performance is monitored daily via the Trust's Business Intelligence System (QIS) which identifies all admissions and all associated gate-keeping information. The Crisis Resolution Team policy is published and shared with all staff to support operational delivery of gate-keeping activity and the business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. CNWL has taken the following actions to improve this number, and so the quality of its services, by: Reviewing, updating and distributing the Crisis Resolution Team policy this year, as well as providing weekly reports to local business managers for action planning. This is also reviewed at local care quality management groups or senior management team meetings within the appropriate service line.

Measure 3 Early intervention teams: This indicator assesses whether we have met our commitments, set by our commissioners, to serve new cases of first episode psychosis. We are pleased to report that we achieved 100% against a 95% target.

Measure 4 Mental health minimum data set: This information is important for us to collect as it helps ensure that we are delivering services that meet the needs of our population, and so we can plan and re-design services appropriately. We have exceeded our targets again this year for completeness of our outcomes and identifier data set. As these are Trust-level indicators we do not present performance by borough.

Measure 5 Physical health checks (mental health): Measure 5a and b indicate the percent of patients who have received nursing and medical physical health assessment respectively after their admission to a mental health inpatient unit. The results for quarter four indicate that we have marginally missed our nursing physical health assessment target, and achieved our medical health assessment target. Nursing physical health assessments have been achieved in all preceding quarters this year, and will be closely monitored and reported on throughout next year to ensure this is a temporary 'blip'.

Measure 5c asks from a community patient's point of view, if they feel they have been given enough advice and support for their physical health care needs. We are pleased to report that this measure has demonstrated both a year-on-year and quarter-on-quarter (2013-14) improvement, exceeding the 65% target and 63% national average achieving 86% at year end (for this year, due to low numbers, responses from all surveys throughout the year were aggregated to produce this result). As the Trust works toward further integrating its mental and physical healthcare services, these measures will continue to be monitored and reported on in the Quality Account next year.

3.1.3 Patient and Carer Experience

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
1. Mental health delayed transfers of care	On average, what percentage of hospital beds are being used by patients who should have been discharged? (YTD M11)	JADE scan	<7.5%	4.7%	6.3%	3.1%	Not available
2. CPA 12 month review	What percentage of our patients who are on CPA received a full CPA review within the last 12 months where appropriate? (YTD M11)	JADE scan	95%	96.2%	95.9%	95.6%	National Avg: tba% National Max: tba%; Min: 10.5% tba%
3. Care plans	a. Community mental health patients report that they had been given/offered a copy of their care plan# (Q4; n=674)	Telephone survey	80%	63%	56%	51%	41%^
	b. Patients on CPA whose care plans contain at least one personal recovery goal+ (Q4; n=211)	Internal audit	75%	81%	83%	n/a	Not available
4. Responsiveness to call bells at St. Pancras	Patients rating response to call bells as 'satisfactory' or 'very satisfactory' at St Pancras Hospital inpatient wing + (Q3; n=44)	Patient survey	95%	94%	95%	n/a	Not available
5. Sexual health services waiting times	At least 80% of patients with an appointment, who arrive on time, are seen within 30minutes + (Q3; n=7176)	Internal audit	80%	90%	91%	n/a	Not available

Measure		Data Source	Target	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores
6. Access for people with a learning disability	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability (YTD M11)	Internal database	8/8	8/8	7/7	7/7	Not available

Key:

^ Source: Quality Health Ltd 2013 NHS community mental health service user survey

This was a QP for 2011/12

+ This was a QP for 2012/13

"n=" denotes total sample size

"YTD M11/12" denotes 'year to date at month 11 or 12

"Q3/Q4" denotes results at quarter three or quarter four

"tba" denotes 'to be advised', M11 national averages not available at time of publishing draft Quality Account

Measure 1 Mental health delayed transfers of care: This measure assesses the percentage of inpatient beds that are being used by those who should have been discharged to our partner agencies, but are being delayed. We work closely with our local authority partners to ensure discharge takes place at the right time to ensure patient satisfaction of services and that our beds are kept free for those who most need them. We have seen good performance in this area far achieving our <7.5% target.

Measure 2 CPA 12 month review: This indicator monitors whether those on CPA receive a full CPA review at least annually. This enables service provision to be updated as per the patient's changing needs to ensure they are receiving the most effective care. We are pleased to report that we continue to achieve our target for this measure.

Measure 3 Care plans: Both 3a and 3b are fundamental to involving and developing a partnership with our mental health patients in their care journey. The first measure is based on patients telling us that they have been offered a copy of their care plan. Based on the Trust's Improving Involvement Project, much work has gone into developing, together with our patients, new care plan folders, flyers and posters for waiting areas/wards encouraging patients to ask for their care plan. This has resulted in a steady quarter-on-quarter increase for this measure from 51% in quarter one, to 63% in quarter four, exceeding the national average of 41%.

Measure 3b assesses via internal audit the extent to which patients' care plans contain at least one personal recovery goal. This is a goal set by the patient to encourage and empower them to take a degree of responsibility in the journey towards wellbeing. Last year the target was increased from 50% to 75% for 2013/14. At quarter four this year we achieved 81%, exceeding this new target.

Measure 4 Responsiveness to call bells: At St Pancras Hospital inpatient wing we have a rehabilitation unit for those who are recovering from a stroke, for example. We want to ensure that our service is as responsive as possible to the needs of our patients to ensure their safety and comfort at all times. We assess our patients' satisfaction with the responsiveness to the call bell system through on-going patient survey. The target of 95% was set as our baseline from our quarter four performance last year. At quarter three we achieved 93% based on 44 responses, only three of which stated responsiveness was 'poor'. For quarter four a shorter survey will be implemented to encourage a larger response rate, and together with the implementation of a new electronic call bell system, it is hoped this target will be achieved. As this measure has performed consistently well throughout the year it will be monitored internally and not be reported in next year's Quality Account.

Measure 5 Sexual health services waiting times: Our sexual health services can be very busy dealing with both walk-in patients and those who have booked appointments. This measure is to monitor the waiting times of those who have appointments to ensure that they do not have to wait too long. Due to our booking and 'check-in on arrival' processes we have performed well at this measure, consistently achieving the 80% for the last two years. This measure will continue to be monitored and reported on internally.

Measure 6 Access for people with a learning disability: This measure assesses whether those with a learning disability have the same access to care rights as those who do not, to ensure they are not disadvantaged and receiving the care they need. The assessment is by seven questions based on the recommendations set out in 'Healthcare for All' (2008), the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. We are proud to report that we achieved the maximum score (seven out of seven) at year end for this measure.

3.2 A borough breakdown: Our mental health and allied specialties performance against national priorities and historical quality priorities

The following three tables reflect the data relevant to mental health and allied specialties from sections 3.1.1 – 3.1.3 broken down by borough. Results for indicators for Hillingdon or Camden community (physical) and sexual health services can be found within the main tables from sections 3.1.1 – 3.1.3.

Measure		Target	Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	CAMHS	Learning Disabilities	Eating Disorders	Addictions	CNWL-Milton Keynes Services	Trust-wide
a. Clinical Safety													
1. CPA 7-day follow-up	What percentage of our patients, who are on Care Programme Approach, did we contact within seven days of them leaving the hospital? (YTD M11)	95%	100%	97%	100%	97%	96%	100%	94%	97%	n/a	82%	**95.5%**
2. Risk assessment and management	What percentage of mental health inpatients have had a risk assessment completed and linked to their care plans? (Q4; n=157)	95%	90%	100%	89%	100%	80%	87%	100%	90%	100%	n/a	**92%**
3. Patient safety	Mental health patients reported that they felt safe during their most recent inpatient stay (YTD M12; n=456)	75%	80%	74%	84%	79%	71%	-	-	63%	100%	n/a	**80%**
4. Access in a crisis	Community mental health patients report that they have a phone number to call in a crisis (Q4; n=718)	65%	79%	78%	83%	83%	76%	56%	-	100%	60%	n/a	**75%**

Key: "-": Not measured or no response received; n/a: Measure not applicable
"n=" denotes total sample size
"YTD M11/12" denotes 'year to date at month 11 or 12
"Q3/Q4" denotes results at quarter three or quarter four

Measure		Target	Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	CAMHS	Learning Disabilities	Eating Disorders	Addictions	CNWL- Milton Keynes	Trust-wide
b. Clinical Effectiveness													
1. Re-admission rates	What percentage of patients were re-admitted to hospital within 28 days of leaving? (YTD M11)	>8.1%	8.4%	7.3%	3.8%	1.7%	2.2%	n/a	n/a	n/a	n/a	8%	**4.4%**
2. Crisis Resolution Team gate keeping	The percentage of patients admitted to acute adult inpatient beds who were assessed as to their eligibility for home treatment prior to admission? (YTD M11)	95%	99.7%	99.5%	99.3%	100%	99.8%	n/a	n/a	n/a	n/a	80%	**95.7%**
3. Early Interventio n Teams	Did our Early Intervention Teams meet the commitments (set by commissioners) to serve new psychosis cases? (YTD 11)	95%	yes	yes	yes	yes	No*	n/a	n/a	n/a	n/a	n/a	**Yes**
4. Mental health physical health checks	a. Inpatients with physical health assessment after admission (Nursing; Q4; n=155)	95%	100%	95%	89%	88%	83%	93%	100%	100%	100%	n/a	**94%**
	b. Inpatients with physical health assessment after admission (Medical; Q4; n=155)	95%	80%	100%	100%	100%	94%	93%	100%	100%	100%	n/a	**96%**
	c. Patients on CPA report that they got enough advice and support for their physical health (YTD M12; n=370)	65%	84%	85%	81%	83%	93%	0%	-	71%	100%	n/a	**86%**

Key: "-": Not measured or no response received; n/a: Measure not applicable

* Although we are meeting this target as a Trust, commissioners have not updated the targets for Westminster and K&C since part of Westminster population migrated to K&C, making Westminster appear as though it is underachieving. This will be rectified in the final version of the Quality Account.

"n=" denotes total sample size

"YTD M11/12" denotes 'year to date at month 11 or 12

"Q3/Q4" denotes results at quarter three or quarter four

Measure		Target	Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	CAMHS	Learning Disabilities	Eating Disorders	Addictions	CNWL-Milton Keynes Services	Trust-wide
c. Patient and Carer Experience													
1. Delayed transfers of care	On average, what percentage of hospital beds are being used by patients who should have been discharged? (YTD M11)	<7.5%	6%	3.6%	4.8%	4.1%	6.6%	n/a	15.7%	n/a	n/a	0.0%	**4.7%**
2. CPA 12 month review	What percentage of our patients, who are on CPA, received a full CPA review within the last 12 months where appropriate? (YTD M11)	95%	97%	98.9%	96.5%	95.9%	97.2%	100%	86%	100%	n/a	95.7%	**96.2%**
3. Care plans	a. Mental health community patients report that they had been given/offered a copy of their care plan (Q4; n=674)	80%	66%	64%	62%	51%	67%	22%	-	50%	66%	n/a	**63%**
	b. We record patients on CPA whose care plans contain at least one personal recovery goal (Q4; n=211)	75%	90%	78%	94%	81%	65%	-	-	-	-	n/a	**81%**

Key: "-": Not measured or no response received; n/a: Measure not applicable
"n=" denotes total sample size
"YTD M11/12" denotes 'year to date at month 11 or 12
"Q3/Q4" denotes results at quarter three or quarter four

3.3. Other indicators of quality

Staff satisfaction

We believe that in order to deliver high quality, safe and effective services, we need a high quality workforce which is committed, engaged, trained and supported. The evidence shows that high staff engagement ratings in the NHS result in better quality services, higher patient satisfaction and less absenteeism.

One of our key measures of workforce feedback is via the annual national staff survey. We are pleased to report that in the 2013 survey we are showing steady progress in improving staff experience with overall staff engagement continuing to remain in the highest (best) 20% when compared with Trusts of a similar type.

The table below demonstrates the top scoring staff responses, benchmarked against national averages of similar Trusts:

Measure	CNWL performance 2013	CNWL performance 2012	National average for similar Trusts	Top performing Trust score
Staff recommendation of the Trust as a place to work or receive treatment*	3.79 / 5	3.75 / 5	3.55 / 5	4.04 / 5
Staff motivation at work	3.96 / 5	3.88 / 5	3.85 / 5	4.01 / 5
Staff feeling satisfied with the quality of work and patient care they were able to deliver	81%	81%	77%	83%
Staff job satisfaction	3.75 / 5	3.64 / 5	3.67 / 5	3.85 / 5
Staff agreeing their role makes a difference to patients	92%	92%	90%	93%
Staff having well structured appraisal	49%	51%	42%	55%
Staff suffering work related stress	36%	43%	43%	36%
Staff reporting good communication between senior management and staff	40%	37%	31%	49%
Work pressure felt by staff	2.93 / 5	2.98 / 5	3.07 / 5	2.80 / 5
Effective team working	3.92 / 5	3.89 / 5	3.83 / 5	4.02 / 5
Fairness and effectiveness of reporting procedures	3.62 / 5	3.60 / 5	3.52 / 5	3.71 / 5

*With regards to staff recommending the Trust to work or receive treatment, CNWL considers that this score is as described for the following reasons:

- There is continued emphasis on good management and leadership at every level of the organisation: this begins at induction for new staff where they are welcomed by the Chief Executive and other senior staff and our expectations and values are made clear. This is followed through with leadership, mentoring and coaching programmes for all staff and annual conferences for key professional groups. The focus is on how we continue to keep patients and their families at the centre of all we do.

- We have followed through on our commitment to build upon our values with staff and test these with our patients and public. Over half our workforce report that they have a good understanding of CNWL values and recognise the values in day to life at CNWL.
- We recognise that we need a culture of care that permeates every level of our organisation, and have aligned our HR mechanisms such as recruitment and selection, induction, supervision and appraisal to reinforce our standards, values and commitment to quality patient care at each stage of the employees' journey through the organisation.
- We want to retain and attract the highest quality of staff and to invest in their continued development and provide them with support through appraisal and supervision and access to opportunities for training and personal development.

CNWL has taken, and will continue to take, the following actions to improve this indicator score, and so the quality of its services:

We recognise that there is still further work to do and will continue to build our value base with our staff and test these with our staff and patients. At each stage of the employee journey we will test out the standards of behaviour that we expect aligned to our values so that we have a compassionate and caring workforce.

Assessment centres are now a key element of the recruitment process for band 5 nurses across the trust. Work is taking place to extend this to other roles. We have also introduced values based recruitment in some services and are planning to extend this across the Trust. This year we have rolled out a new appraisal system which links performance and staff development and we will continue to ensure that all staff receive an annual appraisal and have access to training opportunities as part of their development.

As a diverse workforce serving the needs of a diverse population we want to ensure all of our staff feel equally able to contribute to the work of our organisation. We will review our equality objectives and ensure that we tackle staff perceptions of equality of opportunity and discrimination. The number of staff attending equality and diversity training has improved significantly and we will continue to target this training so that all staff are clear about standards of behaviour expected.

Whilst it is good to understand where staff's needs are being met, it is important to consider where they are not in order to implement targeted action plans to improve staff experiences of the workplace. The following table demonstrates where CNWL has performed below the national average (for similar Trusts) and where improvements need to be made:

Measure Percentage of staff:	CNWL performance 2013	CNWL performance 2012	National average for similar Trusts	Top performing Trust score
- Working extra hours	74%	70%	71%	62%
- Who have had appraised in last 12 months	84%	84%	87%	96%
- Saying hand washing materials are always available	52%	51%	54%	70%
- Feeling pressure in last 12 months to attend work when feeling unwell	24%	27%	22%	11%
- Having had equality & diversity training in last 12 months	61%	49%	67%	92%
- Believing the trust has equal career opportunities for career progression or promotion	88%	81%	89%	94%
- Who have experienced discrimination at work	15%	18%	13%	6%

This information became available in February 2014 and at the time of printing the data was being further broken down by service and analysed to identify areas in need of improvement. Based on this analysis action plans will be developed, implemented and monitored by the relevant internal committee.

Turnover has slightly increased this year, which would be expected in a year of transition, both with Milton Keynes joining the organisation, and with a number of changes in the way services are delivered. We monitor the position closely and take action to address any particular areas of concern.

There has been a focus on reducing the number of days lost to sickness absence this year, as we see this as an important way to improve the quality of service and reduce costs. It will continue to be a focus of activity in the coming year. The results of average staff turnover and sickness are displayed in the table below:

Measure	Target	2013/2014	2012/13	2011/12
Staff turnover (excluding Milton Keynes) The number of staff leaving as a percentage of total staff	Year on year improvement	15.9%	14.6%	14.5%
Staff turnover (Milton Keynes only)	Year on year improvement	16.4%	15.2%	17.5%
Average sickness per employee (excluding Milton Keynes to M11) The time lost to sickness per employee as a percentage of total time available	Year on year improvement	3.32%	3.6%	3.8%
Average sickness per employee (Milton Keynes only to M10)	Year on year improvement	4.08%	4.5%	4.6%

Patient experience

We proactively seek the views and feedback of our patients' experience of services we provide in a multiple of ways on an on-going basis. For example, in our quick feedback cards in our sexual health services, monthly telephone surveys in our mental health and community services, further annual surveys in our community (physical) health services, paper-based questionnaires in our older people and healthy aging services, and through actively consulting with our patients in Milton Keynes community services regarding the focus of their annual Patient Campaigns. We also engage with patients through local forums throughout our boroughs, for example, the Brent User Group and User Focus Monitoring in Kensington and Chelsea.

We closely monitor the results of our national patient surveys, benchmarking ourselves nationally to understand how we compare against similar Trusts and where action is needed.

CNWL is linked in with all its local Healthwatch organisations, who champion the needs of children, young people and adults, meeting with them on a quarterly basis; to together review performance and share feedback and learn lessons.

This feedback is highly valued and enables us to take action where we know it will make the most difference to our patients.

The table below presents the results for patient experience of community mental health services with regard to a patient's experience of contact with a health or social care worker during the reporting period. The table includes the results from the National Community Mental Health Patient Survey for 2011 to 2013, and data relates to the NHS healthcare worker or social care worker the patients had seen most recently:

Measure	2013** CNWL	2012^ CNWL	2011^ CNWL	2013^ National Average
Did this person listen carefully to you? Yes definitely	74%	81%	76%	78%
Yes to some extent	21%	16%	20%	18%
No	5%	3%	4%	4%
Did this person take your views into account? Yes definitely	67%	73%	72%	72%
Yes to some extent	28%	23%	23%	23%
No	5%	3%	5%	5%
Did you have trust and confidence in this person? Yes definitely	63%	70%	70%	69%
Yes to some extent	28%	25%	26%	23%
No	9%	4%	5%	8%
Did this person treat you with respect and dignity? Yes definitely	84%	88%	87%	86%
Yes to some extent	13%	10%	11%	11%
No	3%	2%	2%	2%

Measure	2013** CNWL	2012^ CNWL	2011^ CNWL	2013^ National Average
Were you given enough time to discuss your care and treatment? Yes definitely	67%	76%	72%	70%
Yes to some extent	24%	20%	22%	21%
No	9%	3%	7%	9%
Overall how would you rate the care you have received from Mental Health Services in the last 12 months? 0 – I had a very poor experience	2%	N/A	N/A	2%
1	2%	N/A	N/A	2%
2	1%	N/A	N/A	3%
3	6%	N/A	N/A	4%
4	4%	N/A	N/A	4%
5	15%	N/A	N/A	10%
6	8%	N/A	N/A	8%
7	16%	N/A	N/A	14%
8	18%	N/A	N/A	20%
9	12%	N/A	N/A	15%
10 – I had a very good experience	15%	N/A	N/A	18%

Key:
^ National averages as supplied by Quality Health Ltd, who conduct the survey for the Trust and 85% of all mental health Trusts in England
** CNWL results incorporating the results from Milton Keynes community mental health survey, supplied by Quality Health Ltd.
N/A The response set for the 'overall rating measure of services' measure was changed in the 2013 national survey from "Very Poor" to "Excellent" on a 0-10 point scale. In 2011 and 2012, this was reported as 'Excellent' to 'Very poor' on a 6 point scale, and so comparisons are not directly possible. The 2014 community mental health survey will continue to use the 10 point scale.

CNWL considers that these indicators are as described for the following reasons: The results for CNWL improved between 2011 and 2012 primarily because of the attention that was given to ensuring that the Care Programme Approach is conducted with a patient-centred focus. However despite the improvement in 2012 from all the initiatives undertaken, the scores that CNWL achieved in the 2013 national survey were universally poorer than in 2012. This has driven the Trust to pay even more attention to the practice of clinicians involving patients in developing their care packages and nurturing the professional relationships that they have with their patients. Despite this, our internal monthly surveys result tell us that increasingly over the year patients have reported feeling 'definitely' involved in decisions about their care and treatment.

CNWL is taking the following actions to improve these percentages, and the quality of services, by:

- Reinforcing patient involvement is a clear priority for the Trust with an overarching strategy and local implementation targets. This has involved the establishment of a high level Board with Executive Director lead, working in partnership with patients to develop documentation information and training materials, to embed good practice in care planning and implementation, and monitor the feedback from patients of their experiences of services.

- Conducting regular monthly telephone surveys of patients attending community and inpatient adult mental health, addictions, and eating disorders services, using a team of trained patients, to address issues of involvement and the overall level of satisfaction with services. This is now conducted using real-time feedback software so that services can access results immediately and develop action plans to address any areas of concern.

- Continuing to ensure that CPA is conducted to the highest standards through refresher training.

- Establishing patient participation at management level within service lines to scrutinize and monitor the results of patient and carer feedback, with feedback to the Trust Board.

- Further developing new courses within the Recovery College, as suggested through patient feedback.

- Finally, two key issues which will have direct impact on these scores next year have been selected as our Quality Account Priorities for 2014-15 for special focus and improvement, namely, 'helping our patients recover by involving them in decisions about their care', and 'a competent and compassionate workforce'.

Whilst participation in a national patient survey is not mandatory for community physical healthcare services our Hillingdon, Camden and Milton Keynes services have conducted an annual patient survey which highlights very positive results. The Hillingdon and Camden services also conduct monthly telephone surveys run by the team of mental health patients. Milton Keynes services also conduct regular surveys of their patient experiences. This together with our Quality Account Priorities strongly reflect CNWL's continued commitment to understanding and acting upon what we hear from our patients and carers.

Complaints

Complaints feedback provides the Trust with a valuable source of information to support learning at both a local and organisational level. We value the feedback we receive from our patients and carers and ensure that formal complaints are acknowledged, investigated and responded to in a timely manner, whilst ensuring that appropriate action is taken where required.

During 2013/2014 (*date range used 01/04/13 – 31/01/14, to be updated) 457 formal complaints were made across the Trust. As of 31 January 2014, 421 (92%) of these formal complaints had been investigated and responded to. The remaining complaints have a response which is being finalised, or remain under investigation.

During 2013/2014 the Trust has improved its performance in its response time-scales. This has been achieved through increased support to operational services from the central complaints teams as well as strengthening the arrangements for monitoring performance.

Thirteen percent of all formal complaints were fully upheld and 32% were partially upheld during the 2013/2014* reporting period with 1 (0.2%) complaint referred to the Parliamentary and Health Service Ombudsman.

Learning from complaints is driven by the Trust's Complaints, Claims and PALS group which reports to the Organisational Learning group. Common themes identified are used to inform the Trust's Organisational Learning report and action plan which will be presented to the Trust Board later this year. These themes are also used to inform future years' Quality Account Priority areas.

The Trust has provided information on complaints received during the year to the Department of Health, in line with Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Equalities and Diversity

CNWL is well placed to demonstrate innovation in its responses to the equality and diversity agenda, and we see this report as an opportunity to not simply showcase what we are doing, but also to offer ideas for others.

Some of the highlights of 2013-14 have been the 4th annual Trust – wide Faith and Spirituality Conference which this year included a focus on compassion, one of the Trust's core values. Understanding what this means, informed by different spiritual traditions, has been an important initiative within the Trust. Compassion lies at the heart of good, humane and effective healthcare delivery.

During the past year over 9,500 face-to-face interpreting sessions have been provided for Trust patients and carers in over 60 languages. Ensuring the availability of quality and experience in interpreting provision is a crucial factor in delivering effective healthcare for many of our patients. This year has seen significant expansion of the Trust's in-house Interpreting Service which now supplies the majority of our face-to face interpreting requirements and it also offers a specialist health and social care interpreting service to other NHS organisations in London.

The Trust continues to work in achieving its five four-year Equality Objectives, as agreed in 2012 by the Trust Board of Directors. These can be accessed at www.cnwl.nhs.uk/about-cnwl/equality-anddiversity/documents/. Particular progress has been made in improving the monitoring of patients by three equality protected characteristics – religion, sexual orientation and disability.

In January 2014, the Trust published its third Equality Act Compliance Report. This report included references to progress against the areas identified for actions in the previous year's report, as well as further evidence from the 12 month reporting period of how the Trust is meeting the requirements of the Equality Act 2010. This report showcases some great practice as well. By bringing this information together into a single document, it helps us to provide a cohesive overview of Trust commitment to equality, diversity and inclusion. The report is available at: www.cnwl.nhs.uk/about-cnwl/vision-values/equality-and-diversity/documents/#complianceReports

Stonewell, Europe's biggest lesbian, gay and bisexual charity, praised the Trust for its efforts and cited its practice of delivering LGBT equality and awareness training. Each year it rates those employers it feels are the most gay-friendly and, in January 2014, CNWL were ranked as the 23rd best employer overall, while being the 3rd best NHS organisation in their Top 100. Organisations are required to not only explain what they do to improve their workplace for lesbian, gay and bisexual staff, but also to demonstrate how that has had a real and lasting impact on their organisation. As part of the submission, Stonewall asked lesbian, gay and bisexual CNWL employees to complete a confidential survey rating CNWL's performance in LGB related matters. 92% of respondents rated 'the workplace culture in my organisation inclusive of lesbian, gay and bisexual (LGB) people' and 98% reported that 'senior management were supportive of

LGB staff'. All the CNWL employee feedback scores were significantly higher than the average Index entries.

Stonewall also coordinates a Healthcare Equality Index, open to all providers or commissioners of healthcare in the UK (whether NHS, private or third sector) looking at how 'gay friendly' the organisation is towards lesbian, gay and bisexual (LGB) patients. In March 2014 CNWL were awarded the **top place** within the Index. Stonewall praised a number of the specialist services that CNWL runs to target LGB communities and patients and also our efforts to improve the monitoring of patients by sexual orientation - one of the Trust's Equality Objectives. Within adult mental health services the collection of sexual orientation data for new patients has increased from 37% collection (the 2010 baseline) to 65% collection in 2014. Child and Adolescent Mental Health Services (CAMHS), who are collecting this data from patients over the age of 13, have increased collection from 15% to 32% in the same period. Addictions Services show a 32% to 71% improvement and services within the Older People Healthy Ageing directorate are managing 98% collection, silencing critics who say that you cannot ask older people to define their sexual orientation.

In May 2014 we plan to publish a document to show how we are progressing against all of the Trust's Five Equality Objectives, including further actions that have been identified.

Annex 1 – Quality Account glossary of terms

ABBREVIATIONS

BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CPA	Care Programme Approach
CNWL-MK	Central and North West London - Milton Keynes healthcare services
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DoH	Department of Health
ED	Eating Disorders (service line)
GP	General Practitioner
LD	Learning Disability (service Line)
LPC	Lead Professional Care
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
OSC	Overview and Scrutiny Committee
PALS	Patient Advice and Liaison Service
POMH	Prescribing Observatory for Mental Health

Care Programme Approach (CPA)
CPA is the framework for care and support provided by mental health services. There are two types of support, CPA and Lead Professional Care. CPA is for people with complex characteristics, who are at higher risk, and need support from multiple agencies. The Trust uses the term 'Lead Professional Care' for people with more straightforward support needs.

CPA Assessment
All those being seen by the mental health service will receive a holistic assessment of their health and social care needs.

CPA Care Co-ordinator
A CPA care co-ordinator is the person responsible for overseeing the care plan of someone on CPA. See also Lead Professional.

CPA Care Plan
A written statement of the care, treatment and/or support that will be provided. In mental health services, people on CPA have a formal CPA care plan and people on LPC have a less formal LPC care plan in the form of a standard letter

Clinical/Specialist Care Plans
Clinical/specialist care plans give the detailed procedure for each service identified as being appropriate to support the patient within their overall CPA care plan.

Crisis Plan
A crisis plan is included within the CPA care plan. It sets out the action to be taken if the patient becomes ill or their mental health deteriorates.

Contingency Plan
A contingency plan is included within the CPA care plan to outline the arrangements to be used to prevent a crisis from developing. Contingency planning is the process of considering what might go wrong and pre-planning to minimise adverse or harmful outcomes.

CPA Review
Care plans are reviewed at least once a year, in partnership with patients and carers wherever possible.

Carer
A carer is someone who provides regular and substantial assistance/support to a patient. Carers are not paid to provide this support and are entitled to have an assessment of their own caring needs.

Lead Professional
The professional, in mental health services, who provides care or treatment for someone who needs support from secondary mental health services, but has more straightforward needs than someone on CPA and usually only needs support from one professional.

Patient Advice and Liaison Service (PALS)
PALS offers help, support, advice and information to patients, carers, family or friends.

Service User
The term “service user” refers to those people receiving treatment and care.

Annex 2 – Statements provided by our commissioners, Overview and Scrutiny Committees (OSCs) and Healthwatch

< Formal statements to be included here post consultation close on 6 May 2014 >

Annex 3 – 2013-14 Statement of director's responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2013 to 27 May 2014;
    - Papers relating to Quality reported to the board over the period April 2013 to 27 May 2014;
    - Feedback from the commissioners dated 5 May 2014 (closing date of the Quality Account 30-day consultation);
    - Feedback from governors dated 5 May 2014 (closing date of the Quality Account 30-day consultation);
    - Feedback from Local Healthwatch organisations dated 5 May 2014 (closing date of the Quality Account 30-day consultation);
    - The trust's Annual Complaints Report (2013-14) published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
    - The latest national patient survey dated 2013;
    - The latest national staff survey dated 2013;
    - The Head of Internal Audit's annual opinion over the trust's control environment dated XX May 2014;
    - CQC quality and risk profiles dated to May 2014;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Claire Murdoch
Chief Executive
30 May 2014

Dorothy Griffiths
Chairman
30 May 2014