

Draft Quality Account 2014-15

v.3.0.1

Glossary of terms

CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CMHT	Community mental health team
CNWL	Central and North West London NHS Foundation Trust
CPA	Care Programme Approach
ASIP	Accelerated Service Improvement Plan
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
ED	Eating Disorder services
FFT	Friends and family test
GP	General Practitioner
HMYOI	Her Majesty's Young Offender Institution
HTT	Home Treatment Team
LD	Learning Disability services
MDT	Multi-disciplinary team
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
Q3/Q4	Quarter 3 / Quarter 4
UAL	Urgent Advice Line
UCLH	University College London Hospitals NHS Foundation Trust
YTD	Year to date

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Part 1 – Chief Executive’s Statement

This is Central and North West London’s (CNWL) Quality Account for 2014-15.

The Quality Account tells you how we have performed against the quality priorities that we set through consultation last year, and what we are going to focus on in this new financial year.

We know that quality is ‘bigger’ than a series of measures that we report against: it’s about every single encounter patients and carers have with our services. That is why we continue to use patient, carer and staff reported measures and commitments as we firmly believe that these are the best indicators of quality.

As with previous years, 2014-15 has presented its own challenges and change for our Trust.

This year we saw Monitor investigate our governance systems giving us a ‘clean bill of health’; we’ve seen the start of changes to our IT and IT support systems, major organisational restructuring at all levels, and our planned CQC inspection with 115 CQC inspectors ready to inspect across over 55 inpatient wards and 240 community teams. All of this, as would be expected, resulted in an amount of stress or anxiety on our staff.

I am pleased, however, to report that we pulled together through each challenge – never before has an organisation of our size and diversity felt so small. The first piece of verbal CQC feedback after our inspection in February was about our staff; that we are open, welcoming, and should be proud of teams. Indeed, this makes me immensely proud. This just reaffirms that we are committed, motivated, and overall engaged.

This was further supported when our national Staff Survey results were published: CNWL was placed 8th out of 57 similar Trusts for staff

engagement, based on the ‘2015 League Table on Staff Engagement’ (by Listening into Action). Staff engagement has been the key ingredient to helping us meet the range of challenges we have faced this year.

While our full CQC inspection feedback will only be available in June 2015, we had already begun work on our action plans where we know challenges exist. These include bed pressures particularly in mental health, waiting times for some of our services, access to CAMHS specialist beds, better complaints management systems and the sharing and implementation of local learning from when things go well as well as when things go wrong. And everywhere we know we need to increase the pace of change when these issues are identified.

This year has seen review and restructure of our corporate services, and a fundamental service design shift from service lines to borough and specialist service-based divisions. Our divisions went live in December 2015. This means better accountability and better, closer local relationships with our local public, commissioners, local authorities, Healthwatch and other local health partners. The ultimate aim is a more integrated patient care pathway, the ability to fix and resolve local problems locally and better care for local patients, their families and carers.

Our new management structures reflect our focus on learning: our Divisional structures help us ensure that local lessons are learnt not just within teams but across the division and our new clinical networks support learning and development of best practice across the trust.

Central to improving the quality of our services is gathering feedback from our patients, carers and staff and responding to it. During 2014-15 we expanded the way we do this, from the launch of our on-line patient survey (Friends and Family Test), to the roll-out of staff listening events, carer focus groups and the work of the Carer’s Council.

I am pleased to report that this year we have achieved 83% of our priority objectives, an improvement on last year (64%). Our Quality Priority areas were:

- **Helping our patients to recover by involving them in decisions about their care**
- **Supporting carers to look after their loved ones**
- **Competent and compassionate workforce**

Our Quality Account highlights

- At year end, 95% of 11,010 patients told us that they would be 'likely' or 'extremely likely' to recommend CNWL services to their family or friends
- At year end, 98% of 9,393 patients reported that they were treated with dignity and respect
- We have achieved our target – overall and in mental health - in patients reporting they felt 'definitely' involved in their care and treatment
- A year-on-year upward trajectory was seen in:
 - Patients reporting they felt safe during their most recent inpatient stay,
 - Community patients reporting they have a number to call out of hours/in crisis
 - Community patients reporting they were offered/given a copy of their care plan

Our areas for improvement

- Staff with in-date appraisals which have been logged on our monitoring system
- We record inpatients' risk assessments have been completed and reflected in their care plans
- Continued focus on the recording of whether our patients have or don't have a carer involved in their care or treatment

Next year

During January to March we had a very busy stakeholder and engagement programme in the developing of our Quality Priorities for 2015-16. Our individual stakeholder events culminated in our annual 'all stakeholder' consultation event on 5 March 2015. Chaired by our Trust Chair, Prof. Dot Griffiths, over 60 people attended, and we had representation from patients, carers, staff, Council of Governors, commissioners, Overview and Scrutiny Committees and Healthwatch. The three key areas for quality priorities we consulted on were:

- *Helping our patients to recover by involving them in their care or treatment with the support of carers*
- *Strengthening our learning culture*
- *Integrated physical and mental healthcare*

After debate and feedback, it was strongly felt that the essence of *each* of these was imperative, interdependent and that a combination of these should be taken forward under the overarching heading of "**Effective Care and Treatment Planning**". On page 42 in the detail of the Quality Account we show how we are going to measure and monitor progress in this area.

I wholeheartedly support this - it underpins the patient-carer-staff relationship which is precisely where we know care quality exists.

We thank all those who took part, contributed and helped shape our quality improvement agenda for 2015-16. Your views are invaluable.

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

[KPMG to provide in May 2015]

KPMG LLP, Statutory Auditor

KPMG LLP

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May 2015

DRAFT

PART 2 – Priorities for improvement

‘Quality Account 2014-15 on a page’ summary

Achievement of current Quality Priorities 2014-15
We achieved 10 out of our 12 (83%) Quality Priority measures from 2014-15. This is an improvement on last year where we achieved 64%.

The results are shown in the diagram below. For more details see Section 2.1 and borough tables in Part 3.

1. Involvement in care and treatment	2. Supporting carers	3. Competent and compassionate workforce
Continued roll-out of the Improving Involvement Project	Thematic review/action re carers feeling supported by CNWL and know how to access services	Improve screening in the recruitment process
Patients report feeling definitely involved in their care or treatment	To provide carers with service contact cards and leaflets on local information, services and contacts	Implement a programme of staff listening events
Patients report how well their lead professional organised their care/services needed		Publishing our staffing levels on our inpatient wards
To undertake a review of our care and treatment planning		Staff reporting they would recommend CNWL services
		Patients report feeling treated with dignity and respect
		Staff have had their annual appraisal

Development of our Quality Priorities 2015-16

The start: The starting point in developing our Quality Priorities. We considered:

- Performance against current indicators and targets
- Our organisational learning themes (themes from analysis of complaints, incidents, audits and other sources)
- Feedback from our patients, carers and staff
- Feedback from internal and external reviews of compliance, for example by the Care Quality Commission
- Our annual plan priorities



The consultation: The above information formed the basis for our consultations with our internal and external stakeholders - for their consideration and feedback on what they think the Quality Priorities should focus on. We held individual events and a main group event with the following stakeholders:

- Patient, carer and staff representatives
- CNWL Council of Governors
- Healthwatch
- Commissioners
- Overview and Scrutiny Committees

The Quality Account was also submitted to key stakeholders for a 30-day consultation, and their formal feedback is included (see page xx)



Our Quality Priorities 2015-16: Based on the themes from our consultations, and Board agreement, the priority of ‘**Effective Care and Treatment Planning**’ was decided upon. This is to be measured by the following three Quality Priority indicators for the coming year:

- ***Patients report feeling definitely involved as much as they wanted to be in decisions about their care or treatment***
- ***Patients report their care or treatment plan helped them achieve their personal health or daily living goals***
- ***Carers report that they felt appropriate involved in the care or treatment planning for their loved one***

2.1. A review of our performance in 2014-15 against our Quality Priorities

We are committed to delivering high quality healthcare services. This means services which are safe, effective, and personalised – where involvement of the individual is key, as well as the support of their carer or loved one. This is achieved through:

- Listening to and partnering with our patients, carers, staff, governors, commissioners and communities
- Ensuring our practice is evidence based, closely monitoring our performance, and implementing innovation and change
- Learning and sharing lessons to continuously improve our services, and
- Strong leadership and the support of our most valuable asset, our staff

We believe that the quality of our services is decided by those who use them and our staff who deliver them. For this reason we closely monitor the extent to which both our patients *and* staff would recommend CNWL services to family or friends if they needed treatment, and why the majority of our Quality Priorities are always patient, carer or staff reported measures.

‘Friends and Family Test’

In October 2014 we launched our on-line patient survey based on the ‘Friends and Family Test’; allowing for feedback to be given 24 hours a day from all of our services. This is accessed via the front page of the Trust’s website, and is advertised in all our services by posters, feedback flyers and feedback business cards. Also available are prepaid postage feedback post cards for those who do not have

internet access. We also collected this information via telephone surveys and paper-based questionnaires.

Overall, we are pleased to report that at year end, 95% of 11,010 patients told us that they would be likely or extremely likely to recommend CNWL services (target 90%).

We analysed the main reason patients reported for their response, whether positive or negative. The following are the key themes which describe what our patients value most:

- ***Our staff, and their relationship with them: staff who listen, are compassionate, friendly, supportive, competent and accessible***
- ***Personalised care***
- ***Information received, from an explanation of services and choices available, to possible side effects and what to expect during the care or treatment***
- ***Short as possible waiting times and service efficiency***

These comments have informed our Quality Priorities for next year, and are addressed in our local action plans.

In this section we demonstrate how we performed against our Quality Priorities for 2014-15, what we plan to focus on for next year, and our statements relating to the quality of our services. For example, what national audits we took part in.

We also include borough and specialist service specific information which highlight their key achievements and challenges from 2014-15.

Our posters and feedback flyers available across all our services encouraging patient and carer feedback:



Service Location

Team/ward

Tell us, we're listening

We act on all feedback about what works well and what needs improving in the services we provide. Tell us what you think.

For inpatients: We would like you to think about your experience in the ward where you spent the most time during this stay.

For all other services: We would like you to think about your recent experiences of our service/team.

How likely are you to recommend our ward/service/team to friends and family if they needed similar care or treatment?

Extremely likely Unlikely
 Likely Extremely unlikely
 Neither likely nor unlikely Don't know

What is the main reason for your answer?

What could we do better?

Any other comments?

Name (optional): _____
 Email/tel (optional): _____

Please tick this box if you do not wish your comments to be made public

2.1.1. Summary of performance against our Quality Priorities 2014-15

Last year, we set three Quality Priorities which were determined through our organisational learning themes and wide consultation with our stakeholders.

CNWL's three **Quality Account Priorities** for 2014-15, were:

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

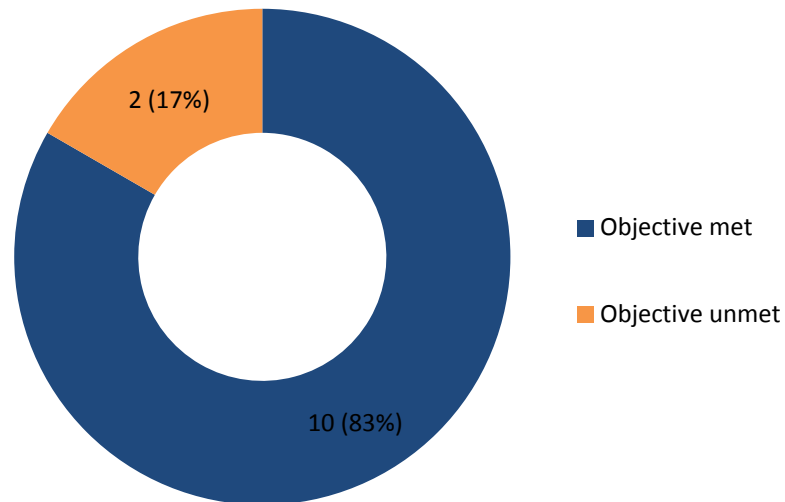
To measure and monitor our achievement in these areas we set 12 objectives. Six of these were commitments or projects we planned to carry out, while the other six were targets we aimed to achieve. Almost all of our targets were based on patient, carer or staff feedback from surveys or focus groups.

Our performance against our Quality 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 Divisions to monitor performance, and design and implement improvement programmes where required.

We also reported our performance externally. Throughout the year our Borough Directors met with our Healthwatch either locally 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 reported to our commissioners through the Clinical Quality Group.

Overall achievement: Quality Priorities 2014-15

This year we achieved 10 of our 12 Quality Priority objectives, representing 83%, as displayed below:



The detail of these objectives and actions taken are described in the following section.

Some useful pointers when reading this document

- In presenting performance against our Quality Priorities, bar charts are either presented as **quarter-on-quarter**, where it is a **new** measure with no previous year's data for comparison; or **year-on-year** where the measure has been collected in previous years.
- Depending on the methodology used to collect the data against each indicator, our year-end reporting figures are either '**at quarter four**' (Q4) or '**year to date**' (YTD). In some cases, where responses from patient surveys was relatively 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.
- Measures are presented **by borough and specialist services** in Section 3.2.
- 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 Priority indicators, performance in national staff and patient surveys, and details of complaints and equalities and diversity developments during 2014-15.

2.1.2. Detail of performance against our Quality Priorities 2014-15

The following sections describe our performance achieved for each of our three Quality Priorities and the 12 supporting objectives.

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

This priority builds on our focus from previous years to embed a culture of inclusivity, co-production and personalisation throughout the organisation and our services. Evidence tells us that to achieve recovery and wellbeing patients' must be actively involved and participate in shaping a personalised care or treatment plan tailored specifically to their needs.

This approach ensures patients understand what their care or treatment includes, what the alternative options are, possible side-effects, where to get help if things go wrong; and **encourages empowerment** and **ownership** of their journey to wellness.

Objective 1: Continued roll-out of the Improving Involvement Project in our mental health services

A Trust-wide project, known as the Improving Involvement Project, was initiated during 2013-14. The aim was to identify, with patient, clinician and operational staff representatives, key goals to create a culture of partnership, patient empowerment and co-production.

Since the start of the project various initiatives have been achieved – in our London mental health services, and now successfully rolled out to our Milton Keynes services too. Such as:

- The Trust's Operations Board and Board of Directors meetings now begin with a **patient story** – which sets the tone and focus of the meeting, and facilitates shared learning. This models the theme of involvement and patient/carer focus for our divisions, team and supervision level discussions.
- The launch of the Trust's Service User and Carer Strategy, and establishment of the Trust-wide Service User Involvement Board.
- Co-produced care plan folders, leaflets setting out the Trust's commitments to service users and awareness-raising 'Do you have your care plan' posters were successfully rolled out to all mental health services; to encourage and empower patients to take ownership and control of their care journey.
- Training reception staff to welcome and prompt patients about their care plans, and offer care plan folders if they would like one.
- Encouraging patients, where appropriate, to chair their own care plan review meetings with the support of clinicians in our community recovery teams.
- The development of ward specific patient welcome and information pamphlets detailing ward services, activities, meal times, and key support contacts, like advisory services or how to make a complaint or compliment.
- Setting up of a 24-hour patient feedback mechanism via our Trust website, where patients can feedback their experiences, and allow us to make improvements.
- The development of Recovery College courses such as '**Citizenship and co-production**', '**Peer working and co-production in practice**', '**Co-production at a clinical level**'.

To understand and monitor the impact of these, various mental health 'process' and 'patient reported' indicators were monitored. These showed largely positive results and are reported in detail in Section 3. For example:

- 90% of patient notes audited had at least one personal recovery goal as part of their care plan (Q4 last year 81%)
- 73% of patient notes audited had their carer status recorded (Q4 last year 68%)
- 74% of patients reported that they had been offered or given a copy of their care plan (Q4 last year 63%)
- 90% of patients reported feeling involved in their care and treatment (definitely and to some extent, Q4 last year 90%)
- 92% of community patients who report that their care coordinator or lead professional had organised the care and services they needed well (a new measure this year)

The Improving Involvement Project will continue next year and will make closer links with CNWL's Carers Council. Future progress will be reported as part of our Quality Priority next year.

Objective 2: Community patients who tell us they were definitely involved as much as they wanted to be in decisions about their care or treatment

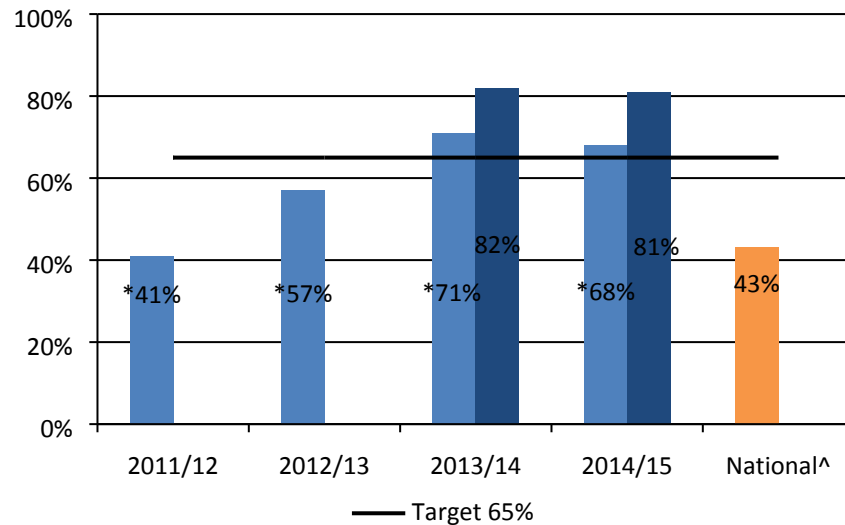
Measuring how involved patients felt in their care or treatment planning was a Quality Priority this year; and a roll-forward from the previous three years.

This measure was applied to the majority of our services, from sexual health services and addictions to mental health and community health services. Data was collected in a variety of ways to best suit the service; for example, patient-to-patient telephone surveys, quick feedback cards and questionnaires. Over the year, 9,376 patients responded to this question, with 2,402 being in quarter four.

We have shown year-on-year improvement in this area, as we have put in place many initiatives to address 'involvement' as mentioned in Objective 1, to adjust the culture towards one of partnership, co-production and 'no decisions about me without me'. Our progress has stabilised between 2013-14 and 2014-15.

At quarter four, 81% Trust-wide reported that they were 'definitely' involved in their care or treatment, and 68% for our mental health services. This separate result has been included so historic comparisons can be made, as well as benchmarked nationally, as the national figure is based on a mental healthy only patient survey.

We are pleased that both the Trust-wide and mental health result achieved the target and beat the national average for this measure.



^Source: Quality Health Ltd 2014 NHS community mental health service user survey
* Data represents mental health and specialty services only

When we consider those who reported being involved ‘definitely’ and ‘to some extent’, we achieved 97% (and 90% in mental health).

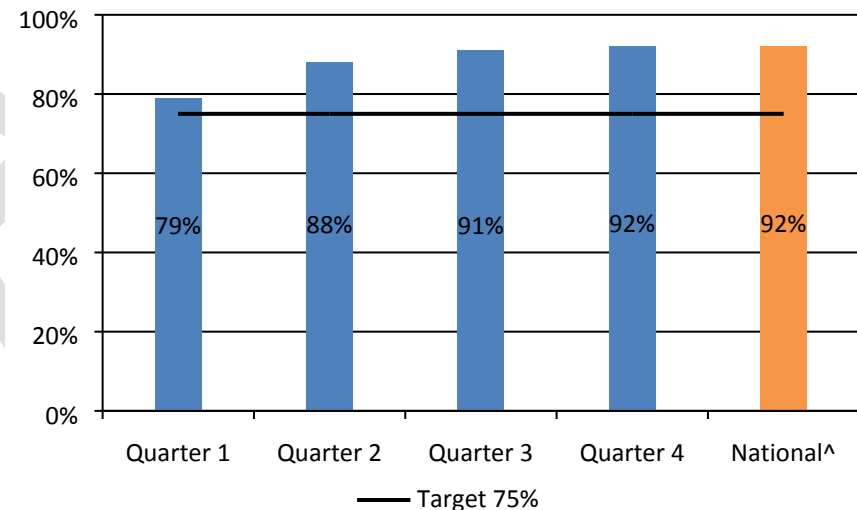
However, we are not complacent: To ensure this level of performance is improved and a culture of inclusion and partnership is fully embedded into practice we will be rolling this priority forward next year with an increased target of 75%.

Objective 3: How well does your care co-ordinator or lead professional organise the care or services you need?

During our consultation last year we heard from our carer groups that whilst involvement is important, patient satisfaction with the implementation of the care and treatment plan is also a critical part

of care quality. So we included this new measure, and a baseline target was set at quarter one. We asked patients ‘how well their care co-ordinator or lead professional organised the care and services they needed’ to understand patient satisfaction with care delivery. This is also a National Patient Survey question which allows for national benchmarking.

The graph below describes our quarter on quarter performance, and the national average for comparison.



^Source: Quality Health Ltd 2014 NHS community mental health service user survey

We achieved our target throughout the year and showed steady increase in performance quarter on quarter. Each quarter action plans were put in place in local services where the target was missed. In quarter four we achieved 92%, on par with the national

average. This was based on 545 responses, with a total of 1,984 patients responding to this question over the year.

We will no longer be assessing our performance against this indicator going forward; instead, as part of our Quality Priorities for next year we will be shifting focus, asking patients about their care or treatment plan's 'effectiveness'. This is explained further in Section 2.2.

Objective 4: To undertake a review of care and treatment planning across the Trust

The aim of this commitment was to review our care and treatment planning processes across the Trust.

CNWL has grown over recent years, and so inherited different care or treatment planning protocols and requirements, as well as patient information systems, like RiO or JADE, which support them.

While each has its strengths and challenges, consistent feedback from our staff has been that it needs to be simplified, removing unnecessary bureaucracy, to allow for more time for hands on clinical care of patients and carers.

In scoping this project earlier this year we quickly realised that completion within 12 months was short-sighted: the project is multifaceted, including processes, systems and different treatment requirements. Getting this vital, underpinning aspect of care provision right takes consultation, requirement scoping, system and process review, re-design, implementation, training and funding.

So, while we cannot confirm this commitment as complete, it is certainly underway: This year CNWL instigated the "More Time for Care" project. Its aim is to review, streamline and standardise IT systems and process to better support care delivery. This included a review and consultation of a number of patient information systems to assess which would best suite requirements. In January 2015 the Board agreed on SystmOne, one of the accredited systems in the government's programme of modernising IT in the NHS. Next steps include configuration, implementation and training. This new system will support our care and treatment planning processes which are to be reviewed concurrently over the next two years using the Trust's Accelerated Service Improvement Programme (ASIP) methodology (explained further on page 46). Progress will be reported by exception in future Quality Accounts.

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

Objective 5: A thematic review of carer feedback based on their experience of support and information received, to inform improvement action

This year we engaged with and gained feedback from our carers in a multiple of ways:

- We held bi-annual focus groups across our London boroughs for carers supporting someone accessing our adult or older adult mental health services, or learning disability services. Adult mental health services in Milton Keynes continued to run carer involvement groups with outcomes being taken forward in local service development.
- Community Services in Hillingdon and Camden continued to conduct telephone surveys of carers to gather information about their experience of services.
- Quarterly carer interface meetings for Kensington and Chelsea and Westminster were held, involving carers, staff representatives from community and acute teams, together with our partners providing support to carers: Carers Network and Kensington & Chelsea Carers.
- Our Carer's Council, which consists of carer representatives and Trust leads, was held quarterly. This group continued to have an overview of carer developments within the Trust, and will be setting priorities for 2015-16 at the April meeting, taking into account current quality priorities and any relevant feedback from the recent CQC visits. Group membership will also be expanding to include more representation from our community health services.

Based on feedback, below is a summary of the key actions taken this year to improve the experience and support of carers:

Carer identification: The first step is to be able to identify our carers. Together with our Information Team, we have developed our patient information systems to better capture and report on carer information, such as carer identification and the support and services provided. Reporting is done in conjunction with our borough business managers, who have been responsible for putting in place action where results need improvement.

Carer Training and Peer Support: Carers told us they wanted support and information through training – to better equip themselves and gain the support benefits from networking with fellow carers and peer support workers. Our Recovery and Wellbeing College is open to all carers, and willing carers have undertaken train-the-trainer training and co-facilitate courses which are available to staff, patients and carers.

Available courses can be found in the Recovery and Wellbeing College prospectus, and include courses such as 'The last time we spoke – A Carer's Story' and 'A two hour sessions for carers, friends and family', 'Introduction to managing stress', 'Living with diabetes', 'Understanding dementia', 'Go smoke free', and many others. Work continues with the Peer Development Steering Group to ensure greater carer involvement in training.

Carer Film: Together with carers, we wanted to raise the 'carer profile' among our staff and services, as *partners* in the care and wellbeing of our patients. We co-produced a carer film 'The last time we spoke: A carer's story'. The film is a combination of carer stories about supporting a family member with a mental health illness. As part of our commitment to improve practice in this way, this emotive and powerful film has become crucial in providing high standard of training for our staff and others.

The Care Film was shown at the national and multi-professions 'Implementing a Compassionate Framework for Everyday Care' conference in Leeds this year. This was attended by a carer, member of

staff and the film producer (see photo below). The film was shown at one of the conference workshops and received very positive feedback.



From left: Murray Wallace (PatientStories.org), Chris Butler (CEO Leeds and York Partnership NHS Foundation Trust), Ann Smith (Carer, Hillingdon), Amynta Cardwell (Consultant Organisational Learning and Development, CNWL)

Carer information and access to services: Our aim was to provide carers with information that was local and provided them with the right support and access to the services they need. This is explained further in Objective 6 below.

Objective 6: To provide carers and patients with local information on services available, through leaflets and contact card distribution

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

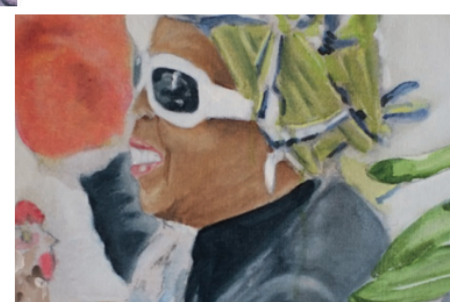
Carer Contact Cards and information leaflets have been co-developed with carers and include the use of our patient art work.

Cards have been printed and distributed with borough specific local information, for example, local carer organisations, medicines advice line, out-of-hours Urgent Advice Line, their loved one's key worker details and

a central point of contact. These cards will be reviewed on an annual basis. There are now developments to produce similar cards for CAMHS specific services and other community services.

While objective 5 and 6 will not be reported on next year, carer involvement and support is rolled forward as one of our Quality Priorities for 2015-16, and so progress and the continued work of the Carers Council will be reported.

Examples of our Carer Contact Cards:

We have also co-produced carer information leaflets, and ward-based patient information leaflets; to welcome, help induct and orientate our patients who get admitted to our inpatient settings. These leaflets provide patients with details of ward based activities, meal times, visiting times, advocacy services, how to make a complaint or compliment, and much more.

Below are examples of some of our carer and patient information leaflets which have been distributed:



Your care and treatment

We hope you find the information in this pack useful during your stay on Hazel Ward. You may not find all the answers to the questions you have, so please ask a member of staff if there is anything else you would like to know.

Physical health checks

Within the first 24 hours of your arrival, a nurse will talk to you about your lifestyle and do a physical health check with you so that we can understand if you have any physical health problems. Later on, a doctor will physically examine you and take blood and urine samples as well as carrying out an electrocardiogram - or ECG - a simple and useful test which records the rhythm and electrical activity of your heart.

We will give you a Healthy Lifestyle Advice booklet and also offer a therapy programme to support you in your lifestyle choices.

Your nurses

You play a very important role in your wellbeing and recovery. We will allocate a primary nurse and an associate nurse when you are admitted to the ward.

The primary nurse is usually the nurse who manages your admission onto the ward. You will be offered regular one-to-one meetings with your primary and associate nurse during your stay. We will work together with you to develop a recovery plan that addresses your needs.

There will always be a specific nurse who is allocated to take care of your needs. Their name will be written on the board opposite the nurse's station at the start of each shift.

We hold a daily 'plan of the day' meeting and a weekly 'community meeting' and encourage all patients to come to this meeting so that you know what is happening on the ward each day and we can make sure that you have everything you need. If you have any problems or concerns you can speak to a member of staff at any time.



This document is also available in other languages, large print, Braille, audio format and Easy Read upon request. Email: communications.cnw@nhs.uk

Siapas kirkessis, ky dokument gjithashtu gendet edhe ne gjuhë të tjera, me shkrim të madh dhe në formë digjimore.

هذه الوثيقة متاحة أيضا بلغات الأخرى والأحرف المتكبرة وطريقة عرض بسيطة وبصوت.

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本文件也可用廣東話、新加坡其他語言或特大字體版本，也可制作成點字。

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

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Dokumentigjen er også tilgjengelig i andre språk, i stort skrift, i Braille og i lydformat.

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March 2014



• **Competent and compassionate workforce**

The quality of care we deliver is reliant upon a competent and compassionate workforce. By **competent** we mean has the knowledge, skill and training to carry out the role safely and effectively; and by **compassionate** we mean a workforce whose behaviour reflects all our Trust's values: Compassion, Respect, Empowerment and Partnership. And above all, that there is the leadership, modelling and staff engagement to ensure this is achieved.

Evidence states that staff who are well led, supported, listened to, and receive regular feedback are better engaged, motivated and provide better quality care.

Although this was a new Quality Priority for this year, a competent and compassionate workforce is very closely monitored by our Executive Board at all times. This includes many other indicators in addition to the six Quality Priority objectives reported here (See 'Staff experience' in Part 3):

Objective 7: Improve the efficiency in the recruitment process through development of an online assessment screening tool

This year we worked with an Occupational Psychologist to develop a values framework, which could be used by managers to undertake values based recruitment. This is so that we make sure we recruit not only competent staff, but staff that are compassionate and who reflect the Trust's values.

The framework was co-developed - through focus groups of staff and patients across the Trust. The final draft has now been published. Our initial aim was to make this an on-line screening tool, however, after careful consideration and advice from the Occupational Psychologist, the tool will be used via interviews.

The training of managers on values based recruitment techniques will shortly commence to support the roll-out and implementation of this new recruitment approach. As this initiative will now form part of business as usual, this will not be reported next year.

Objective 8: Development of a programme of staff listening events, to facilitate open dialogue between management and front-line staff for sharing messages and action planning

Not only do we need a workforce which is 'competent and compassionate', but also one which is **engaged and satisfied**.

Part of our strategy to achieving this was to open channels of communication between management and front-line staff; to gain feedback, share views and lessons learned, and provide support where it is needed.

This became particularly useful in briefing staff at all levels about our Care Quality Commission inspection (February 2015), in terms of what to expect, provide reassurance, question and answer sessions and sign-post where to get support.

The following provide examples of how we not only opened channels of communication between colleagues at all levels, but also cross-team/service and division:

- “Talking Trust”, the Chief Executive’s fortnightly blog where staff hear first hand about key updates and developments, and personal and work related anecdotes
- “In conversation”, a blog where CNWL staff share their opinions
- Divisional leaders and staff engage on Twitter
- Weekly CNWL newsletter
- Quarterly Listen, Learn and Act newsletter
- Production of the ‘CNWL who we are’ film, highlighting some of the Trust’s recent achievements and contributions by staff¹
- **Programme of staff briefings and feedback events:** Between September 2014 and March 2015 a total of 18 were held across the Trust chaired by the Chief Operating Officer and new divisional heads. The aim was for divisional heads to meet their service, team, ward and profession leaders, and vice versa, engage in discussion about key issues or concerns, feedback on updates (e.g. on the impending CQC inspection), and provide support and reassurance to front-line teams.
- **Programme of staff listening events:** Further to the above, a programme of on-going staff listening events has already begun to maintain the ‘conversation’ and engagement through 2015-2016. So far the programme includes 19 events across the Trust, and is led by our Director of People and Organisational Development and supported by a representative from our Communications Team. The programme includes both surgery style sessions and visits to

staff workstations for one-to-one and smaller group feedback.

Our approach has begun to pay off with CNWL placed 8th out of 57 similar Trusts for staff engagement based on the ‘2015 League Table on Staff Engagement’ by Listening into Action².

Examples of “staff said, we did” so far..

- Staff voiced frustrations around the Trust’s IT systems, and too many burdensome processes. There is already a programme of major capital development to address our IT systems over the next two years, and we are reviewing our care and treatment planning processes to simplify and streamline our approach.
- Team managers said they wanted to be able to communicate local key messages and share lessons with their team in an accessible way. We created a team level newsletter template for local completion to support team information dissemination and sharing.
- Staff voiced dissatisfaction with our intranet and wanted easier access to Trust policies. We scoped, consulted on and introduced the new Trustnet system in January 2015 to address problem areas.
- Staff were anxious about the CQC inspection and wanted to know what to expect and be prepared. We created a staff handbook and presentation, and set up a telephone interview and peer review programme so staff could practice their knowledge and experience. We also set up on-

¹ <http://www.cnwl.nhs.uk/news/this-is-cnwl-the-film/>

² Link: <http://bit.ly/1N86e9H>

site surgeries for questions and answers on specialist areas, like the mental health or capacity acts.

- The Recovery and Wellbeing College received feedback that it should offer courses on physical health care issues. This has been rolled out and the prospectus now includes courses on both mental and physical healthcare.

As this initiative will now form part of business as usual, this will be monitored and acted on internally, and not be reported next year.

Objective 9: To publish the staffing levels on our inpatient wards for the information of patients, carers and staff

Safe and appropriate staffing levels on all our wards are essential to maintaining a safe, calm and comfortable ward environment. Our ward staffing establishment is adjusted per shift in response to the changing needs of our patients.

We closely monitor numbers and ratios of our qualified versus unqualified staff as per national guidelines, as well as permanent versus bank or agency staff. Our aim is always to employ permanent staff, but where this is not possible bank staff are used, and agency staff as a last resort. Credentials are always checked and a proper induction given.

The aim of this objective was to publish the staffing levels of each shift on all our inpatient wards - for the visibility of our patients, carers and staff. This was completed in June 2014.

It was also a requirement from the NHS Chief Nursing Officer (England) and the Care Quality Commission in response to the

Francis Report which called for greater openness and transparency in the health service.

Example of one of our ward staffing boards:

Hillingdon Woodlands - Hawthorn Intermediate Care Unit

Today's Date:

The Ward manager is:

The number of patients on the ward today is:

This morning the ward should have:

Registered Nurses

Health Care Assistants

This afternoon the ward should have:

Registered Nurses

Health Care Assistants

Tonight the ward should have:

Registered Nurses

Health Care Assistants

This morning the ward has:

Registered Nurses

Health Care Assistants

This afternoon the ward has:

Registered Nurses

Health Care Assistants

Tonight the ward has:

Registered Nurses

Health Care Assistants

Their names are:

Their names are:

Their names are:

Wellbeing for life

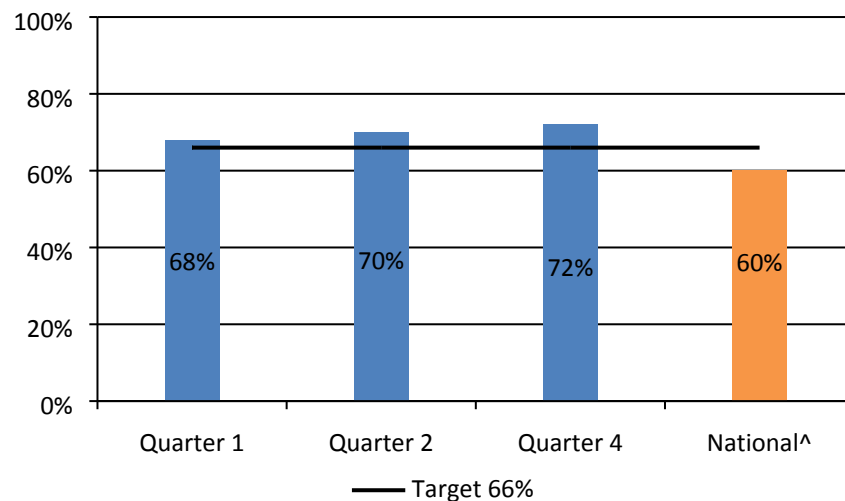
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As this project has been completed, this will not be reported on next year.

Objective 10: The percentage of staff who would recommend Trust services to family or friends if they needed similar care or treatment

One of our most important measures of quality is whether our staff tell us that they would be happy to recommend our services to their family or friends. For this reason we have monitored this via three on-line and postal staff surveys this year; in quarter one, two and four. All staff from across the Trust have had the opportunity to respond. The chart below presents the results, along with the national staff survey average as a comparator. Our target of 66% was based on our performance in last year’s national staff survey.



We are pleased to report, even through the organisational restructures our staff have experienced this year, an upward trajectory from quarter one, achieving 72% in quarter four, based on 523 staff responses. This result is an improvement on our

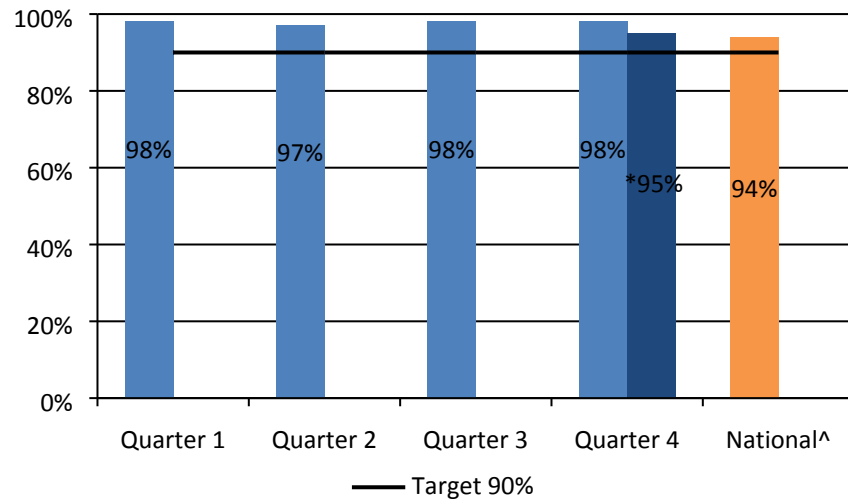
position last year (the target), as well as the national average of 60%.

We ascribe this partly due to our engagement efforts with our staff – with a particular focus on **face-to-face contacts**, rather than a heavy reliance on electronic means. We will build on this success in the coming year and report on progress internally.

Objective 11: Patients report that they were treated with dignity and respect

We have learnt from the feedback from our surveys (see Section 2.1) that what is valued most is staff who are caring, friendly, listen and respond, as well as the staff-patient-carer relationship. To understand our performance in these aspects we measured specifically how involved patients feel, whether patients would recommend our services to family or friends (presented above), and finally whether our patients feel they were treated with dignity and respect.

Over the course of the year 9,393 patients responded to this question, including 2,507 in quarter four. The chart below shows our quarter-on-quarter performance:



^Source: Quality Health Ltd 2014 NHS community mental health service user survey
* Data represents mental health and specialty services only

We have consistently achieved our target this year, and achieved 98% at quarter four.

Overall, mental health services achieved 95%, presented separately as a comparator to the national average which is based on the 2014 National Community Mental Health Survey. Performance is stronger in our mental health community, rehabilitation and older people's services. Although still achieving the target, performance shows to be slightly more variable in our acute mental health acute services which have a smaller number of responses. By their nature these settings prove to be more challenging environments for both patients and staff, with many patients detained under the Mental Health Act. Staff have been trained to effectively to deal with all eventualities on our wards to ensure, firstly, the safety of all patients and staff, as well as maintaining patient's dignity and

respect at all times. Data is fed back to services and local action plans put in place. This indicator will continue to be monitored and reported on next year.

Objective 12: The percentage of staff who have had their annual appraisal

In order to support a workforce which is compassionate and competent, annual appraisals and frequent supervision sessions are essential. This is essential to providing strong clinical leadership to ensure our workforce is engaged, provided opportunities for professional development and adequately trained.

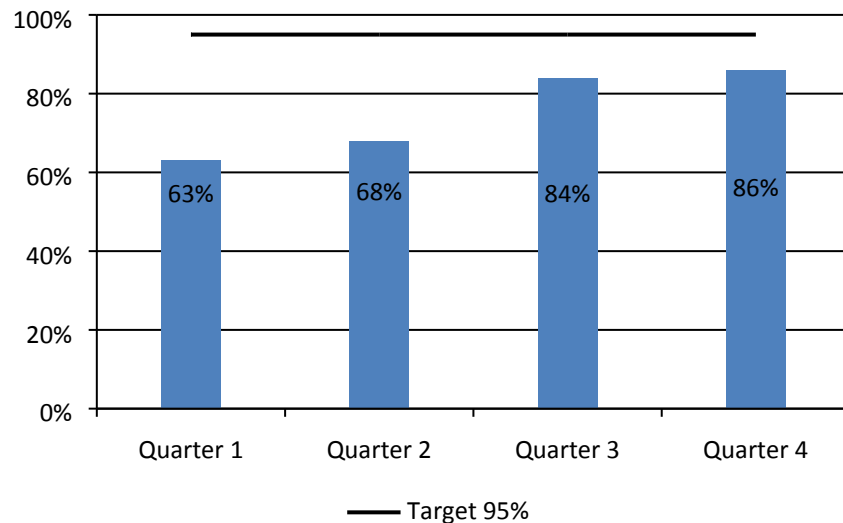
We ended last year with 62% of our workforce with 'in-date' appraisals logged on our system.

Throughout this year we have campaigned to reach our target:

- We found that some local services were holding their staff appraisal logs manually. This meant on-going Trust-wide messages and training to encourage correct reporting of staff appraisals on our electronic system.
- Managers were sent on-going reminders as staff became 'out of date' until their appraisal was complete and logged on the system. This is an on-going mechanism to support managers.
- Performance was also managed monthly via our Human Resources dashboard, with divisional leads tasked with ensuring compliance of their appraisal rates.

Our action has begun to pay off: The chart below shows our quarter-on-quarter performance; an upward trajectory from 63% in

quarter one to 86% in February 2015. This figure will be updated with the confirmed year-end position during April 2015, and so we are unable to confirm whether we have achieved this measure.



This measure will continue to be closely monitored as part of business as usual via our Human Resources dashboard and reported to our Quality and Performance Committee, with action continued to be directed as needed. This measure will not be included in the Quality Account next year.

2.2. A borough and specialist service focus

To view how Quality Priorities and other indicators performed by borough or specialist service, see Section 3.2.

The following pages present specific information on each of our main boroughs and specialist services including key achievements, initiatives and areas for improvement.

Borough of Brent

Borough Director: Natalie Fox
Clinical Director: Dr Anupam Kishore

Overview of our services in Brent

We provide a wide range of mental health services in Brent for children and young people, working age adults through to older people. Services include acute mental health services, mental health assessment and brief treatment services, community recovery services, older people's mental health and healthy ageing services and psychological medicine services. We also provide addictions and sexual health services in Brent.

Patient/carer feedback about services

- Overall, our patient telephone surveys from quarter four told us that:
 - 98% of patients would recommend our services to friends or family if they needed similar care or treatment,
 - 98% of patients felt treated with dignity and respect,
 - 89% felt that their care had been well organised by their care coordinator or lead professional,
 - 66% felt 'definitely' and 94% felt 'definitely *and* to some extent' involved in the decisions about their care and treatment,
 - 80% stated that they had a phone number to call out of hours or in a crisis,
 - 79% felt they had enough advice and support for their physical health care (year to date).
- Individual feedback:
 - Father of patient attending Healthy Kickers, Tamarind Centre: "I cannot believe this is available for patients when they leave hospital. It is amazing."
 - After taking part in a group supporting service users to write health and wellbeing plans, one service user gave this feedback: "It has helped me to understand more about my illness. It has allowed me

to express my feelings. I felt listened to. I was given enough time. I will share my Health and Wellbeing Plan with my care coordinator."

- Acute services: "Thank you for putting up with me. You are good, patient people! God bless you and may all your dreams and aspirations come true. I wish you all the best for the future, most sincere appreciation for a job well done".

Recent successes and service improvements

- Successful step-down process in Rehabilitation services: We have been able to step more clients down from 24 hours service to less supported facilities due to coordination with the Local Authority, Start Plus and third party accommodation providers. Self-directed support has been granted to almost all clients who applied for them. This has helped clients to move forward; buy equipment for their studies, and improve their social lives by employing a personal assistant.
- Our Healthy Kickers football project has developed over the last 18 months and we now have 100 registrants. The project has its own Facebook page and is managed by one of the players, and so far three service users have successfully completed their Level 1 FA coaching certificate. Two now work as part time voluntary coaches.
- The introduction of primary care dementia nurses (five in total): This innovative role has been introduced in the Brent Memory Service. The nurses work across the borough covering a locality of GP practices. They provide a bridge between primary and secondary care, supporting GPs as well as enabling service users to stay in their own home, with support, for longer.
- In response to learning from an incident investigation the Assessment and Brief Treatment Team have introduced a morning feedback meeting to discuss each assessment from the day before in a multidisciplinary environment, and agree the best way forward. This ensures appropriate clinical challenge and agreement on the best way forward. Following the meeting an outcome letter is sent to both the referrer and the patient.
- A new peer support worker for personalisation role has been developed within Brent Community Recovery Team. The peer support worker has

sourced and identified services to meet individuals personalised needs and recovery goals and will help to deliver a new course - Personal budgets in Brent as part of the CNWL Recovery and Wellbeing College.

- Supported Housing: Staff and service users have been involved in improving the buildings that they live and work in. Choice of colours and purchase of renovation materials were made by service users with staff support.

Challenges

- Acute services: One of the main challenges in Brent is staff recruitment and retention. This often makes it difficult to develop and sustain project work, and demand versus capacity can lead to waiting lists. Pressure and demand for inpatient services means that the unit is busy with high levels of disturbance, however across the year 88% of service users report feeling safe after their most recent inpatient stay. Here, newly qualified staff view it as a good grounding following qualification and then move on, especially Band 6 posts on the community teams. Staff tell us this is partly because Park Royal is equidistant between the inner London boroughs with their associated prestige, and the other two outer London boroughs which are in better locations.
- Supported Housing: Dealing with the housing associations and landlords who own some of the properties can be challenging. Repairs sometimes take longer than desired to be completed.

Borough of Camden

Borough Director: Graham Caul Clinical
Director: Dr Pramod Prabhakaran

Overview of our services in Camden

We provide a wide range of community health services for children and adults with physical health problems in the community setting. This includes neurological and stroke services, podiatry services, diabetes

services, wheelchair services and palliative care services to improve the quality of life of patients and their families facing problems associated with life-threatening illness. Services for children include school nursing, immunisation, health visiting, looked after children and Camden MOSAIC, an integrated service for children and young people with disabilities, and their families.

Patient/carer feedback

- Overall, our quarter four patient telephone survey for Camden community services told us that 98% would recommend our services to family or friends, 98% treated with dignity and respect, and 89% feeling 'definitely' involved in their care and treatment,
- Additionally, a Palliative Care patient satisfaction survey completed in October 2014 revealed that:
 - 94% of respondents rated the care they received from our team as excellent or very good,
 - 94% thought the team members were helpful always or most of the time,
 - 100% said the team members treated them with respect and dignity,
 - 100% would recommend the service to family and friends
 - A 2014/15 community telephone survey for Camden Podiatry Service revealed that:
 - 93% would recommend the service to family and friends,
 - 69% felt 'definitely' involved as much as they wanted to be in decisions about their care and treatment, 31% felt they were involved to some extent.
- Camden Children's Service, following an intervention, Child J's mother reported the following: 'J is willing to try a wider range of foods at home; the family is eating their meals together frequently; and I am feeling more confident about managing J's behaviour at mealtimes and less anxious about the food he is willing to eat'.
- The Camden Active Living Group, a small group of people who regularly use our services, have co-produced and co-delivered a range of training including person centred care for the Care Certificate and Induction as

well as Customer Service training. The training embodies CNWL's values and allows direct patient feedback to staff.

Recent successes and service improvements

- Camden Palliative Care Team, together with Islington ELiPSe and Centre 404 Housing Service, won a prestigious award for Outstanding End of Life Support at the Palliative Care for People with Learning Disabilities Network (PCPLD) awards.
- Integrated Adult Services worked jointly with UCLH/National to open seven additional beds of a higher dependency to support the stroke pathway. This freed up acute beds to support the emergency care pathway at UCLH as well as HASU (Hyper Acute Stroke Unit) beds.
- The Rapid Response Team was expanded to provide 24/7 support for admissions avoidance as well as early supported discharge seven days a week from 9am to 3pm.
- Camden has established an Alliance Provider model for children's services, involving CNWL, Whittington Health, the Royal Free and the Tavistock and Portman NHS trusts. The new role of Head of Children's Services has been established and leads the partnership, working for CNWL which is the organisation with the role of Operational Lead. The partnership is established to specifically meet the needs of children with developmental concerns and disabilities and is now formalised as Camden Integrated Children's Services.
- We have introduced safe staffing tools across District Nursing and Rapid Response teams so we can objectively assess safe staffing levels to support our patient care and co-ordinate support from other teams/services when safe staffing is not available to provide high quality safe care.
- Heart Failure Team is now combined with the screening service to form one cohesive service that now works in localities, so GPs have a named nurse/representative for their area.
- Development of Camden's Single Point of Referral (SPOR): SPOR is the single access point to developmental assessments including community paediatrics, speech and language therapy, occupational therapy and

physiotherapy for children and young people in Camden. Prior to SPOR, each service had its own referral form and pathway, and did not always know when a child was known to the other services. Over the last 12 months the SPOR took 1854 referrals, of which 85% were allocated to uni-disciplinary pathways and 15% to multidisciplinary/multi-agency pathways.

- Health Visiting Duty Desk was developed to give parents and professionals access to a qualified Health Visitor by phone for advice and support.

Challenges

- An ageing population and increase in the diabetes population are placing growing demands on the Podiatry Service and Wheelchair Service. This demand will increase over time meaning we need to find innovative ways of working. The Camden Podiatry Service has started to redefine the service it delivers to patients using a 'need based' model similar to other parts of the country. Currently this is mainly addressing new patients accessing the service. The model will be reviewed this year and rolled out to existing patients.
- The Disabled Children's Team (DCT) works alongside all of MOSAIC (Making Our Services All Integrated in Camden) services to achieve good outcomes for children who reach the threshold for these services. The challenge is to incorporate more of a systemic approach for the DCT in order to include early intervention to address need and reduce vulnerability at an early stage. We are beginning to address this with social care involvement in the SPOR intake panel.
- Referrals to the Social Care Assessment Service (SCAS) are increasing by up to 50% on the last year. This is impacting on waiting times for assessment and intervention, and is a trend seen in neighbouring boroughs and in Hillingdon Community Services.

Borough of Harrow

Borough of Harrow

Borough Director: Tanya Paxton Clinical

Director: Dr Tanya Thirkell

Overview of our services in Harrow

We provide a wide range of mental health services in Harrow for children and young people, working age adults and older people. Services include acute mental health inpatient wards, mental health assessment and brief treatment services, community recovery services and liaison psychiatry for adults and older adults.

Patient/carer feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 100% of patients would recommend our services to friends or family if they needed similar care or treatment,
 - 100% of patients felt treated with dignity and respect,
 - 91% felt that their care had been well organised by their care coordinator or lead professional,
 - 68% felt 'definitely' and 98% felt 'definitely *and* to some extent' involved in the decisions about their care and treatment,
 - 89% stated that they had a phone number to call out of hours or in a crisis,
 - 76% felt they had enough advice and support for their physical health care (year to date).

Individual feedback:

- Carer, Memory Services: "JC and I are very satisfied with the team's professional care and treatment"

- Carer, acute services: "I would particularly like to thank the occupational therapists who did a splendid job in encouraging my mother to participate in the sessions. The sessions she most enjoyed were the ones on music and literature where I feel she found herself again and regained her self-esteem. To see my mother choosing to watch TV or chat to people is wonderful. Credit must also go to the genuine caring shown by the staff, helping with washing, dressing etc. Also I know my mother appreciated the way patients were consulted on the running of the ward at regular business meetings. At a time when the NHS is facing many pressures and the mental health service often referred to as the Cinderella service I wish to commend all on Ellington Ward for their consistent care"

- Patient, Harrow Home Treatment Team: "Absolutely amazing service, praised by my sister who was involved in my care. My care plan was very clear and simple, not overwhelming, allowing me to take one day/one visit at a time, always explaining process and agreeing it with me. I felt safe and listened to, the team was ever so helpful and understanding. Very respectful. The most amazing people and with so much compassion and dedication. Just keep doing what you are doing."

Recent successes and service improvements

- Commissioning the Memory Service has improved patient pathways meaning better management and care of patients in which the whole team contributes.
- Courses for patients at the CNWL Recovery and Wellbeing College in Harrow to support patient recovery journeys, including 'Go Smoke Free' (article in The Advisor Journal, Winter 2014) and joint workshops in collaboration with the University of Westminster and art groups including The Bridge.
- Peer support workers on Ferneley and Eastlake Wards at Northwick Park Mental Health Unit offer formalised peer support and practical

assistance to service users in order for them to regain control over their lives and their own unique recovery journey.

- The introduction of multidisciplinary team daily white board reviews on Ellington Ward has contributed to improved communication between professionals and stakeholders.
- CNWL promised our local health commissioners to review all the complex patients in Roxbourne inpatient rehabilitation to potentially step them down. Our team has been able to be central in delivering on this, increasing the confidence the commissioners have with CNWL in Harrow.
- The introduction of the assessment lounge at Northwick Park Hospital has reduced inpatient admissions, waiting time for patients to be seen and offers more focused time to patients in a calm environment enabling the team to offer the right care at the right time.

Challenges

- Ellington Ward: Management of patients admitted to the ward with multiple mental and physical health issues especially out-of-hours and at weekends has been problematic. In order to look after patients better with mental and physical health needs we are in the process of creating a patient transfer protocol detailing the patient pathway if patients have urgent physical health needs while staying on the mental health ward. This patient pathway and protocol will be used 24/7, this will be ready for implementation in May 2015.
- Home Treatment Team: Using bank and agency staff to cover shifts.

To overcome this problem we have been reviewing the reasons behind the use of agency staff. We are now working very closely with the central recruitment team to attract more nurses to apply to our vacancies. We

are having discussions with the staff bank to make it a 24/7 service to cover out of hours and therefore be more responsive to patient need.

- Increase in number of referrals to our Memory Service and current resources not meeting demand. We have worked closely with Harrow Clinical Commissioning Group (CCG) to raise awareness of this current issue. We have now increased our capacity of the service by increasing the amount of days worked by our consultants so that our patients are seen and treated quicker.
- There is a lack of commissioned community personality disorder services compared to other boroughs meaning personality disorder patients are treated in inpatient settings. We are working closely with our commissioners to raise awareness of this local issue in order to provide a joint solution for this current service gap. We are reviewing the current need in Harrow for service users with personality disorders and how we can deliver our existing services that will include a service for this patient cohort. Site visits are taking place of gold standard services are so we can stride to develop such a service in Harrow.

Borough of Hillingdon

Borough Director: Kim Cox

Community Services Clinical Director: Dr Sagar Dhanani

Mental Health Services Clinical Director: Dr Mellisiha Padayatchi

Overview of our services in Hillingdon

We provide a wide range of community health services for children and adults with physical health problems. This includes diabetes services, speech and language therapy, continence services, district nursing, palliative care and rapid response. Services for children include health visiting, children's nursing and infant feeding, as well as paediatric services including speech and language therapy, occupational therapy and physiotherapy services. We also provide mental health services across the borough for adults and older people, including a psychiatric

intensive care unit at the Riverside Centre and two adult inpatient mental health wards that provide a safe and therapeutic environment for people with acute mental health problems.

Patient/carer feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 91% of community health patients, and 93% of mental health patients would recommend our services to friends or family if they needed similar care or treatment,
 - 100% of community health patients, 97% of mental health patients felt treated with dignity and respect,
 - 92% of mental health patients felt that their care had been well organised by their care coordinator or lead professional,
 - 64% of community health patients, and 74% of mental health patients felt 'definitely' involved in the decisions about their care and treatment (*definitely and to some extent*: 84% and 95% respectively),
 - 78% of mental health patients stated that they had a phone number to call out of hours or in a crisis,
 - 86% of mental health patients felt they had enough advice and support for their physical health care (year to date).

Individual feedback:

- Very positive and consistent feedback was received from our Tissue Viability patients.
- Patients on Oak Tree Ward have recently sent letters to us outlining their positive experiences, for example: "Very informative, professional and caring", "The person I saw was extremely helpful", "They were very helpful and understanding. I found it very easy to talk to this person."

Recent successes and service improvements

Adult Community Health Services

- Introduction of Community Nursing Assistants into District Nursing teams

- Falls assisted discharge programme
- Introduction of a 'high risk' clinic in community Podiatry Service
- Care bundles for Dementia, Venous leg Ulcers and Chronic Obstructive Pulmonary Disease (COPD) have been developed
- The reduction in 'did not attend' appointment (DNA's) to 6% in Diabetes, Podiatry and Musculoskeletal (MSK) Physiotherapy
- Extension of physiotherapy therapy input into Hawthorn Intermediate Care Unit (HICU) to seven days

Children's Community Health Services

- Development of staff and recruitment of health visitors
- School age immunisation uptake
- Therapy (Physiotherapy and Speech and Language Therapy (SLT)) provision in children centres
- Speech, Language and Communication Needs (SLCN) Early Years pathway
- School nurse drop-in clinics for targeted secondary schools
- TB (tuberculosis) Service relocated to a local clinic for improved access for patients, and a TB nurse qualified as Nurse Prescriber enables improved, efficient care for patients
- Improved TB screening in detention centres

Adult Mental Health Services

- Bespoke and well attended recovery and wellbeing courses have been established in Hillingdon for patients, carers and staff.
- Section 136 suite has been enhanced and recent internal inspection rated this as 'excellent'.
- Set up of peer support worker posts in the acute inpatient services: The aim is that people with lived experience of mental health symptoms and direct experience of service provision are able to engage directly with patients on the wards. Traditional support worker posts have been converted to these posts.
- Shifting settings of care strategy has been underpinned by the

establishment of two mental health navigator posts who will be part of the new Primary Care Mental Health Team in Hillingdon.

- Commissioned Liaison Psychiatry services have been established, as well as a well received training programme for Hillingdon Hospital staff.

Challenges

- Recruitment to permanent posts, and recruitment of qualified, experienced staff
- Conflicting demands from commissioners
- Working seamlessly with partner organisations
- Inpatient bed pressures
- Limited resources out of area for patients in crisis and socially isolated
- Increased number of complex children requiring health care

Borough of Kensington and Chelsea

Borough Director: Angela McGee

Clinical Director: Anna Maratos

Overview of our services in Kensington and Chelsea (K&C)

We provide a wide range of mental health services in the borough of Kensington and Chelsea. Many of our services are delivered from St Charles Hospital where we have four adult inpatient wards, two psychiatric intensive care units and two older adult wards, which provide a safe and therapeutic environment for people with acute mental health problems. Other services include: liaison psychiatry services, home treatment services, early intervention services and community recovery.

Patient/carers feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 78% of patients would recommend our services to friends or family if they needed similar care or treatment,

- 93% of patients felt treated with dignity and respect,
- 92% felt that their care had been well organised by their care coordinator or lead professional,
- 66% felt 'definitely' and 94% felt 'definitely *and* to some extent' involved in the decisions about their care and treatment,
- 68% stated that they had a phone number to call out of hours or in a crisis,
- 88% felt they had enough advice and support for their physical health care (year to date).
- South Kensington Recovery Team carers evening feedback: 80% said they found the combination of meeting with patients and professionals, finding out about the service, and meeting other families parents/carers helpful.
- There is also a monthly carers evening (held at Beatrice Place, with a large number of staff offering after hours sessions) for all new referrals over the previous 3 month period. 100% of respondents said it was useful or very useful, in particular the opportunity to speak with service user representatives who spoke of their recovery journey.
- Employment Specialist Service feedback:
 - "I am very fortunate to have met my employment specialist who has helped me throughout this process and was very encouraging and supportive and has helped to give me back my self-belief and confidence"
 - "Thank you so much you have helped me, I wouldn't have got the job if it hadn't been for all your help and support"
 - "I am grateful for the support I have received from the Early Intervention Team, my family, and my employer. Remaining employed has been a big factor in staying well, I am now looking to advance my career and share my experience to help and support other people"

Recent successes and service improvements

- Recruitment of peer support workers has received positive feedback all round.

- Primary Care Services launched their new website and communications plan to all GPs (website: www.take-time-to-talk.com). The Primary Care Mental Health Services have had a successful year and achieved their access targets and service improvement of recovery rates in 2014/15.
- A lot of work has gone into strengthening the Recovery Model which has resulted in the introduction of TRIPs (Team Recovery Implementation Plans), K&C Recovery and Wellbeing College Spoke Courses, six day a week acute outreach programme's, MDT involvement in South Community Recovery Team Clozapine Clinic and a pilot of personal health budgets in the North Recovery Team in partnership with K&C MIND and the local authority.
- Primary Care Mental Health Service expansion: Recently held an opening for the new Primary Care Centre in St Charles Hospital expanding their capacity to 17 therapy rooms, one large group room and nearly 30 hot desks in the north of the borough.
- Carers: Work has been underway in the adult community teams to improve the identification and assessment of carers. A bi-borough carer/service interface meeting has been running over the past year, which brings together managers and leads from the various teams/services, individual carers, and representatives from the third sector to discuss carer issues, share knowledge, and work together to develop an increased understanding of staff on the need to support carers in a stronger way than we do. A carer support group that was previously chaired by a local authority staff member, and was vulnerable to closure has been taken on by our local managers to ensure that it did not close (it has been running for at least 10 years).

Challenges

- Bed pressures and the demand for beds is a constant challenge. We are managing this as a coordinated effort daily but we also have a longer term plan to remodel our community provision to ensure people get the help they need before they become so unwell they need admission.
- Agency use also remains high, although there have been some reductions over the last few months

- Recruitment - Services across Kensington and Chelsea have struggled to recruit a high calibre of skilled and motivated staff across the services – in particular Primary Care services, Older Adults and Acute have been hardest hit which has resulted in several vacancies which has put pressure on the teams. We are looking at targeted recruitment strategies in these areas.

Borough of Milton Keynes

Community Services: Overview of our services in Milton Keynes

Community Service Director: Sheila Begley

Clinical Director: Ryan Kemp

We provide a wide range of community health services for children and adults with physical health problems in Milton Keynes. Services include universal children's services such as health visiting and school nursing, specialist therapies, podiatry services, specialist children's health services and community district nursing, intermediate care, speech and language therapy and dental services.

Patient/carer feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 96% of our patients would recommend services to their family or friends,
 - 99% reported feeling treated with dignity and respect
 - 80% reported feeling 'definitely' involved in their care and treatment.
- In response to Friends and Family Test patient feedback we have implemented a two hour time band for District Nurse visits to ensure that patients know approximately when to expect a visit.
- Winners of the Multiple Sclerosis (MS) Trust 'My MS Super Team' Awards 2014 which was voted for by people with MS, Emily's Star charity

set up following one mum's experience with the Children with Complex Needs Team – recognising their support and raising money to help the team and support other families.

Recent successes and service developments

- Set up of our OPAT team (Outpatient Antibiotic Therapy Service) and were nominated for a Nursing Times Award.
- Introduced essential to role pressure ulcer training to improve management and prevention of pressure ulcers.
- Published an advanced care planning in Neuro Conditions article in the Nursing Standard January 2015 by our Neuro Clinical Specialist.
- Launched our District Nursing 'bags' which has improved stock management and availability of equipment in patient homes.
- Introduced a new patient leaflet for patients with indwelling urinary catheters in collaboration with the Infection Prevention and Control Team.
- Worked in partnership with patients to develop a national education resource for professionals on sexuality in patients with Multiple Sclerosis (MS).
- Successful continuation of patient/carer support groups for a specific group of patients (e.g. Continence Nursing Services)
- Oral Health Improvement (Dental Services): Successful delivery of training and accreditation programmes to a variety of users, including early year's settings, residential homes, paid carers and health and wellbeing professionals (healthcare assistance, health visitors, speech and language therapists etc). Training is evaluated before and after, this captures information on knowledge attainment, implied behaviour change but also feedback on the training and specific programme.
- Milton Keynes Patient Experience Campaigns: Over the past three years these campaigns were a successful vehicle for working with and making improvements for some of the most vulnerable service users, including people with characteristics protected under Equality and Diversity law, mental health, children's service users and people with Learning Disabilities. Campaigns are prioritised as a result of both national and

local information and are developed in consultation with the local Healthwatch. One of the identified campaigns for 2014-15 was supporting **Carers to look after their loved ones**. Working in conjunction with Carers MK, it was agreed that all staff are actively engaged with training on how to identify a carer and make a referral to MK Carers. As a result, there has been noticeable uptake of training in both District Nursing and Intermediate Care and Carers MK are starting to see more referrals come through from community services.

Mental Health Services: Overview of our services in Milton Keynes

Mental Health Service Director: Pete Raimes

Clinical Director: Dr Keelyjo Hindhaugh

We provide specialist mental health services for people of all ages (children and adolescents, people of working age, and older people) for the approximately 10% of people with mental health needs in our population who need more specialist care and treatment.

The majority of our services are based in the community and cover a wide range of mental disorders such as severe anxieties and depression, psychosis illnesses such as schizophrenia and bipolar affective disorder, personality disorders, and memory assessment and dementia services.

We also provide inpatient services in the 38 bed Campbell Centre for working age adults, the 20 bed TOPAS (the older person's assessment and treatment) unit.

Patient/carer feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 86% of our patients would recommend services to their family or friends,
 - 97% felt they were treated with dignity and respect,

- 92% felt they were ‘definitely and to some extent’ involved in their care and treatment decisions,
 - 80% felt safe during their most recent inpatient stay,
 - 92% reported to have a contact number to call out of hours or in case of crisis.
- Positive Friends and Family Test feedback received from our personality disorders services
 - Positive feedback received from carers having attended Recovery and Wellbeing workshops.

Recent successes and service improvements

- We have implemented a Street Triage pilot in conjunction with the Thames Valley Police where a CPN (community psychiatric nurse) attends incidents with the police where they suspect the person involved may have a mental health disorder. This gives the police on hand mental health expertise and support and if the person ultimately needs some form of mental health care, the CPN can arrange this quickly.
- We have completed major remedial and redecoration work at the Campbell Centre to improve the internal environment of the unit, and commissioned a new 136 Suite. This is for people who the police have detained under a power of the Mental Health Act and where they think the person may have a mental health disorder. The person will have their mental health assessed in the new suite by a psychiatric doctor and an approved mental health professional.
- Introduced the CAMHS (child and adolescent mental health service) Liaison and Intensive Support Team (LIST) in September 2014 having secured additional funding from the local clinical commissioning group. This provides emergency and very urgent mental health

assessment and support for young people presenting in some form of mental health crisis or other emergency.

- Introduced a Dialectical Behaviour Therapy (DBT) service for young people who have a complex history of mental health crises and self harming behaviours. This programme provides intensive psychological support over sustained periods of time to help the young person understand, come to terms with and to address their symptoms and behaviours, and has been shown to be successful in reducing future mental health crises, self harming behaviours and hospital admissions.
- We have implemented a new one stop shop clozapine clinic which now provides patients on this medication with their monthly repeat prescriptions and a physical health screening check, and which has eliminated the previous need for the patient to have to make two separate visits to the clinic site in the same week.
- The Memory Assessment Service (which screens patient for possible dementia) has recently delivered the national target of ensuring that over two thirds of the people in our local population who are thought to have dementia, have been properly diagnosed and are now getting proper support.
- Successful implementation of service user and carer engagement groups within various services (Memory Assessment, Dementia services, TOPAS (inpatient unit) community meetings) – with on-going review of best times to engage with carers (e.g. weekend meetings).
- Mental Health Forums – successfully implemented since July 2012 to date; open forums inviting patients/service users and carers to share their experiences of using local Community and/or Inpatient Mental Health services; supported by the Patient Experience team and facilitated by Mental Health Clinicians and/or Directors. The Forums

were a valuable tool for involving previous service users to become members on interview panels; and return to the service to share their recovery stories with and support existing service users.

- As part of the local Carers Campaign, Carers MK met with local Healthwatch where it was agreed that carers are provided with a card containing useful information and useful contact numbers for people with mental health issues, and for their carers/family members. This has been implemented and cards are being distributed in CNWL-MK.

Challenges and looking forward

Our plans for 2015-16 include:

- Implementing a Hospital Liaison Psychiatry Service at the Milton Keynes Hospital which will provide a comprehensive mental health service for people presenting in A&E or admitted to the wards either as a result of a mental health disorder or where they have a mental health disorder alongside their main physical health problem.
- Improving and enhancing our Early Intervention in Psychosis Service which provides early assessment and treatment of generally younger people who are suspected of having experienced a first episode of psychosis. Evidence shows that the earlier a psychotic illness is identified and treated, the better the clinical, educational and employment outcomes for the patient.

Many patients treated for psychosis will either make a complete recovery or have their symptoms very well controlled and able to live a meaningful and productive life without limitation

- Improving the support given by specialist mental health services to GPs and primary healthcare teams to help primary care better assess,

treat and support patients with a wide range of mental health problems.

Working even more closely with our partners in the police, the Ambulance Service, the NHS 111 service, the urgent care centre and GP out of hours services, to ensure people who present either in an emergency or out of hours with a significant mental health problem, get the help and support they need in the right place and in good time.

Borough of Westminster

Borough Director: Nicola Hazle

Clinical Director: Dr Jo Emmanuel

Overview of our services in Westminster

We provide a wide range of mental health services in Westminster for adults and older people. Services include acute mental health services, mental health assessment and brief treatment services, community recovery services and therapies services. Unique to this borough are the Forced Migration Trauma Service and Joint Homelessness Team. There are three adult inpatient wards at the Gordon Hospital.

Patient/carer feedback

- Overall, our patient telephone surveys from quarter four told us that:
 - 96% of patients would recommend our services to friends or family if they needed similar care or treatment,
 - 94% of patients felt treated with dignity and respect,
 - 93% felt that their care had been well organised by their care coordinator or lead professional,
 - 86% felt 'definitely' and 94% felt 'definitely *and* to some extent' involved in the decisions about their care and treatment,

- 86% stated that they had a phone number to call out of hours or in a crisis,
- 86% felt they had enough advice and support for their physical health care (year to date).
- Individual feedback:
 - US Embassy praises The Gordon: The Trust has received a letter from the US Embassy, praising the professionalism and dedication of the staff at The Gordon Hospital, Westminster. The patient required emergency hospitalisation for treatment of a potentially life threatening psychiatric illness while visiting London, which resulted in a positive outcome. ***“I hope my expression of gratitude is viewed as a testament to efficiency and quality the institution and relayed to the NHS for well-deserved recognition.”*** Regional Medical Officer, US Embassy London
 - Members of our community user groups gave extremely positive feedback post specific sessions organised by our pharmacist to discuss and explain medication from the hospital. It was felt to have been ‘invaluable’.
 - A community service user described how thankful she was after being anxious about organising her bills and finances. A member of our CMHT took the service user for coffee to talk it through, and then provided practical help to sort it out, like accompanying her to the post office.

Recent successes and service improvements

- The CNWL Waterview Centre, a personality disorder service across Westminster, Kensington and Chelsea, has maintained its Enabling Environment accreditation. This is a mark of quality that shows a service has met critical standards set by the Royal College of Psychiatrists Centre for Quality Improvement (CCQI).
- The Homelessness Prevention Initiative (HPI) was set up in recognition that service users who are homeless/threatened with homelessness tend to have longer hospital stays than those with secure accommodation. The HPI Team aim to meet with anyone admitted to a Westminster acute

mental health bed within 48 hours of their admission. A Community Care Assessment, including a housing plan are completed, and the team help with other practicalities needed; such as attending appointments with embassies or flat cleaning. Since going live in January 2014 to March 2015 190 service users have been supported, and this number continues to rise.

- The Westminster Employment Team: A member of the Job Centre Plus now works within our team full time as part of an in-reach partnership programme. This has enabled increased outcomes for the team: This year we have worked with 107 service users, and successfully placed 37 into employment.
- KCW Memory Service: This team won the Team Award from the Royal College of Psychiatry late 2014 and has received funding for another year. This investment has paid for additional staff (e.g. GP Liaison Nurses, and Liaison Nurses (Acute/A&E)). The team include peer support workers and partnerships with Housing 21. The team has been accredited as ‘excellent’ by the Memory Service National Accreditation Programme from the Royal College of Psychiatry last year.
- Primary Care Plus has run as a pilot service since June 2013. A key focus of the service has been to support people to “step down” from secondary care mental health services as part of the Shifting Settings of Care work. It is a partnership between CNWL and CLH (a GP network organisation). The CCG recently announced its intention to lift the pilot status and finalise contractual arrangements with both providers.
- Female Genital Mutilation Project: Building on a successful pilot in Westminster last year, Tri-borough Children’s Social Care services have won funding from the Mayor’s Office for Policing and Crime. The project aims to identify those women who have been affected and make inroads into ending the practice, to safeguard children at risk of having the practice done and to identify and treat trauma in women from practicing communities.
- Peer support workers are employed across the Westminster borough services as part of a Trustwide initiative and work closely within our teams. They are recruited for their lived experience of mental health

challenges, which they are skilled and trained in using positively, in order to support service users to progress along their individual recovery journeys.

Challenges

- Shifting Settings of Care/Step Down Agenda: In keeping with the principles of recovery our local commissioners have invested in services such as Primary Care Plus (PCP) to help support the transfer of patients from secondary care to be safely managed within a primary care setting. Although our Westminster staff have worked within these new primary care settings, there remain challenges such as overcoming anxieties in both staff and service users about such a change. In response to this the PCP team is providing in-reach to the teams to allow face to face discussion between clinicians and the planning of joint appointments and identification of people suitable for step.
- Bed management/S136 and walk ins: The Gordon Hospital provides a place of safety and assessment for people detained under Section 136 of the Mental Health Act 1983. In addition, the Gordon provides a “walk in” service (not CCG commissioned) that is well established and used by people who are known to local mental health services. GPs also make referrals for assessment through this route. On average there were 56 admissions per month for 2014. This activity puts significant pressure on bed finding within Westminster as they are unplanned and people may have extended stays in the assessment suite whilst a suitable bed is identified. The suite has a minimum of two nursing staff, one qualified and one unqualified, with the capacity to request further staff from the Nurse Bank when needed.

Our specialist services

Addictions and Offender Care

Service Director: Richard Comerford

Clinical Director: Annie Bartlett and Farukh Alam

Overview of services

Addictions and Offender Care services span the whole geography of the Trust, providing services in London, and from Milton Keynes down to Kent, Surrey, Sussex and Hampshire. We are the leading provider of addiction and substance misuse treatment and recovery services in London. We provide community addiction treatment options, including treatment for dependence on alcohol and a range of drugs, as well as the National Problem Gambling Clinic. In Offender Care, we provide advice, assessment, treatment and healthcare services to people at all points along the criminal justice pathway. Our services include community forensic mental health services, Court and Police liaison and diversion services, inpatient secure services and prison and immigration removal centre services.

Patient/Carer feedback

Addictions and Offender Care employ a range of tools and activities to garner the views and recommendations of our patients. To compliment quantitative performance reports to NHS England commissioners, we present qualitative ‘patient stories’ at our contract review meetings, which are written accounts of our patients’ experience of their health difficulties and the care we have provided.

- The HM Chief Inspector of Prisons unannounced inspections found:
 - In HMP Wormwood Scrubs (May 2014) four peer supporters worked in Conibeere Unit and C Wing and there was an active monthly service user forum. From their survey, 71% of prisoners said they were receiving support with drug issues against the comparator of 62%.
 - In HMP Holloway (June 2013), service user consultation was found to be well developed and informed service developments and the peer supporter programme was excellent. In their survey, more prisoners than in the comparator were happy with the help received.

- The Community Addictions Strategic Service User Group (SSUG) has been active since August 2010 and provides representation in the services management, quality and performance meetings.
- All community addiction services have developed strong peer support frameworks that provide paid and/or voluntary Peer Support Worker posts that facilitate in partnership with peer led charity organisations a range of activities including peer led treatment inductions, recovery cafes and recovery check-ups following discharge.
- CNWL in partnership with the SSUG and a peer led charity (Building on Belief) develop and facilitate an annual peer led service user audit which is now in its 4th year (392 respondents).
 - 100% [1st audit] of the sample group stated that ‘staff **definitely** treated them with respect and dignity’.
 - 97% of the sample group stated that they ‘were **definitely or to some extent** involved as much as they wanted to be in decisions about their care plan’.
 - 96% of the sample stated that they ‘did **not** feel that they were disadvantaged by the service because of their ethnicity, gender, sexuality or a disability’.

Recent successes and service improvements

Offender Care has:

- Won a contract, tendered by NHS England, to deliver mental health services in four Surrey prisons from 1 May 2015.
- Offender Care has won a bid with two partners to enhance existing liaison and diversion services in Courts and Police custody suites in North West London from 1st April 2015.
- Offender Care has successfully launched a new Sexually Harmful Behaviour Service in HMYOI Cookham Wood.
- Commenced delivery of an integrated healthcare service to young people detained in Medway Secure Training Centre (STC) from 1st April 2015.

- Merged Kensington and Chelsea and Westminster Forensic Community Teams to consolidate resource and create a more comprehensive service.

Addictions has:

- Won a public tender and retained our substance misuse services in Brent (commences 1st April 2015).
- Won a public tender, as a sub-contracted partner, to deliver substance misuse services in Hackney (Commences 1st October 2015).

Challenges

- Prison officer staffing difficulties have impacted on and limit prisoner access to healthcare provision.
- The national shortage of nursing staff and GPs has impacted greatly in hard-to-recruit areas such as prisons and immigration removal centres.
- Addictions and our partner CRI have worked closely together to re-address inherited performance issues within the West Sussex substance misuse service but CNWL has decided to withdraw from this service, effective from 1st June 2015.
- A reduction in referrals for clinical detoxification coupled with the high running costs has resulted in a decision to close CNWL’s Max Glatt Unit on 31st March 2015.

CAMHS and Eating Disorders

Service Director: Jackie Shaw
 Clinical Director: Frances Connan

Overview of services

Child and adolescent mental health services (CAMHS) and Eating Disorder Services were bought together as a single service line in 2014.

We provide CAMHS services in the London boroughs of Brent, Harrow, Hillingdon, Kensington and Chelsea, Westminster. Our CAMHS services include children's community services, children's inpatient services, mother and baby inpatient services and early infant and perinatal services. We provide a specialist Tier 4 national inpatient CAMHS service, Collingham Child and Family Centre in Kensington, and a specialist inpatient perinatal unit for mothers and babies, Coombe Wood, in Brent.

CNWL's Eating Disorders Service is known as Vincent Square Eating Disorder Service and is located at South Kensington and Chelsea Mental Health Centre with a satellite service at Northwick Park Hospital in Harrow. The service also provides a small community ED service in Milton Keynes. We accept national referrals for inpatient, outpatient and day patient services.

Patient/carer feedback

Individual feedback:

- "I like that I am able to share my concerns without fear of judgement" -17 year old, January 2015
- "That everyone listens to you and that you can have an opinion and you know you will be listened to and you can resolve your problem" - 12 year old, January 2015

Carer feedback:

- The Carer workshops have *taught me new skills* to help with my relationship with my loved one with an eating disorder.

Recent successes and service improvements

- 15-Step Challenge was completed across in-patient and community sites. Feedback has informed action plans to improve aspects of service delivery and service user environment.
- Feedback has been received around timing of appointments. In response, as of April 2015 early and late appointments will be available across all services to help patients with more convenient access.
- Brent and Harrow CAMHS were successful in a partnership approach and awarded the final Wave 4 funding for CYP IAPT (Children and Young Persons Improved Access to Psychological Therapies)
- Our team at Collingham Inpatient Unit won 'Team of the Year Award' at Trust Annual Awards event, and our 'CAMHS & Me Project Group' was runner-up for the 'Project of the Year Award'.
- Development of our 'CAMHS&Me' website – co-produced with our patients, and continues to be developed (<http://camhs.cnwl.nhs.uk/>)
- Coombe Wood Mother and Baby Unit were successful in maintaining their registration with the Royal College of Psychiatry Quality Network for Perinatal Mental Health Services.
- Service users and parents remain actively involved in the recruitment of staff.

Challenges

- Ensuring all our service users from CAMHS, Eating Disorders and Perinatal Services are involved in developing their care plans and goals, and that they confirm they have a copy of the plan, and a number to call out of hours. This will be developed and monitored through local care quality and service user group structures.
- Working with CAMHS and adult clinicians, carers and our service users to improve the system and service user experience of transition from CAMHS to Adult services. The service will work with our adult services to operationalise a new CNWL Transition Protocol and make service changes

required to deliver against a transition CQUIN set out for 2015-16 with commissioners.

Follow us on Twitter @CNWLCAMHS, and our website launch poster:



Learning Disabilities

Service Director: Jo Carroll

Clinical Director: Scott Galloway

Overview of services

We offer services to people with learning disabilities and mental health services who require specialist assessment and treatment with a Recovery Service: Our Learning Disability Services include Autism Diagnostic Service, Court Diversion and Vulnerable Offender Services, Psychosexual Assessment Services, Community Learning Disability Services and Inpatient Learning Disability Assessment and Treatment Services together with Recovery. We deliver services across the London area and accept national referrals to our inpatient facilities.

Patient/carer feedback

- For community carers and inpatient carers, 100% would recommend the service to their family or friends for Q2 and Q3. In Q4 'yes' and 'maybe' answers combined gave a result of 72% with 14% neutral and 14% saying no
- In Q4 100% of inpatients said they felt safe during their most recent inpatient stay
- In Q4 92% of community service users responded saying 'yes' and 'maybe' to recommending their friends or family with 8% (n=1) saying no. All the previous quarters had 100% of service users recommending the service.

Recent successes

- Case A: A severely Autistic service user that had not left his room for many years allowed a specialist Learning Disability and Physical Health Care Team to enter the home, manage the autistic behaviours, physically restrain him so he could be anaesthetised to bring him to our inpatient unit to be treated. Here he was weaned off his dependence on his mother and was slowly encouraged into the world around him. Nine months later he moved into ground floor supported living accommodation to live on his own with support from a Specialist Team – a complete success for him and his family.

- Case B: An 18 year old service user was admitted to our inpatient service from a specialist placement as she needed a minimum of 2 to 1 staffing to stop her from persistent self-injury. Working with a female professional staff group we introduced alternative ways she could reproduce the sensations she wished. Through behavioural analysis and trial and error the Service User was led to the solution of her holding soft toys and brisk exercise. She was then able to return home where she has maintained her progress and started college one day a week.

Service improvements

- Implementing a Positive Behaviour Support (PBS) Approach: Following recommendations by the British Institute of Learning Disabilities (BILD) we initiated a programme of developing PBS which was rolled out to all staff across The Learning Disability Services (community and inpatients) comprising of a series of introductory sessions and modular training workshops.
- Multimedia project developed a creative way of working with the service users using bespoke easy-to-read communication for service users to make their care and treatment more accessible and easy to understand, such as their pathways in and out of hospital. Other approaches include the filming of a dance workout DVD that service users get to direct and star alongside the sports coach so they use the DVD to undertake a session themselves. Sessions also included using an iPad to help a lady combat her fear of having a blood test by using it as a distraction when having her bloods taken.
- Introduced a local induction pack for staff: The breadth of information needed for new starters meant that staff needed a readily available document that helped them go through their full local induction with their line manager and provide them with a reference guide.
- Training to Service Users and Carers via the Brent and Harrow Community Health Teams to enable them to confidently ask their GP to have an Annual Health Check and Health Action Plan. This led to an increase in uptake for both Annual Health Checks and Health Action Plans.

Challenges

- Delayed transfers of care (month 11 = 14.3%): We rely upon Social Service providers to find placements for our inpatients when they are ready for discharge though owing to a London-wide shortage of appropriate placements this is difficult especially as we do not manage the Social Workers seeking appropriate placements. We do however regularly write to these Social Services and Commissioners advising them when placements have not been provided in a timely manner and led to a delayed transfer of care to the community.
- Achieving income target from beds for 2014-15: This is always going to be a struggle with commissioners purchasing beds as they need and not taking a contract for a set number of beds. We regularly market to Commissioners and invite them to our site to view the quality of our service for themselves.
- Waiting list reduction for community teams: When we won the contract for our Harrow and Brent Community Teams we were funded to undertake work with the more complex of cases and to refer other less complex cases to mainstream services, which would help us to reduce the staffing base. This has proved difficult and we carry all the cases that should be mainstreamed which has led to waiting lists being utilized, and the increase in Eligibility Assessments owing to increased demand on the teams and Behaviour Support Services.
- Recruitment of learning disability service staff across our multi-disciplinary teams is difficult when skilled staff are in short supply in some professional areas, however we regularly hold recruiting rounds for skilled staff and work with Universities to train and develop staff.

Mental Health Rehabilitation

Service Director: David Dunkley

Lead Consultant Psychiatrist: Dr Shirish Bhatkal

Overview of services

Mental health rehabilitation services provide treatment and support to service users in in-patient units to enable them to live more independently. The Trust provides in-patient services across north west London and also in Surrey at Horton Rehabilitation Services. The Placement Efficiency Programme supports service users placed in in-patient units out of area and helps them to move on to more independent living nearer to home.

Service user and carer feedback

- The Horton service user council that had been running for several years with service user representation from different units has been replaced by a new model. This incorporates all service users at Horton who wish to attend, instead of representatives, which was not working well. It is run by an independent service user group and a programme is being set up for 2015-16. Each meeting has a theme identified by service users, and the facilitator draws up a list of recommendations at the end of the meeting for the management team to take forward. The first meeting in December 2014 went well, with discussions on medication and building relationships.
- Placement Efficiency Programme: A recovery booklet has been produced, giving feedback from service users on how the work of the programme has empowered them and changed their lives.
- Employment Programme: An article was written for Social Inclusion Journal last summer, in which four service users who were supported into work by the employment specialists gave feedback on the support they received and the hugely positive impact this has had on their mental health.

Recent successes

- We have developed a range of arts psychotherapies in inpatient rehabilitation units, by using honoraries and students under the supervision of qualified experienced therapists. The therapies are

evidence based and popular with service users, and extend the range of treatments on offer in rehabilitation services.

- Arts in health programmes: Experienced psychotherapists link with a group of volunteers to include rehabilitation service users in arts events, including gallery visits, a community choir, acting in short films, creating art works for public display. Many service users take part and find it very enjoyable, with a positive impact on their mental health. The programme continues and we aim to develop it further.
- Placement Efficiency Programme: The programme has been working with six CCGs and community rehabilitation teams to facilitate service users moving on from in-patient to community placements and independent living. The programme has given hundreds of service users opportunities for more independent living and saved considerable public expenditure for commissioners. It has won two Health Service Journal Awards and has strong commissioning support.

Service improvements

- We are improving the inpatient rehabilitation pathway at Horton, by creating a controlled access unit for service users to step down more quickly from the locked wards, before moving to an open ward on the site. The unit opened in April 2015.
- Digital inclusion programme includes Wikis – a multi-media application for service users to develop with their interests and goals. They can add music and pictures to the application, which will then be incorporated into the care planning process.
- We are exploring the use of digital inclusion to facilitate rehabilitation in numerous ways, including calendars, reminders, self medication, social networking. There have been a series of service user workshops to develop this topic.
- Embedding the recovery approach in practice: There has been a programme of staff training and recovery workshops, in which all teams have developed their approach to recovery oriented practice. We have also created a supervision template in line with recovery principles.

Challenges

- Horton Rehabilitation Service is a large inpatient site with five units and 98 beds. Staff retention is generally good, but due to a number of retirements in recent years, recruitment is a challenge. The service is based in a rural area in Surrey and not close to train services, which makes recruitment a challenge, particularly for qualified nurses. We advertise locally and nationally and often have recruitment initiatives.
- Identifying suitable estate for a new service development: we have a proposal for a new rehabilitation service for 18-25 year olds, which would meet demand locally. Commissioners are keen on the proposal, but it is difficult to find the ideal site, which is small (5-6 beds), safe, comfortable and gives easy access to local communities – our search continues.
- There is low take-up from service users in smoking cessation programmes. This will be a particular challenge when all NHS sites (including outdoor space) become smoke free.



Our Chair, Prof. Dot Griffiths, and Service Director, David Dunkley

Sexual Health services

Service Director: Mark Maguire
Clinical Director: Danielle Mercey

Overview of services

CNWL's sexual health and HIV services include STI (sexually transmitted infection) testing and treatment, contraception, and HIV testing, treatment, and care. Our services are provided in 30 centres across London. Our three main centres are Mortimer Market Centre, Archway Centre and Margaret Pyke Centre. We also provide a range of specialist services such for young people, sex workers and outreach to gay men.

Patient/carer feedback

- Bloomsbury Patient Network: We have a small team of HIV patient representatives who run newly diagnosed courses, provide advice, support and signposting to patients who may be struggling with things like finances, accommodation or finding a supportive GP. There is also a programme of social and educational sessions planned throughout the year, for example on 'faith and HIV' or 'growing older with HIV'. This service receives very positive feedback from our patients. (See <http://www.bloomsburynetwork.co.uk/> for more information)
- Quick Feedback Cards: We also collect patient feedback from our quick feedback cards every quarter. Uptake is good with around a 40% response rate. Patients like this method of feedback as it is easy to use particularly if English is a second language as no writing is required. In quarter four 97% of patients reported that they would recommend our services to friends and family.
- Margaret Pyke Centre (MPC) Patient Engagement: Last year our MPC patient forum was re-launched as a patient engagement forum, called Involved@MPC. Patients are invited to an education session on their sexual health, with refreshments and music. Interaction and feedback is encouraged, and the forum now has over 100 members. Our first session was in June 2014 on the topic 'Women and Sex: Myths and Realities'.

Recent successes and improvements

- We successfully won the re-tender of two of our services during 2014/15: Brent SRH and Pan London Condom distribution.
- Increasing HIV cohort: Since 1 April 2014 we have seen 438 new patients join the service. A key feature is that all our patients have access to patient representatives/advocates and the Patient Forum.
- We have been commended by the GMC for the positive results of our national trainee survey. In particular the indicators around induction and local teaching were highlighted as a strong positive outlier.
- Patient waiting times in clinic: We take our patient feedback seriously and know that clinic waiting times is important. As a result we now monitor how long patients wait, with long waits being investigated to identify cause and prevention measure. We saw a reduction from 11.8% in 2013-14 to 8.5% stating that they had waited too long in clinic.
- Accessible Services: We offer quick check clinics for patients with no symptoms and are to implement early morning and late evening clinics at our Mortimer Market Centre, and Saturday Clinics at our Archway Centre. All our patients are able to access GUM (*Genito-Urinary Medicine*) services within 48 Hours.
- Increase HIV Testing: While our HIV testing rates in our clinics is high, we are launching an initiative in April 2015: We plan to make HIV Home Testing kits (subject to BSI approval) and HIV Home Sampling kits available, through our Freedoms Shop website.

Challenges

- The recent introduction of our new electronic patient record system, Cellma, has presented some challenges which have impacted activity, appointment time and hence waiting times. We expect this to improve as the system beds in and implementation issues ironed out.
- We know that integrated GUM & SRH (sexual and reproductive health) services are best for patients, providing one-stop-shop appointments: This is also the commissioning goal that many Local Authorities are taking. At present there are plans for an integrated tariff however until this is in place our funding arrangements present challenges in arranging services.

- We have some concerns about our ability to maintaining 48 hour access for patients with some of the proposed changes to the commissioning environment.
- Ensuring best value: We know that our commissioners are under pressure to reduce their spending and the tenders that are being published reflect this. We are working with our partners and commissioners to determine where we provide efficiencies to ensure that our services are competitive, yet meet the needs of our patients.

2.3. Our Quality Priorities for 2015-16

In this section we describe the journey we have taken to develop and agree our Quality 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 Priorities for 2015-16

We agreed our Quality Priorities for next year based on wide consultation and engagement with our stakeholders. Workshops with patients, carers, Carers Council, staff, our Governors, Healthwatch, commissioners, lead GPs and Overview and Scrutiny Committees were held from January to March 2015.

The starting point for our consultation workshops was to present and consider:

- Our Organisational Learning Themes; which are key themes from our complaints, claims, incidents, and PALS; cross referenced with our patient and carer feedback and key audits
- Performance against current indicators
- Feedback from our patient, carer and staff surveys
- Findings from our internal and external reviews of CQC compliance
- Our CNWL Annual Plan

Based on the discussion and common themes that emerged from these initial events, Quality Priorities are drafted. These are then presented for further consultation and refining at our 'all stakeholder' consultation event. This half-day event was held on

Thursday, 5 March 2015 and attended by over 60 delegates representing our stakeholder groups. Each attendee had the opportunity to feedback their views, share personal insights and network with peers. The event received positive feedback and we thank all those who participated.

Consultation: Key messages

Through our consultation programme the following key principles were agreed for the next year's Quality Priorities. The priorities should:

- Be written in the patient's voice to be easily 'accessible' and understandable to all
- Cover no more than three areas to ensure focus and embedding of key quality improvements
- Focus were possible on outcomes and experiences
- Be relevant to local boroughs and services

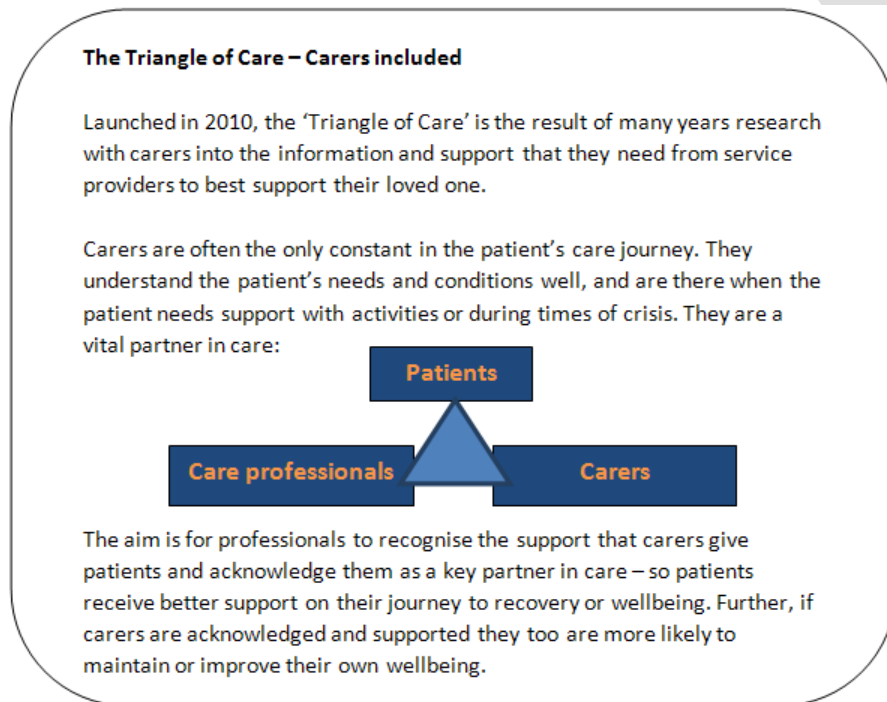
Feedback from our individual stakeholder events provided initial direction for the development of the Quality Priorities. Based on this, the following three draft Quality Priorities were presented at the 'all stakeholder' consultation event for further refining:

- *Helping our patients to recover by involving them in their care or treatment with the support of carers*
- *Strengthening our learning culture*
- *Integrated physical and mental healthcare*

After debate and feedback, it was strongly felt that the essence of *each* of these was imperative, interdependent and that a combination of these should be taken forward under the overarching heading of **"Effective Care and Treatment Planning"**.

We agreed on considering the ‘Triangle of Care - Carers included’³: to ask both patients and carers their opinions on care plan or treatment involvement and effectiveness.

To measure this we will build on the success of last year’s patients telling us they felt involved in their care or treatment, and so we will continue to measure this. However, to develop this further, the next step is to assess the *effectiveness* of the care or treatment plan.



³ http://www.rcn.org.uk/__data/assets/pdf_file/0009/549063/Triangle_of_Care_-_Carers_Included_Sept_2013.pdf

Our three draft Quality Priority 2015-16 measures are:

Quality Priority 2015-16: Effective Care and Treatment Planning				
Measure	Roll-forward or new measure	Target 2015-16	Collection method	
1	<i>Patients report feeling definitely involved as much as they wanted to be in decisions about their care or treatment</i>	Roll-forward	65% increased to 75%	Patient survey
2	<i>Patients report their care or treatment plan helped them achieve their personal health or daily living goals</i>	New	Baseline target to be set at first survey	Patient survey
3	<i>Carers report that they felt appropriately involved in the care or treatment planning for their loved one</i>	New	Baseline target to be set at first survey	Carer survey

These questions will be followed up with questions asking for the main reason for patients’ or carers’ responses, to inform the improvement action we take.

It was agreed that ***strengthening our learning culture*** should be taken forward along-side this and implemented as part of business

as usual, and progress reported in the next Quality Account. We have already developed and are now rolling-out and implementing our new Learning Guide.

Above all, we will continue to monitor and report our patient and staff satisfaction of our services as our overarching indicator of care quality, via the Friends and Family test question:

Patients/staff who report that they would recommend CNWL services to their family or friends if they needed similar care or treatment.

Our other performance measures

It is important to note that other indicators, although not Quality Priorities, will be monitored to support our Effective Care and Treatment Planning goal. For example: risk assessments which are reflected in care/treatment plans; CPA care plans reviewed at least every 12 months; physical healthcare assessments completed; mental health patients report getting enough care for the physical health; and community health patients report getting enough care for their mental health and wellbeing needs.

2.3.1. 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 our patients, carers and staff is a top priority.

This work is monitored 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 the Operations Board (chaired by the Chief Operating Officer), who in turn provide assurance and recommendation to the Board of Directors.

This year CNWL has undergone a restructure from service lines to three divisions, Jameson, Goodall and Diggory. Divisions are borough and specialist service based. This means better accountability and better, closer local relationships with our local public, commissioners, local authorities, Healthwatch and other local health partners. It also facilitates a more integrated patient care pathway.

The ultimate aim of the restructure is to enhance the quality and safety of care for the patient and those who care for or support them.

Divisions have the responsibility to monitor and report on their key performance indicators and put in place improvement action where necessary. This is overseen by monthly Divisional Boards, which report to the Executive Board.

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

- **Integrated dashboard:**

Our Quality 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 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:**

As already described, 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 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.

- **Care Quality Commission's (CQC) standards and Intelligent Monitoring:**

We monitor our compliance against the CQC's regulations, reporting on this quarterly via an on-line self assessment tool. The CQC have also introduced a new way in which they assess, monitor and rate health and social care services. We are in the process to adjusting our internal assessments to reflect the CQC's new approach, known as Key Lines of Enquiry or KLOEs. These cover five domains by asking if services are *safe, effective, responsive, caring* and *well-led*. Our quarterly self-assessments will be validated through an annual programme of peer review. This is also a good way to share learning and innovation across services.

We also monitor our performance against the CQC's Intelligent Monitoring tool. This tool includes a number of key performance indicators which benchmarks the Trust against national average for similar Trusts or set targets. The outcome, once a quarter, is a Trust risk banding from 1 (highest risk) to 4 (lowest risk). The banding is not a judgment of the quality or safety of our services, but helps the CQC programme their inspections and its focus.

At the time of printing CNWL was 'unbanded' due to the CQC's full, planned inspection of our services in February and March 2015.

Although the full outcome of the inspection will only be known in June 2015, improvement action plans have already been put in place for areas highlighted in their initial verbal feedback.

- **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

We are 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.

We are also a member of Prescribing Observatory for Mental Health (POMH-UK), and partakes in their national programme of audits focussing on medication and side effect monitoring. CNWL 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.

Partnerships

We value the support, partnerships and conversation with both our internal and external stakeholders in our joint quest to provide the best services possible to the patient and carer. On a regular basis throughout the year we meet with our Healthwatch, our Council of Governors and key commissioners to report on our quality and safety progress, facilitating presentations on key topics as requested, and gaining valuable feedback for action.

2.4. Statements relating to the quality of NHS services provided

Review of services

During 2014-15 CNWL provided and/or sub-contracted seven healthcare services.

These included:

- Mental health (including adult, older adult, CAMHS, and forensic services)
- Eating disorder services
- Learning disabilities services
- Addiction services
- Offender care services
- 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 2014-15 represents 100% of the total income generated from the provision of NHS services by CNWL for 2014-15.

Participation in clinical audit

During 2014-15, 4 national clinical audits and 1 national confidential enquiry 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 2014-15 are as follows:

- National Audit of Intermediate Care (NAIC)
- Sentinel Stroke National Audit Programme (SSNAP)
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
- Prescribing Observatory for Mental Health (POMH)
- 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 2014-15 are as follows:

The national clinical audits and national confidential enquiries that CNWL participated in, and for which data collection was completed during 2014-15, 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)	97.4% (for period January 2008 to January 2014)
Sentinel Stroke National Audit Programme (SSNAP)	Services in Camden and Hillingdon participated in this audit. Data inputting is still underway in Camden.

Prescribing in mental health services (POMH): <ul style="list-style-type: none"> • Prescribing for substance misuse: Alcohol detoxification • Prescribing for people with a personality disorder • Antipsychotic prescribing in people with a learning disability 	No set number required - audit sample determined by Trust: <ul style="list-style-type: none"> • 75 cases • 228 cases • Data collection currently in progress
National Audit of Intermediate Care (NAIC)	The Trust submitted 173 cases. No set number is required.
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Data collection is currently in progress

The reports of 7 national clinical audits were reviewed by the provider in 2014-15 and CNWL intends to take the following actions to improve the quality of healthcare provided:

- **National Audit of Intermediate Care:** Results have been discussed in the teams and an action plan put in place. In Hillingdon, the plan includes action in relation to providing contact details to patients, involving patients in decisions about discharge from care, and discussing with patients whether they need any further health or social care services. In Milton Keynes, they identified a need for psychological screening in the assessment tool and have

implemented this. They also merged two teams to manage patient flow and reduce duplication.

- **Sentinel Stroke National Audit Programme (SSNAP):** The Trust does not receive organisation / service level data from this audit and therefore an action plan is not required.
- **Prescribing in mental health services (POMH-UK):** The Trust received audit reports for the following POMH UK topics during 2013/14: Prescribing for substance misuse, alcohol detoxification; Prescribing for people with a personality disorder; Prescribing anti-dementia drugs; Use of antipsychotic medication in CAMHS. The results of the audits were disseminated to the participating teams, and discussed in relevant quality and performance meetings.
- **National Audit of Schizophrenia:** the Trust has discussed and disseminated the results of the audit and is developing an action plan.

The reports of approximately 130 local clinical audits were reviewed by the provider in 2014/15 and CNWL intends to take the following actions to improve the quality of healthcare provided:

Local quality governance structures are in place across the organisation 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:

Lipo Audit in Diabetes Team

The purpose of the audit was to see how many patients had sites of lipohypertrophy (lipos), as research shows that patients who continue to inject in lipo sites can have erratic blood glucose levels. 58% of the patients audited were found to have lipo sites. The audit also found that it was harder to find these sites than anticipated. The audit also found that some patients had been injecting for many years and were using the older style needles. The newer needles are found to be both more efficient to use and have cost benefits.

Actions: Education of both nursing staff and patients; patients to be asked what type of needles they were using; staff to regularly check patients and reiterate the importance of rotating sites; patient's info leaflets and tools for nurses to aid nurses to find lipo sites to be researched.

Management of Allergic conditions in schools

This was a re-audit. Its purpose was to find out how many children within Hillingdon Schools suffer from allergies, how many required medication in school and number that had a treatment plan. Its purpose was also to see how many schools had a policy in place as required, how medication was stored and whether there was annual training provided in the schools. The audit found an improvement in the number of schools with a policy over the previous year. Although improvements were shown, and more schools involved in the audit, not all schools had a policy. All schools participating were provided with education by the team.

Actions: Schools without a policy to be offered a policy outline; ensure all schools keep medication unlocked; for all patients who

require it to have a care plan; offer annual training/information session to each school

MOSAIC Complex Feeding Clinic

The purpose of the audit is to seek improvements through therapy for children with feeding difficulties. Two referrals were received in the third quarter of 2014-2015 with "restricted diet" and/or "food aversions" as the main reasons for referral. Both children made progress in therapy; however they continued to have difficulties managing a range of different food textures (e.g. wet foods). They will be invited for a second block of intervention in clinic. Following this block of intervention both parents will be asked to re-rate the Eating Behaviour Questionnaire

Actions: The audit is to continue to be run on a quarterly basis; the MOSAIC Feeding Clinic has also taken part in other activities to support service development and continuing professional development; in November 2014, The MOSAIC Feeding Clinic team presented at the International Feeding Disorders Conference, at the Institute of Child Health.

District Nursing Care Records

This was a qualitative re-audit which looked at the record keeping, in particular the quality of care planning, of the District Nursing team; the previous audit was conducted in March 2013 and the District Nursing service had produced updated documentation following the findings of the 2013 audit.

Actions: The area of recording practice saw much improvement where 100% of records reviewed were signed and dated, and 100% of uploaded documents presented were legible and

contemporaneous. The service have now developed an evaluation booklet ensuring that the NHS number only needs to be captured once – it will then be replicated automatically on each page. A service specific list of abbreviations is also being produced to compliment the Trust list.

Types of restoration placed in deciduous teeth under general anaesthesia

This audit took place within Bucks Priority Dental Services with the aim being to ensure that practice complied with UK National Clinical Guidelines in Paediatric Dentistry (which states that “A primary tooth restored under GA should be expected to exfoliate naturally without failure” and “Preformed metal crowns (PMCs) are the most predictable and durable restorations for anything but the smallest of carious lesions in primary molars”).

Actions: Areas of good practice were found where preformed metal crowns were regularly used, the continued practice and importance of using PMCs was and continues to be emphasised. The practice of recording/justifying why PMCs were not being used/placed was introduced.

Audit of electronic discharge notification forms (eDNF)

The aim of this audit was to determine whether adequate communication of information with GPs is achieved on discharge from services. In 97% (n=199) of cases, eDNF were completed accurately and sent to the GP within 24 hours of discharge from services. In the 3% (n=6) of non-compliant cases, 5 were completed, however they were not sent within 24 hours and 1 was

missed due to the case being closed on the electronic system before the eDNF was completed.

Actions: If the Specialty doctor is on leave, the North Westminster Home Treatment Team (NWHTT) must request the duty doctor to complete a notification of discharge. If the duty doctor refuses, it needs to be documented in the service users’ electronic system. The reasons for late completion need to be recorded. Pharmacist always must save the finalised eDNF version in the documents section of the service users electronic system. Any information imported from previous eDNF must be adequately amended and needs to be reflecting accurate admission and discharges dates. Before closing service users cases on electronic system, all NWHTT staff need to ensure the eDNF was completed.

Audit of care plans sent to patients under Lead Professional Care (LPC)

The aim of this audit was to investigate whether patients under the care of an older adult Community Mental Health Team (CMHT) and under Lead Professional Care (LPC) were receiving a care plan. To also assess the time it takes from assessment to the patient being sent a copy of their care plan. Only 52% of cases showed evidence of service users receiving a copy of their care plan. This was significantly below the standard of 100%. The most common recorded reasons for not sending a care plan were because the content would upset/distress the patient or the patient lacked capacity to understand their treatment plan. Whilst it was considered that these are adequate reasons not to show service users a letter that contained their full review, this should not stop them from receiving a care plan. Therefore this is an area which needs improvement in, for both education to staff that all service

users should receive a care plan, and that there should be a way of providing the care plan to patients without causing distress or disengagement.

Actions: Develop a simple care plan letter to send to patients under LPC, who aren't included in correspondence with the GP.

Physical health monitoring amongst inpatients

The aim of this audit was to investigate whether physical health monitoring is routinely completed and documented for the inpatients admitted to adult psychiatric wards. 100% of all inpatients audited had evidence of a physical examination being completed during their current admission period. Only 52% of cases had their examination recorded on the Trust standardised Medical Examination. Results showed that medical examinations were alternatively recorded in the progress notes (92%) or scanned into their electronic record (8%)

Actions: All physical health examinations/attempts to be recorded on the JADE Medical Examination Form. All doctors on induction should be informed that all physical health examinations/attempts must be recorded on the Medical Examination Form.

Hearing & vision assessment for children undergoing an assessment of special educational needs (re-audit)

Sensory impairments can impact a child's ability to access the school curriculum. Hearing and vision assessment is recommended in all children undergoing an assessment of special educational needs unless there is documented evidence of assessment in the preceding 12 months. The aim of the audit was to assess current coverage.

Actions: Part of the recommendations was to raise awareness amongst clinicians and support staff of the need for vision and hearing assessments and the referral pathways, this included raising such awareness through the local trainee induction programme. The team also introduced a documented 'prompt' system to ensure referrals are sent and results chased.

A&E CAMHS Admissions

The aim of this audit was to review the number of children and adolescents (under 18 years of age) referred to CAMHS via A&E over a three month period and establish whether current practice was in accordance with NICE guidelines (which states CAMHS referrals to be seen within 24 hours and a safe place provided until assessment complete), in addition to performing a Service Evaluation.

Actions: All patients were seen within 24 hours of appropriate referral, and remained in hospital during this period which demonstrated that practice was consistent with NICE guidelines. One of the main recommendations from the audit was to ensure appropriate CAMHS staffing levels overnight and ensure that a copy of the CAMHS proforma is retained in the medical record.

Comparison of ASTI Referrals (referral to treatment times)

The aim of the audit was to establish baseline for length of time from referral to being seen for core assessment; length of time from core assessment to discussion at meeting; length of time from discussion at meeting to medical review **and** to establish where in the pathway delay is occurring, in order to develop strategies to reduce the delay.

Actions: Patients were being seen within the recommended time, but there was a wait, both for the initial appointment for core assessment and then a further wait for patients who required a medical review. The wait for medical appointments was significantly altering the time that patients were being seen. The assessment process was changed with core assessments taking place at 9:30am followed by multidisciplinary meetings at 10:30am. Doctors in the team then had free slots in the late morning to review patients seen that morning. This reduced the wait for medical appointments and meant patients were seen faster for medical review.

BASHH (British Association for Sexual Health and HIV) National Herpes Simplex Audit

The aim of this audit was to assess the quality of the management of Herpes Simplex in the UK; locally the service used the audit to specifically look at herpes testing performance. The audit was undertaken against the National Herpes Simplex Guidelines and audit standards. National standard for diagnosis of primary genital herpes is; 'patients presenting to sexual health clinics in the UK with suspected primary genital herpes should have the diagnosis confirmed by molecular tests' with the target being 100%. National performance in the 2014 BASHH Audit was 94.8% with performance at CNWL GUM (Genito-Urinary Medicine) Clinic hitting 100%.

Research

The number of patients receiving relevant health services provided or sub-contracted by CNWL in 2014-15 that were recruited during that period to participate in research approved by a research ethics committee was 2099.

Throughout the year, the Trust has been involved in 63 studies. Of these:

- 55 were funded
- 8 were unfunded
- 1 was a commercial trial.

Goals agreed by commissioners

A proportion of CNWL's income in 2014-15 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 2014-15 and for the following 12 month period are available electronically at www.cnwl.nhs.uk.

Last year (2013-14) CNWL achieved 96% of its CQUIN goals, securing CQUIN income of £5.14million against a target of £5.35million – a loss of £207,000.

For 2014-15, CNWL's CQUIN income equates to £4.34million (minus the £1.75million re-purposed funds – see below). Achievement against this is expected to be £3million or 70%. This remains unconfirmed at the time of printing and will be reported next year.

The new commissioning landscape has given rise to an immediate, material and significant increase in the complexity of processes to agree and monitor CQUINs. As a result, the transactional costs of delivering CQUINs have increased significantly.

Difficult contract negotiations mean that we will not be paid for North West London CQUINs for the six months of 2014-15 before the contract was signed. The CQUINs were delivered and the benefits of them were realised for patients, but against 50% of the income planned against them. This equates to £1.75million which has been re-purposed for projects that are in line with the transformation agenda for the financial year 2015-16.

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 2014-15 CQUINs have resulted in positive change for CNWL.

- NCL Camden: tbc% of clinicians have been trained to date in how to screen patients for alcohol, exceeding the 50% target. This has led to tbc% of patients being screened for alcohol use.
- In HIV services % of patients have been able to be treated through telemedicine. The quarter 4 patient satisfaction survey showed that tbc% of those
- Reduction of pressure ulcers
- In Milton Keynes a reduction of negative responses by tbc% over the year.
- In Camden more than tbc% of patients who are smokers were offered brief advice and Nicotine Replacement

Therapy is now being offered to all those who are identified as smokers.

- In North West London Mental health the quarter 4 audit showed that tbc% of young people who have had a planned discharge CPA at the Tier 4 unit will have a follow-up by the community CAMH service within 7 days of discharge.

CQC Reviews of Compliance

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

The Care Quality Commission has not taken enforcement action against CNWL during 2014-15.

CNWL has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2014-15: 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 Trust's response to CQC inspections.

CQC Reviews of Compliance:

Location	Outcome of Review	Progress with actions
HMP Winchester	Fully compliant with CQC Essential Standards assessed. The service was initially deemed non-compliant with one standard (care and welfare) but the CQC amended this in September 2014 stating that the compliance action was disproportionate.	None required
The Campbell Centre	This was a re-inspection of the Campbell Centre. The warning notices received during the previous inspection visit were lifted. Compliance action required for one standard (Records).	A Special Measures Programme was initiated at the Campbell Centre from April 2013 and significant investment has been made as part of CNWL's commitment to improve the patient and carer experience. The Special Measures Programme oversees a detailed action plan put in place to address the compliance issues identified by the CQC.
Buckinghamshire Dental Services	Fully compliant with CQC Essential Standards assessed	None required
3 Beatrice Place	This was a re-inspection. The warning notices received during the previous	The Trust has an action plan in place to address the compliance issues

	inspection visit were lifted. Compliance action required for one standard (Care and treatment).	identified by the CQC inspection. This action plan forms part of the Accelerated Service Improvement Programme (ASIP) which was already in place to oversee and monitor progress in addressing the issues identified by the CQC.
St Charles Mental Health Unit	This was a re-inspection. Compliance action required for three standards (consent to care and treatment; care and welfare; assessing and monitoring the quality of service provision).	The Trust has an action plan in place to address the issues identified by the CQC inspection.

Data quality

NHS number and General Medical Practice Code Validity

CNWL submitted records during 2014-15 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):

- 95.2% 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 Toolkit score for 2014-15 was 86% and was graded green (satisfactory), meaning that the organisation achieved at least level 2 in all the requirements.

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

- Monitor progress across Divisions against nationally set measures and provide a holistic view of services covered including HR, Finance, Quality and Performance via the Divisional Integrated Dashboard,
- Continue with DQ (the Trust's business intelligence system) reports daily to support the business's ability to audit and validate reports against the clinical systems and provide assurances to relevant stakeholders,
- Highlight anomalies in data via scorecards 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,
- Publish reports monthly on the intranet against the MHMDS published reports and benchmark performance against national average and other London Trusts.

Clinical coding error rate

CNWL was not subject to the Payment by Results clinical coding audit during 2014-15 by the Audit Commission.

Part 3 – Other information

3.1. Our performance against national priorities and Quality Priorities – current and historic

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 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 and carer 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 and specialist services where possible.

For easy identification, this year’s Quality Priorities are highlighted in purple.

3.1.1 Patient Safety

Measure		Data Source	Target	2014/15	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)	Clinical system scan	95%	97.1%	96.1%	97%	95.2%	National Avg: 77% National Max: 100%; National Min: 24%
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=194)	Internal audit	95%	87%	92%	92%	96%	Not available

Measure	Data Source	Target	2014/15	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores	
3. Infection control	a. The number of cases of MRSA (MRSA bacteraemia) annually (YTD M12)	Internal database	Year on year reduction 0	0	0	0	Not available	
	b. The number of cases of Clostridium Difficile annually (YTD M12)	Internal database	Year on year reduction 5	2	0	0	Not available	
4. Patient safety	Mental health patients reported that they felt safe during their most recent inpatient stay # (YTD; n=505)	Patient survey	75%	86%	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=533)	Patient survey	65%	85%	75%	75%	72%	68%^
	b. Patients report that they received the help they wanted from the CNWL urgent advice line when they contacted them **+(YTD M12; n=325)	Patient survey	75%	75%	84%	85%	44%	78%^
6. Incidents	a. Number of patient safety incidents for the reporting period (01/04/14 - 17/03/15);	Datix scan	N/A	17816	15,702	11,622	10,924	Not available
	b. Percent of patient safety incidents that resulted in severe harm or death	Datix scan	N/A	123 (0.69%)	113 (0.71%)	92 (0.79%)	107 (0.98%)	Not available

Key:

^ Source: Quality Health 2014 NHS community mental health service user survey

* 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 M12” denotes year to date at month 12

“Q4” denotes results at quarter four

Measure 1 CPA 7-day follow up: Evidence suggests that people with mental health problems are particularly vulnerable in the period immediately after they have been discharged from a mental health inpatient ward. This measure is in place to ensure our patients remain safe and have their needs cared for after discharge from hospital to community care, and reduce risk of relapse or incident. We are pleased to report that, year to date, 97.1% 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 Systems which reports all discharges so that local business teams can track patients who have or have not been followed up. Clinicians are alerted to those patients 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 to aid compliance.

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 87% of cases audited for quarter four, missing the target. This is an increase from quarter three. Those teams who have not achieved this target are currently 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 we have had three cases of Clostridium difficile cases within our Milton Keynes services and two within our Camden services. CNWL considers this data is as described for the following reasons: CNWL considers the data valid because the results are reported by laboratories with the appropriate accreditation. CNWL intends to take the following actions to improve this number, and so the quality of its services, by on-going antimicrobial stewardship, as well as the development and implementation of a defined Clostridium difficile risk assessment tool. Further, root cause analysis is undertaken in every case of Clostridium difficile toxin detection to ascertain if the infection occurred on or after the fourth day of admission (day of admission being day 1), and actions put in place as appropriate.

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 seen an upward trajectory over recent years from 75% in 2011/12 to 86% in 2014-15, and achieve the target. This represents a cumulative result of all the surveys that took place throughout this year due to relatively low numbers in each individual in 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 patients have a phone number to call in a crisis to ensure they get help when they need it most. We have seen an upward year on year movement of this result, achieving 85% at quarter four (based on 533 responses), exceeding the national average of 68%. 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 patients who access the UAL get the help or support that they need. The UAL is largely a sign-posting service, and a central point where patients can go when in urgent need of advice, information or the arrangement of urgent follow-up care by care coordinators, or even immediate ambulance services. The UAL also deals with calls from police and GPs, and provide the support and information to keep patients as safe as possible out of hours. Across the year we surveyed 325 callers, and 75% stated that they definitely or to some extent got the help they wanted from the line (slightly below national average). As it is a sign-posting service, and patients would not get the help they needed directly from the UAL, but rather from the onward service, we measure those who state they 'definitely' and 'to some extent' got the help they wanted. We will continue to monitor and act on feedback (based on the reasons people gave for their responses), and will report on this measure next year.

Measure 6 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. This is currently being integrated with existing systems to form one system, thus allowing greater and easier visibility of incidents across the Trust. Incidents are graded, analysed and, where required, undergo a root cause analysis investigation to inform actions, recommendations and learning. The Trust has formed a Serious Incidents Investigation Team that undertakes investigations and provides specialist advice and guidance to investigating teams. 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 2014-15 and, of these, what number and proportion resulted in severe harm or death. **CNWL reported no 'never events' during 2014-15.**

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:

- 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;
- Conducting non-executive director chaired panels of inquiry into the highest level incidents. The reports are reviewed by the Board of Directors, along with the action plans into the recommendations;
- The Trust's Clinical Risk Assessment and Management Policy has been reviewed in the past year, with strengthened timescales, a focus on care planning and risk assessment being linked and immediate risks being entered onto progress notes;
- The Trust has invested heavily in addressing potential ligature risks at the Campbell Centre in Milton Keynes. We have removed a large number of potential ligature points from this inpatient facility acquired in April 2013;
- The Trust has undertaken multi-discipline reviews of all in-patient areas to further reduce the number of potential ligature risks.
- The Trust has led a London-wide benchmarking process with all other providers of Mental Health services in the London area into probable suicide over a 3 year period.
- The Trust has invested heavily in improving potential points of exit to prevent patients from going AWOL (absent without leave) and points that could be used to smuggle illicit substances into secure environments.

3.1.2 Clinical Effectiveness

Measure		Data Source	Target	2014/15	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 30 days of leaving? (YTD M11)	Clinical system scan	<8.1%	4.1%	4.5%	5.3%	4.1%	National Avg: 11% National Max: 34%; National Min: 0%
	a. For patients aged 0 - 15: b. For patients aged 16 or over:			a. 0% b. 4.1%	a. 0; b. 4.5%	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)	Clinical system scan	95%	99.6%	96.2%	99.4%	98%	Not available
3. Early Intervention Teams	Did our Early Intervention Teams meet the commitments (set by commissioners) to serve new psychosis cases? (YTD M11)	Clinical system scan	95%	100%	100%	100%	99.5%	Not available
4. Mental Health Minimum Data Set (data completeness)	a. Identifiers (YTD M11)	Clinical system scan	97%	99.2%	99.5%	99.1%	99.1%	National Avg: 96.7% National Max: 100%; National Min: 84.5%
	b. Outcomes (YTD M11)	Clinical system scan	50%	92.5%	98.1%	97.6%	97.2%	Not available

Measure	Data Source	Target	2014/15	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores	
5. Referral information (data completeness)	Referral information data completeness (referral source, priority, and discharge date)(YTD M11)	Clinical system scan	50%	88.6%	-	-	-	Not available
6. Physical health checks	a. The percentage of mental health inpatients with physical health assessment after admission (Nursing)** (Q4; n=185)	Internal audit	95%	98%	94%	95%	96%	Not available
	b. The percentage of mental health inpatients with physical health assessment after admission (Medical)** (Q4; n=175)	Internal audit	95%	94%	96%	89%	80%	Not available
	c. Patients on CPA report that they got enough advice and support for their physical health # + (YTD M12; n=647)	Patient survey	65%	89%	86%	75%	66%	65%^
7. Appraisals	Quality Priority 2014-15: Percentage of staff who have an in date appraisal (YTD M11)	Internal audit	95%	86%	62%	-	-	Not available

Key:

^ Source: Quality Health 2014 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 M12" denotes year to date at month 12

"Q4" denotes results at quarter four

Measure 1 Readmission rates: Readmission rates describe how many patients get readmitted to hospital within 30 days post their discharge. It is important to monitor this as action is required if it indicates 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 are below 8.1% target at 4.1% and an improvement on last year. CNWL considers that these percentages are as described for the following reasons: Performance is monitored locally via the Trust's Business Intelligence Systems 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: Performance of this indicator is monitored on a weekly basis by the operational ward teams, using the appropriate business intelligence reports. Where a patient has been re-admitted within 28 days, the local team investigates the causes, looking across the patient pathway and shares lessons learnt at quality and operational management meetings. Exceptions are also reported monthly to the trust board and quality and performance committee. The trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

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 99.6% against our 95% target, and an improvement on last year. CNWL considers that these percentages are as described for the following reasons: Performance is monitored daily via the Trust's Business Intelligence Systems which identifies all admissions and all associated gate-keeping information. The Crisis Resolution Team (CRT) 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: Breaches of the measure are discussed and reviewed at local care quality groups and/or senior management team meetings. The CRT operational policy which clearly indicates the procedure around gatekeeping is widely circulated and published on our staff intranet. There are clear Business Rules, which are published ensuring accurate data recording across all trust teams.

This measure is also reported monthly via the integrated performance dashboard, which is reviewed by the Board and Quality and Performance Committee. The trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

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 ensures 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 Referral information: This measure is relevant to our community health services, and monitors the completeness of our patient records with regards to referral information. Specifically, this monitors the completeness of referral source, priority and discharge date, which enables us to effectively plan and manage our referrals in, reducing any delays, and plan for discharge. At month 11 we achieved 88.6%, achieving the national 50% target.

Measure 6 Physical health checks (mental health): Measure 6a and 6b indicate the percent of patients who have received nursing and medical physical health assessments after their admission to a mental health inpatient unit. The medical health assessment includes a physical examination however the nursing assessment does not. Both the nursing and medical health assessment will ask about allergies and both will ask open-ended questions throughout the assessment which allow the patient to report on any physical side effects they may be experiencing. Where side effects are identified on the ward, these are raised with the Home Treatment Team (HTT) to follow up once under their care. While a patient is under the care of HTT they will be primarily under the care of their GP, and HTT's will liaise closely with GP's regarding any outstanding physical healthcare issues.

The results for quarter four indicate that we have achieved our nursing physical health assessment target, and marginally missed our medical health assessment target.

Medical 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 6c 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 shown a year-on-year improvement from 66% in 2011/12, to 89% in 2014-15, exceeding the 65% target and 65% national average at year end. (Note that 3c includes Milton Keynes quarter three results but will be updated in the final version of the Quality Account). 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.

Measure 7 Appraisals: This was a Quality Priority for 2014-15 and is explained in Section 2.1.2, Objective 12.

3.1.3 Patient and Carer Experience

Measure		Data Source	Target	2014/15	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)	Clinical system scan	<7.5%	3.9%	4.7%	6.3%	3.1%	National Avg: 3% National Max: 13%; National Min: 1%
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)	Clinical system scan	95%	98.0%	96.1%	95.9%	95.6%	National Avg: 83% National Max: 99%; National Min: 41%
3. Care/ treatment plans	a. Quality Priority 2014-15: Community patients report that they were involved as much as they wanted to be in decisions about their care and treatment (definitely) (Q4; n=2402)	Patient survey	65%	ALL: 81% MH: 68%	ALL: 82% MH: 71%	MH: 57%	MH: 41%	43%^
	b. Quality Priority 2014-15: How well does your care coordinator or lead professional organise the care and services you need? (Q4; percentage of 'very well' and 'quite well'; n=545)	Patient survey	75%	92%	n/a	n/a	n/a	92%^
	c. Community mental health patients report that they had been given/offered a copy of their care plan# (YTD; n=1693)	Patient survey	80%	74%	63%	56%	51%	Not available
	d. Percentage of patients that have a 'carer status' identified (Q4; n=623)	Internal audit	70%	77%	68%	75%	-	Not available

Measure	Data Source	Target	2014/15	2013/14	2012/13	2011/12	Benchmark (where available): National average; and highest and lowest scores	
e. Patients on CPA whose care plans contain at least one personal recovery goal+ (Q4; n=158)	Internal audit	75%	90%	81%	83%	n/a	Not available	
4. 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	8/8	7/7	7/7	Not available
5. Dignity and respect	Quality Priority 2014-15: Patients report that they were treated with dignity and respect (Q4; n=2507)	Patient survey	90%	ALL: 98% MH: 95%	-	-	-	94%^
6. Service satisfaction/ Friends and Family Test	Patients: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment (Q4; percentage of 'likely' and 'extremely likely' responses; n=2445)	Patient survey	90%	ALL: 95% MH: 92%	-	-	-	Not available
	Quality Priority 2014-15: Staff: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment (YTD; percentage of 'likely' and 'extremely likely' responses; n=523)	Staff survey	66%	72%	66%	-	-	60%^

Key:

^ Source: Quality Health Ltd 2014 NHS community mental health service user survey

^^ Source: NHS National Staff Survey 2014

This was a QP for 2011/12

+ This was a QP for 2012/13

“n=” denotes total sample size

“YTD M12” denotes year to date at month 12

“Q4” denotes results at quarter four

“MH” denotes results for mental health services only

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 and showing further improvement compared to the previous two reporting periods.

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 proud that we have achieved the best result (98%) compared to the previous three reporting periods, and continue to achieve our target for this measure.

Measure 3 Care plans:

- a) **Involvement in care and treatment:** This was a Quality Priority for 2014-15 and is explained in Section 2.1.2, Objective 2.
- b) **Organisation of care needed:** This was a Quality Priority for 2014-15 and is explained in Section 2.1.2, Objective 3.
- c) **Patients report being offered a copy of their care plan:** This measure was a Quality Priority in 2011-12, and we are pleased to report that it has shown, together with patients feeling involved in their care and treatment, a steady upward trend from 51% in 2011-12 to 74% in 2014-15. Much of our efforts over the years have been detailed in Section 2. This is no longer asked in the national community mental health survey, so there is no national benchmark to report. We will continue to focus our efforts on patient and carer involvement and personalisation next year, supported by patient’s reporting on the effectiveness of their care or treatment plan as better proxy measures, and so will not be reporting on this next year (as a ‘patients’ reported’ or a ‘we recorded’ measure).
- d) **Carer status identified:** This measure took a sample of patients across our mental health and specialty services each quarter to assess the extent to which staff were recording whether or not our patients had the involvement of a carer. The identification of carers is vital - to enable us to follow-up with the appropriate support and engagement. We are pleased to report that we achieved our target and demonstrated improvement on last year. This indicator will be monitored for continued improvement next year, and will not be reported in the Quality Account.
- e) **Recovery goals:** As part of our Quality Priority in 2012-13 we audited our patient notes to determine the extent to which care plan goals included personalised recovery goals – as part of our focus on culture shift toward involvement, personalisation and empowerment. Each quarter and year

we achieve our target, and feel this practice has bedded in, as supported by the good performance of 3a and 3b. We will no longer be reporting on this measure in future Quality Accounts.

Measure 4 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 (eight out of eight) at year end for this measure.

Measure 5 Dignity and respect: This was a Quality Priority for 2014-15 and is explained in Section 2.1.2, Objective 11.

Measure 6 Service satisfaction: Patients and staff recommending our services: We monitor whether patients and staff would recommend our services to family or friends if they needed similar care or treatment (known as the 'Friends and Family Test') via telephone surveys, quick feedback cards, and a variety of other methods for patients, and via an on-line and postal surveys for staff. Detail of these results are reported in Section 2.1.

3.2 A borough and specialist service breakdown:

The following three tables reflect the data presented in Section 3.1 broken down, where possible, by borough and specialist services.

3.2.1. Clinical Safety

Measure	Target	Mental health services						Specialist services					Community physical services				Trust-wide	
		Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	Milton Keynes	CAMHS	Learning Disabilities	Eating Disorders	Addictions	Offender Care	Camden	Hillingdon	Milton Keynes	Sexual Health		
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%	98.9%	94.9%	97.2%	96.1%	97.6%	100%	92.0%	86.2%	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	97.1%
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=194)	95%	95%	77%	97%	75%	65%	100%	100%	n/a	90%	100%	n/a	n/a	n/a	n/a	n/a	n/a	87%
3. Patient safety Mental health patients reported that they felt safe during their most recent inpatient stay (YTD M12; n=505)	75%	88%	81%	89%	81%	86%	80%	n/a	100%	100%	80%	n/a	n/a	n/a	n/a	n/a	n/a	86%
4. Access in a crisis Community mental health patients report that they have a phone number to call in a crisis (Q4; n=533)	65%	80%	89%	78%	68%	86%	92%	67%	n/a	67%	100%	n/a	n/a	n/a	n/a	n/a	n/a	85%

Key: “-“: Not measured or no response received; n/a: Measure not applicable; “n=” denotes total sample size; “YTD M12” denotes year to date at month 12; “Q4” denotes results at quarter four

3.2.2. Clinical Effectiveness

Measure		Target	Mental health services						Specialist services					Community physical services				Trust-wide	
			Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	Milton Keynes	CAMHS	Learning Disabilities	Eating Disorders	Addictions	Offender Care	Camden	Hillingdon	Milton Keynes	Sexual Health		
1. Re-admission rates	What percentage of patients were re-admitted to hospital within 30 days of leaving? (YTD M11)	>8.1%	6.8%	3.5%	2.9%	2.7%	2.8%	8.4%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.1%
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%	100%	99.5%	99.6%	99.5%	99.3%	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	99.6%
3. Early Intervention Teams	Did our Early Intervention Teams meet the commitments (set by commissioners) to serve new psychosis cases? (YTD M11)	95%	100%	100%	85.7%	100%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100%
4. Mental health physical health checks	a. Inpatients with physical health assessment after admission (Nursing; Q4; n=175)	95%	100%	100%	95%	100%	100%	85%	100%	100%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	98%
	b. Inpatients with physical health assessment after admission (Medical; Q4; n=175)	95%	65%	100%	100%	100%	100%	90%	100%	89%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	94%
	c. Patients on CPA report that they got enough advice and support for their physical health (YTD M12; n=647)	65%	79%	76%	86%	88%	86%	94%	100%	n/a	100%	-	n/a	n/a	n/a	n/a	n/a	n/a	89%
5. Appraisals	Percentage of staff who have an 'in date' appraisal (YTD M11)	95%	85%	89%	78%	69%	73%	91%	86%	94%	86%	89%	89%	96%	87%	91%	98%	86%	

Key: “-“: Not measured or no response received; n/a: Measure not applicable; “n=” denotes total sample size; “YTD M12” denotes year to date at month 12; “Q4” denotes results at quarter four;

3.2.3 Patient and Carer Experience

Measure		Mental health services							Specialist services					Community physical services				
		Target	Brent	Harrow	Hillingdon	Kensington & Chelsea	Westminster	Milton Keynes	CAMHS	Learning Disabilities	Eating Disorders	Addictions	Offender Care	Camden	Hillingdon	Milton Keynes	Sexual Health	Trust-wide
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%	4.5%	3.9%	5.2%	0.9%	6.6%	3.4%	n/a	14.5%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3.9%
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%	98.5%	97.8%	99.0%	98.7%	98.3%	97.4%	100%	96.9%	97.5%	n/a	n/a	n/a	n/a	n/a	n/a	98.0%
3. Care/ treatment planning	a.i. Community patients report that they were involved as much as they wanted to be in decisions about their care and treatment (definitely) (Q4; n=2402)	65%	66%	68%	74%	66%	86%	65%	100%	n/a	100%	100%	26%	89%	64%	80%	91%	81%
	a.ii. Community patients report that they were involved as much as they wanted to be in decisions about their care and treatment (definitely and to some extent) (Q4; n=2402)	75%	94%	95%	95%	94%	94%	92%	100%	n/a	100%	100%	50%	98%	84%	98%	99%	97%

	b. How well does your care coordinator or lead professional organise the care and services you need? (Q4; percentage of 'very well' and 'quite well'; n=545)	75%	89%	91%	92%	92%	93%	93%	100%	n/a	100%	100%	n/a	n/a	n/a	n/a	n/a	92%
	c. Percentage of patients that have a 'carer status' identified (Q4; n=623)	70%	66%	79%	81%	73%	63%	80%	n/a	78%	83%	90%	n/a	n/a	n/a	n/a	n/a	77%
	d. Mental health community patients report that they had been given/offered a copy of their care plan (YTD M12; n=1693)	80%	76%	69%	69%	75%	80%	72%	44%	n/a	69%	66%	n/a	n/a	n/a	n/a	n/a	74%
	e. Patients on CPA whose care plans contain at least one personal recovery goal+ (Q4; n=158)	75%	92%	95%	97%	83%	67%	75%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	90%
4. Dignity and respect	Patients report feeling they were treated with dignity and respect (Q4; n=2507)	90%	98%	100%	97%	93%	94%	97%	100%	n/a	100%	90%	83%	98%	100%	99%	99%	98%
5. Service satisfaction/FFT	Patients: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment (Q4; percentage of 'likely' and 'extremely likely' responses; n=2445)	90%	98%	100%	93%	78%	96%	86%	100%	88%	100%	100%	n/a	98%	91%	96%	97%	95%
	Staff: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment (Q4; percentage of	66%	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	72%

	'likely' and 'extremely likely' responses; n=523)																	
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Key: “-“: Not measured or no response received; n/a: Measure not applicable; “n=” denotes total sample size; “YTD M12” denotes year to date at month 12; “Q4” denotes results at quarter four; tbc: to be confirmed – that is because this data became available on 2 April, and borough and specialist service results were not yet confirmed. This data will be included in the final version of the Quality Account.

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3.3. Other indicators of quality

Staff experience

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. This is supported by the White Paper 'Equity and Excellence' which stated that "staff who are empowered, engaged and well supported provide better patient care".

One of our key measures of workforce feedback is via the annual national staff survey. We are pleased to report that our overall indicator for **Staff Engagement** this year remains in the top 20% of best performing trusts. This key finding relates to staff members perceived ability to contribute to improvements at work; their willingness to recommend the trust as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

The table below demonstrates some of our top ranking scores where we compare more favourably with other trusts of a similar type:

Measure	CNWL performance 2014	CNWL performance 2013	National average for similar Trusts	Top performing Trust score
Staff recommendation of the Trust as a place to work or receive treatment*	3.68 / 5	3.79 / 5	3.57 / 5	4.15
Staff motivation at work	3.88 / 5	3.96 / 5	3.84 / 5	4.09
Staff feeling satisfied with the quality of work and patient care they were able to deliver	79%	81%	76%	89%
Staff job satisfaction	3.70 / 5	3.75 / 5	3.67 / 5	3.93
Staff agreeing their role makes a difference to patients	91%	92%	89%	94%
Staff having well structured appraisal	46%	49%	41%	58%
Staff suffering work related stress	41%	36%	42%	33%

Measure	CNWL performance 2014	CNWL performance 2013	National average for similar Trusts	Top performing Trust score
Staff reporting good communication between senior management and staff	36%	40%	30%	51%
Work pressure felt by staff	3.04 / 5	2.93 / 5	3.07 / 5	2.79
Effective team working	3.91 / 5	3.92 / 5	3.84 / 5	4.06
Fairness and effectiveness of reporting procedures	3.62 / 5	3.62 / 5	3.52 / 5	3.75

*With regards to staff recommending the Trust to work or receive treatment, CNWL considers that this data is as described for the following reasons: Although we have seen a fall in this score since last year we have continued to compare more favourably with other similar trusts. We believe that this is because during the year there has been unprecedented change within CNWL, for example, our restructure from service lines to divisions and various corporate departmental reviews and restructures. CNWL has taken the following actions to improve this score, and so the quality of its services by developing a number of people strategies and frameworks to ensure staff feel well led, supported, involved and empowered. These include:

- Our People Strategy (2014 – 2018)
- Staff Engagement Strategy (2014 – 2018)
- Recruitment and Retention Strategy (2014 – 2018)
- Staff Health & Wellbeing strategy (2014 – 2018)
- Behavioural Framework

Our challenge this year is to ensure these strategies and frameworks are fully embedded across the trust so that we see an improvement in our scores and continue to benchmark more favourably against other Trusts of a similar type.

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 as staff experience has deteriorated:

Measure	CNWL performance 2014	CNWL performance 2013	National average for similar Trusts	Top performing Trust score
% staff working extra hours	75%	74%	71%	57%
% staff appraised in last 12 months (to February 2015)	86%	84%	88%	96%
% staff experiencing discrimination at work	14%	15%	12%	7%

This information became available in February 2015 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 change and transition. 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	2014/2015	2013/2014	2012/13
Staff turnover The number of staff leaving as a percentage of total staff	Year on year improvement	19.5%	15.9%	14.6%
Average sickness per employee The time lost to sickness per employee as a percentage of total time available	Year on year improvement	3.5%	3.32%	3.6%

Increased staff turnover is likely to be largely as a result of organisational re-structuring this year and increased TUPE (transfer of undertakings) activity, and will be kept under review.

Patient and carer involvement and experience

We proactively seek the views and feedback of our patients' experience of services we provide in a multiple of ways.

For example, through our quick feedback cards in our sexual health services, regular telephone surveys in our London-based mental health and community services (run by trained patients), voluntary annual surveys in our community (physical) health services, paper-based questionnaires in our older people and healthy aging services, regular mental health surveys in Milton Keynes 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 service user and carer forums throughout our boroughs, for example, the Brent User Group, User Focused Monitoring in Kensington and Chelsea and Westminster, and the Harrow User Group.

In October 2014 we launched our on-line patient survey based on the 'Friends and Family Test' allowing for feedback to be given 24 hours a day from all of our services. This is accessed via the front page of the Trust's website, and is advertised in our services by posters, feedback flyers and feedback business cards.

CNWL's Carers Council, with membership from carers from across our services, aims to raise the profile of the carer as a partner in the recovery and wellbeing plans of our patients. Carers often have in-depth experience of their loved one's needs and conditions and are there first-hand to provide support. CNWL avidly supports carers as partners in care, as demonstrated by our on-going carer Quality Priority together with the on-going achievements of Carers Council, for example:

- Recovery and Wellbeing College carer training courses,
- Carers trained to co-facilitate courses
- Local borough specific Carer Contact Cards and information leaflets
- The production of the Carer Film
- The focus on various quality indicators, and the roll-forward of the carer Quality Priority

In the coming year the Carers Council's aims include focusing on assessment carer involvement in care and treatment planning, gaining greater membership from community health services, and forging closer links with the patient's Improving Involvement Board.

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 of the National Community Mental Health Patient Survey with regard to patients' 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 2014, and data relates to the NHS healthcare worker or social care worker the patients had seen most recently.

In 2014 the national survey questionnaire was redesigned resulting in the elimination of many questions about process and concentrated on experiences. It is therefore not possible to provide comparative data for all the questions in 2014.

Measure	2014 ^{^**} CNWL	2013 ^{**} CNWL	2012 [^] CNWL	2011 [^] CNWL	2014 [^] National Average
Did this person listen carefully to you?					
Yes definitely	68%	74%	81%	76%	72%
Yes to some extent	25%	21%	16%	20%	22%
No	8%	5%	3%	4%	6%
Did this person take your views into account?					
Yes definitely	N/A	67%	73%	72%	N/A
Yes to some extent	N/A	28%	23%	23%	N/A
No	N/A	5%	3%	5%	N/A
Did you have trust and confidence in this person?					
Yes definitely	N/A	63%	70%	70%	N/A
Yes to some extent	N/A	28%	25%	26%	N/A
No	N/A	9%	4%	5%	N/A
Did this person treat you with respect and dignity? <i>Changed in 2014 to: Overall in the last 12 months did you feel that you were treated with respect and dignity by the NHS mental health services?</i>					
Yes definitely	67%	84%	88%	87%	74%
Yes to some extent	23%	13%	10%	11%	20%
No	10%	3%	2%	2%	7%

Measure	2014 ^ CNWL	2013** CNWL	2012^ CNWL	2011^ CNWL	2014^ National Average
Were you given enough time to discuss your care and treatment?					
Yes definitely	62%	67%	76%	72%	66%
Yes to some extent	28%	24%	20%	22%	25%
No	11%	9%	3%	7%	10%
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	5%	2%	N/A	N/A	2%
1	3%	2%	N/A	N/A	2%
2	4%	1%	N/A	N/A	3%
3	6%	6%	N/A	N/A	4%
4	5%	4%	N/A	N/A	5%
5	11%	15%	N/A	N/A	10%
6	9%	8%	N/A	N/A	8%
7	16%	16%	N/A	N/A	14%
8	16%	18%	N/A	N/A	19%
9	11%	12%	N/A	N/A	14%
10 – I had a very good experience	15%	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 (2014 results) these questions are no longer part of the survey questionnaire

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 prompted 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. We are determined to strengthen

patient and carer involvement, a Quality Priority for the last three years, through an overarching strategy and local implementation initiatives. To direct and support this, the Improving Involvement Board was set up with an Executive Director lead, working in partnership with patients. Managers from the relevant services included in the national survey were members of this Board. The work of the Board was to develop documentation information and training materials, to embed good practice in personalised care planning and implementation, and monitor the feedback from patients of their experiences of services.

Over 2014 our internal monthly surveys result tell us that increasingly over the year more patients have reported feeling 'definitely' involved in decisions about their care and treatment – especially in our mental health services which has seen an increase from 41% in 2011/12 to 68% in 2014 telling us they felt 'definitely' involved in their care and treatment; with 90% stating they felt definitely or to some extent involved.

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

- Rolling forward the focus on patients reporting that they felt involved in their care and treatment, but taking this further by supplementing it with patients reporting that they felt they got what they needed from their care or treatment plan - as two of the Quality Priorities for 2015-16.
- The continued roll-out of the User and Carer Involvement Strategy (approved by the Board in May 2014): The expectation is that each division would establish forums within their services where patients and carers could participate at management level to scrutinize and monitor the results of patient and carer feedback, with feedback to the Executive Team.
- Refresher training provided to staff to ensure that CPA is conducted to the highest standards
- The roll-out of Recovery College newly developed courses, as suggested through patient and carer feedback, to further empower service users and carers to gain the most from their contacts with the services.
- Monitoring and acting on the results from our on-line Friends and Family Test survey results, as well as our other various survey mechanisms mentioned above. Results will be monitored by our Quality and Performance Committee and acted upon by our divisions.

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.

All the above, together with our Quality 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 service users 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 2014-15 (up to February 2015) the Trust received 453 complaints. As part of our continued drive to improve the complaints handling process, the Trust has been closely monitoring its performance in responding to complaints within the agreed timescale. Following a review of our complaint service, a new Patient Support Service will be launched on 1st April 2015, providing a single point of contact for patients and carers who wish to provide a range of feedback to CNWL (Compliments, Comments, Enquiries and Complaints). The service will be supported by a new feedback policy that places greater emphasis on managing and responding to all feedback. CNWL will achieve this by empowering all staff to respond to feedback and resolve issues or complaints at local level as far as possible.

At February 2015 (to be updated) 54 (12%) of complaints were fully upheld and 128 (28%) were partially upheld, with 4 (0.008%) complaints referred to the Parliamentary and Health Service Ombudsman. Learning from complaints is driven by 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.

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

We have had many Equalities and Diversity highlights for 2014-15:

We have had the 5th annual Trust-wide Faith and Spirituality Conference, which this year included a focus on the use of spirituality, growth and resilience when working with loss. Our palliative care team shared their expertise in this area, although there were also workshops focusing on loss in mental health, suicide, and building staff members' personal resilience.

During the past year over 11,300 face-to-face interpreting sessions have been provided for Trust patients, service users and carers in over 60 languages.

The Trust has also run two cohorts of training for bilingual individuals to become professional interpreters – leading to a Level 3 qualification underwritten by the Open College Network. These interpreters are then able to apply for paid interpreting work within the CNWL Interpreting Service and with other providers. There has been targeted promotion to encourage bilingual speakers from certain communities to come forward to train as there is an increasing need for certain languages within our services – especially Bulgarian, Hungarian, Romanian, Nepali and Thai.

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 service users by three equality protected characteristics – religion, sexual orientation and disability.

Stonewall, 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 2015, CNWL maintained its place within the Stonewall Top 100 being ranked as the joint 70th best employer overall, while being the **5th 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 both straight and LGB CNWL employees to complete a confidential survey rating CNWL's performance in LGB related matters. There were 469 responses where 83% of respondents rated 'the workplace culture in my organisation inclusive of lesbian, gay and bisexual (LGB) people' and 70% 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 and service users. In 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. In 2014, across mental health, addictions, eating disorders and learning disability services the recording for gender, age and ethnicity for patients was 98% or over. For religion or belief it was 82% (70% in 2013), sexual orientation 72% (26% in 2013) and disability 6.3% (4.5% in 2013). This information is also being collected on the community health services, by IAPT services and by sexual health services. To improve recording rates this is monitored on a quarterly basis.

A full report of the Equality and Diversity initiatives (Jan 2014-Dec 2014) to meet the requirements of the Public Sector Equality Duty is available at www.cnwl.nhs.uk/about-cnwl/vision-values/equality-and-diversity/documents/

Annex 1 – Quality Account glossary of terms

CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CMHT	Community mental health team
CNWL	Central and North West London NHS Foundation Trust
CPA	Care Programme Approach
ASIP	Accelerated Service Improvement Plan
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
ED	Eating Disorder services
FFT	Friends and family test
GP	General Practitioner
HMYOI	Her Majesty's Young Offender Institution
HTT	Home Treatment Team
LD	Learning Disability services
MDT	Multi-disciplinary team
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
Q3/Q4	Quarter 3 / Quarter 4
UAL	Urgent Advice Line
UCLH	University College London Hospitals NHS Foundation Trust
YTD	Year to date

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.

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.

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

Our commissioners

Our local Healthwatch

Our Overview and Scrutiny Committees

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Annex 3 – 2014-15 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 2014/15 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

- o board minutes and papers for the period April 2014 to [the date of this statement]

- o papers relating to Quality reported to the board over the period April 2014 to [the date of this statement]

- o feedback from commissioners dated 4/5/2015 (closing date of the Quality Account 30-day consultation)

- o feedback from governors dated 4/5/2015 (closing date of the Quality Account 30-day consultation)

- o feedback from local Healthwatch organisations dated 4/5/2015 (closing date of the Quality Account 30-day consultation)

- o feedback from Overview and Scrutiny Committee dated 4/5/2015 (closing date of the Quality Account 30-day consultation)

- o the trust's complaints report (2014-15) published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009

- o the latest national patient survey dated 2014

- o the latest national staff survey dated 2014

- o the Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/2015

o CQC **Intelligent Monitoring Report** dated XX/XX/20XX

- 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) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/annualreportingmanual).

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

.....Date.....Chairman
.....Date.....Chief Executive

Claire Murdoch
Chief Executive
29 May 2015

Prof. Dorothy Griffiths
Chairman
29 May 2015