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Part 1. Letter from our Chief Executive

I am very pleased with the progress we have made this year but we are aiming higher. Our commitment to delivering high quality care and our focus on continuous improvement has led to our Trust being rated good by the Care Quality Commission (CQC) following a series of inspections between 2017/18. I am particularly pleased that our Learning Disability Service was rated as outstanding by the CQC.

The CQC’s inspection report published in August 2017 acknowledges that our organisation is outstanding for caring, good for Responsive, Effective and Well-led CQC domains but further work is needed in relation to the Safety domain. I acknowledge the findings of this report and know the work we have to do to improve the safety domain but also to become Outstanding across the board.

With this in mind, we launched our Quality Improvement Programme this year. This programme gives staff the freedom and skills to take local initiatives to improve the quality of care and to continuously learn and share learning. Our staff are best placed to know what works in their areas of work and therefore, by empowering them to think differently, to take quality improvement initiatives and to learn and share learning, we will be well on our way to achieving an ‘outstanding’ rating.

This year, our actions to improve patient and carer involvement yielded improvements and I am pleased that we have achieved our indicator targets for this quality priority. It is especially pleasing that our mental health services have improved their performance when compared to last year. We know we are making good progress because our patients are giving us feedback, which we use to test how well we are doing. We will continue to focus on embedding our actions and to continue on the improvement path we are on.

The key is staff. We will improve our performance for the staff engagement quality priority. Staff told us that the IT infrastructure could be better, so we undertook a transformation of our ICT network so staff could work more flexibly and efficiently.

We implemented a series of staff wellbeing initiatives including a service that focuses on the mental wellbeing of our staff-SW@W (staying well at Work), we ran a number of staff engagement and listening events and tested the impact of our actions. We received more staff feedback last year and while we have not met our internal staff survey targets, we know that the rich feedback we have received from staff will help shape and focus our actions in the coming year and we have started formulating actions to deliver improvements.

For the coming year (2018/19), we have set ambitions and know we must consolidate our achievements of last year. Our focus will be on local improvements, partnership and delivering across systems. This will be underpinned by our Quality Improvement approach to improvements.

Lastly, I would like to reflect on our work supporting the North Kensington community affected by the Grenfell Tower fire. This terrible event in June 2017 is the biggest humanitarian disaster in Europe in many years with levels of traumatisation that are hard to comprehend and the treatment for which requires years of skilled work by what is now the largest Trauma Service in the UK.

I take this opportunity to reiterate how proud I am of our staff who do such a tremendous job there. Our teams provide a 24/7 service, delivering an integrated emotional and physical health service, combining four different providers under a single NHS banner. Whilst incredibly challenging for staff in multiple ways, the delivery of this important work has shown our staff to be truly committed, responsive and compassionate in their work.

Claire Murdoch
Chief Executive
May 2018
INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Central and North West London NHS Foundation Trust to perform an independent assurance engagement in respect of Central and North West London NHS Foundation Trust’s Quality Report for the year ended 31 March 2018 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

We refer to these national priority indicators collectively as the ‘indicators’.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2017/18 (‘the Guidance’); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners, dated 09 May 2018;
- feedback from local Healthwatch organisations, dated 09 May 2018;
- feedback from Overview and Scrutiny Committee, dated 09 May 2018;
- the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12 July 2017;
- the latest national patient survey, dated 15 November 2017;
• the latest national staff survey, dated 06 March 2018;
• Care Quality Commission Inspection, dated 18 August 2017; and
• the 2017/18 Head of Internal Audit’s annual opinion over the trust’s control environment, dated 16 May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the ‘documents’). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Central and North West London NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Central and North West London NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’, issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

• evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
• making enquiries of management;
• testing key management controls;
• limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
• comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
• reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.
The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Central and North West London NHS Foundation Trust.

**Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and

- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
15 Canada Square
London E14 5GL

25 May 2018
Overview of our services

The map below provides a useful visual summary of the services CNWL offers and in which boroughs and counties these services are located.
PART 1.1 - Our priorities for improvement

A review of our performance in 2017-18 against our quality priorities; in this section of our quality account, we look back at 2017-18 and provide an update on key highlights and the progress we have made against our priorities for improvement.

We are committed to delivering safe and high quality care with compassion and respect in an environment where staff, patients, service users and carers work in partnership and feel empowered to do so. The quality of our services is uppermost in our strategic objectives and is central to decisions taken at every level in our organisation from our community and ward teams to the Board.

Last year, we recognised that sustaining quality means that we have to plan over longer periods and together with our stakeholders, we agreed to continue focusing on the two quality priorities which we started the previous year. These priorities are:

1. Patient and Carer Involvement
2. Staff Engagement

By continuing with these two quality priorities, we knew we would build on the foundations we laid in the previous year and would continue to embed the actions we were taking.

So what actions did we take in relation to our two quality priorities?

Quality Priority 1 (Patient and Carer Involvement)

We wanted patients and carers to feel involved and supported in taking ownership of the decisions about their care and took make sure a co-production and involvement approach. Below we highlight some of the work that was undertaken to support the delivery of this quality priority.

Patient Reference Group (PRG)

In line with our values of partnership and empowerment, we established a Trust wide Patient Reference Group towards the end of the last financial year. This group brings together patient representatives, Governors and staff across the Trust. This year, the group gained momentum due to the expertise, commitment and dedication of its members. Some of the highlights of the work of PRG in the last year include:

- Reviewing the Trust wide Patient and Carer Involvement strategy. The group highlighted achievements, gaps and identified our key priorities for the renewed strategy.
- Taking part in the Trust's Quality Diagnostic Workshop in May 2017 to help decide priorities for the Trust's Quality Improvement work programme.
- Establishing a Joint Feedback Review Group, which reviews all patient and carer feedback on a quarterly basis and helps co-produce the quarterly patient and carer feedback report for the Trust Board.
- Taking part in a consultation to review and update the CNWL Complaints, Compliments and Comments information booklet and Policy.
- Agreeing the priorities for the CNWL volunteering programme to inform our new volunteer service recruitment and programme plan.

Triangle of care (TOC)

Last year we committed to working with our Carers' Council to rollout the Triangle of Care programme. The concept of TOC aims to make sure that carers are active and equal partners within the care team and represents partnership working between the physical or mental health professional, service user and carer.

It will take careful planning to implement TOC across all our inpatient units and with this in mind we started with a pilot in two Mental Health Inpatient units in Milton Keynes (the Campbell Centre and Topas). Together with local service user and carer groups, these units worked together using a self-assessment tool and a rating system to identify where they are doing well and areas that required improvement.

The pilot showed that the units routinely identified carers and kept them involved throughout the assessment and treatment process, that they had good protocols in place for information sharing and confidentiality, that they had identified carers’ champions, and that they introduced carers to the service offering a good range of information. Following the success and learning from the pilot in Milton Keynes, the Triangle of Care will be rolled out across the remaining Inpatient units within CNWL.

#Hellomynameis… Campaign

The importance of making a human connection with people we care for is acknowledged as an important part of caring and can aid recovery. Following a visit from the late Dr Kate Granger MBE in 2016, we rolled out a campaign with a plan of getting all our teams sign up to the values that underpins this campaign by the end of 2017. We introduced a number of initiatives to help us achieve this. These included:

- Daily tweets of the campaign.
- Induction book for all new starters with information on the campaign.
- Spotlight on Trustnet signposting to an intranet page.
- Staff stories about how the campaign has had an impact on CNWL website and in Trust magazine (ongoing).

We deliberately took a bottom up and light touch approach to sign up to the campaign as we know this is just not about
achieving a target but inspiring teams to live the values of this campaign. By the end of quarter four 2017-2018 this year’s fourth quarter, 89% of all teams have signed up. In the previous year 26% had signed up. Boroughs and services will monitor their performance against this campaign and their performance will be reflected in local quality account action plans, which will be shared with local commissioners.

Some examples of service user involvement in our different services

Service user involvement in Offender Care

- Our teams at HMP Coldingley and HMP Downview started new service user involvement initiatives focused on enabling service users to work alongside our teams. At Coldingley, Mental Health Champions were recruited and trained and are working alongside the team. In Downview, two paid jobs were established for prisoners as Healthcare Workers. These roles facilitate user feedback initiatives and support new prisoners by speaking to them at induction and informing them about the services available to them. They are also getting more involved in reviewing group materials and assisting in co-production of information in relation to mental health for women across the prison. We plan to roll out this project across all our Surrey prisons following its impact review in June.

- Over the last year, our teams at Cookham Wood led by one of our Psychologists successfully set up the Health and Wellbeing Team (HWBT) Service User Representative Scheme. This was achieved by recruiting several young people who are serving prison sentences to act as representatives for the teams. These HWBT Service User Representatives are young people from diverse backgrounds, who have been involved with the team and are keen to promote its work by being available to talk about mental health and sources of help with the other boys. Two of the service user representatives accompanied by the psychologist and colleagues attended Parliament, where they appeared before the Parliamentary Joint Committee on Human Rights. They were asked about their experiences in prison and particularly about the respect given to their human rights, and their access to mental health services. Additionally, they delivered a session on “Finding a Voice in Custody” At this year’s Youth Justice Convention.

Service user involvement in Rehabilitation Services

- Two years ago, working with the Brent User Group we started meeting with service users and staff to listen to feedback and take actions to improve. To further develop our responsiveness, we are working together with service users to develop a Quality Improvement pilot project at Westfield House. The project is still at scope stage and a project meeting is to be held in June, when the project should start. The goal for the project is to develop a better way of obtaining and responding to patients’ feedback in a meaningful way.

Service user involvement in our Mental Health Service

- Our team in Milton Keynes Community Health Services saw an increase in referrals for people with Motor Neuron Disease who were in their 40s with young families and wanted to take action to improve their experience. Led by our Neurological Conditions Clinical Specialist, they organised an informal event that brought together children from these families to meet staff and share their experiences, while also having fun. This took place in December and was supported by our local partners in Milton Keynes. This event was well received by the families and the children.

- A hugely successful Joint Learning event was held in December for both Milton Keynes Community and Milton Keynes Mental Health Services. The Sensory Advisory Resource Centre (SARC) team came to present to staff from all disciplines and grades about the challenges faced by profoundly deaf and / or visually impaired people when accessing our services. The event included an overview of common visual impairments and things to consider when communicating with a deaf person via an interpreter; with a visually impaired person and with a hard of hearing person (wearing a hearing aid). Following the learning event, staff in services were provided with a resource pack, including links to a variety of tools that could be used to support people with a visual or hearing impairment.

Service user involvement in our Community Physical Health Services

- Our team in Milton Keynes Community Health Services
- The Tissue Viability Service in Hillingdon started an initiative to invite patients or carers to their team meeting during the course of their treatment to get live feedback around their experience of the service. This initiative made sure that any necessary actions in response to feedback was taken in a timely manner during the course of the treatment. At one such team meeting in December a patient gave feedback on how their fears were alleviated following a positive experience at their first appointment. This feedback boosted staff morale and reinforced their belief that a positive experience enhances the quality of care.

- We know that working with friends and family can have a positive impact on a patient’s recovery. We also know that working together with families can help us understand patients or service users better and this can sometimes prevent admissions and facilitate early discharges. In line with this, our teams in Brent offer Carers Assessments to family and friends of patients on their wards. The team
has built close links with Brent Carers Centre and carers are invited to multidisciplinary team meetings to discuss progress that their loved ones are making.

Responding to feedback

Across the Trust we do four things in response to feedback. Firstly, in response to complaints, actions and lessons learned are logged on datix (a risk management system) so that we are able to track these and assure ourselves that actions are being taken. Secondly, a linked action function on Optimum Meridian (the system we use to collate surveys) automatically alerts a team to negative feedback letting them address such concerns in a timely manner. Thirdly, we have implemented the “You made a difference campaign” where positive feedback to staff is shared with them. Lastly, we continuously analyse feedback from patients and service users to understand and act on their experience of our service. One of the ways we feed back to patients and service users is via “You said We did” posters. Below is one example of the impact of feedback.

Learning and listening - ‘You said, we did’

Other highlights from 2017-18

The CQC returned to inspect some of our core services, which required improvement in the previous inspection. They also looked at the Kingswood Centre, a Learning Disability service that was previously rated Good. Following this re-inspection, the Trust was re-rated by the CQC as Good overall, while the Kingswood Centre was rated as Outstanding. We know that further work is required in our community mental health services for adults of working age and we have already started focused work to enable continuous improvement in this service as well as under the Safety CQC domain.

Dementia friendly older adult ward environments

The dementia friendly environment project was set up in response to feedback from the CQC that older adult mental health wards were not focused enough on the particular needs of people with dementia. From the outset, the project group was determined to include all CNWL’s wards providing for older adults, not just the mental health wards. A nationally recognised checklist was used to identify where the “gaps” were on each ward, following which the steering group was able to identify common priorities, and direct what work needed to happen in which location.

Two particular factors underpinned the success of this project.

- The first major asset was the involvement of carers from the outset – they made sure at all times that the project stayed real and relevant.
- The second was its inclusiveness – involving all our wards in a way which emphasises that dementia is “everybody’s business”.

Examples of the changes brought in include better signs, which make sense to people with dementia, more effective use of colours, eating utensils which encouraged eating and drinking, easily identifiable name badges, safer walkways and better bathrooms. The steering group believed that a dementia friendly environment goes well beyond physical “fittings” – it includes the information that is available to people with dementia and their family, and activities that add to their sense of wellbeing. A longer term ambition is to test out new technology, which can host personal photos, music and family messages with the aim of providing reassurance and pleasure to people at whatever time of day they need it. The next steps in achieving this longer term ambition and a review of the impact of this project will be discussed at the Dementia Friendly Group review meeting in May 2018.

We implemented the “Stop the pressure campaign” leading to significant reduction in Avoidable Pressure Ulcers in Hillingdon nursing homes and one of our inpatient rehabilitation units at St Pancras Hospital. We had noticed an increased number of referrals from care homes with skin damage at stage 2 and above and we knew that with early intervention we could preserve skin integrity in the majority of cases.
address this, we implemented the NHSI challenges and worked closely with care home staff. Our staff delivered pressure ulcer prevention and management teaching and education in those care homes and inpatient units. We are pleased to report significant reductions in avoidable pressure ulcers in the care homes and inpatient units we worked with.

As at the end of January, we achieved the following.

• We had had no new incidents of pressure in the 15 nursing homes for a period of over 100 days
• In 11 out of 15 nursing homes, had no new incidents of pressure ulcer for over 250 days
• Inpatients unit at St Pancras Rehab Unit - all three had no incidents of new pressure ulcers for over 100 days

As a result of this work one of our tissue viability nurses and the tissue viability service were shortlisted for the Health Service Journal awards in 2017. This work is a true example of our commitment to our value of “partnership”.

What else did we do?

This year, the Grenfell Tower fire in North Kensington caused the biggest humanitarian disaster in Europe for many years. From the outset, our staff contributed to supporting people in the immediate aftermath. This included liaison and coordinating with individuals and groups in the immediate vicinity, providing emotional support and reaching out into the community.

Our services worked 24 hours a day, delivering an integrated emotional and physical health service, combining four different providers under a single NHS banner - including adult and CAMHS mental health staff, GPs and District Nursing staff. Our School Nurses were also on the ground offering and providing support. Our staff provided a walk-up clinical service; they reached out in to the community, and to hotels where residents and survivors from the Tower and surrounding area had been displaced. Over the past nine months, our Grenfell Health and Wellbeing Service has evolved, and includes outreach teams of more than 20 staff, adult trauma services - the largest trauma service in London, and the tissue viability service were shortlisted for the Health Service Journal awards in 2017. This work is a true example of our commitment to our value of “partnership”.

Reducing prone restraint:

Last year, we committed to reducing the use of prone restraint across our mental health services. Following detailed analysis of the use of prone restraint, it was identified that around 80% of prone restraints were to deliver IM (Intra muscular) medication. A technique to administer IM medication in the supine position was developed by our training providers; we subsequently delivered this technique to all appropriate staff initially in the acute services and more latterly in Rehabilitation, Learning Disabilities and for bank staff. The training was delivered via locally delivered workshops. This project was implemented using Quality Improvement (QI) methodology, and was awarded a QI award at the Spring QI event. The learning from delivering this training locally led to the development of assigning a tutor from the Prevention and Therapeutic Management of Violence and Aggression (TMVA) team to each of the acute services to provide locally based guidance and support.

The delivery of the supine IM technique across the acute services has had a positive impact on the use of avoidable prone restraint (where the prone restraint was to administer IM medication) - during Q4 there were no avoidable prone restraints across the Trust.

Graph 1: Statistical Process Chart – Prone Restraints 1 April 2017 to 31 March 2018

When implementing QI we use SPC charts to take into account the mean data set over a period of time to be able to add upper and lower control limits. This allows us to analyse when the data set is outside expected deviation.

In 2017-18 the mean average number of prone restraints across the Trust was 59 per month, in 2017-18 this has reduced to 44 per month. This shows a year-on-year reduction of 28%. The length of time in prone restraints has also been analysed: 92% of all prone restraints ended within four minutes. This indicates that if prone restraint occurs staff are able to work with the individual to end the restraint or transfer to an alternative restraint position.

Next steps:

The Restrictive Interventions Working Group is overseeing the development of a Violence Reduction Strategy. This will support our aspiration to end the use of prone restraint. It increases our focus on primary and secondary interventions to support a wider reduction in the types of incidents that may result in the use of any type of restrictive intervention. The strategy will support services to establish locally owned QI projects increasing the potential success of these interventions.
Quality priority 2: staff engagement

We wanted staff to feel well supported, trained, committed and engaged. Building on our work from the previous year, we wanted to continue to engage, support and develop staff to be the best they can be. We know that staff wellbeing is central to an engaged, efficient and stable workforce. We also know that prioritising wellbeing helps staff reach their professional goals. Below, we highlight some of the actions we have taken:

Staying Well at Work (SW@W)

This year, we wanted to focus on the mental wellbeing of our staff. To this end, we launched a “Staying Well @ Work Service with roadshows at 12 main CNWL sites in May 2017. About 1,000 staff were spoken to during the launch fortnight. The Service Coordinator also delivered a promotional presentation to four management teams. Over the last year SW@W supported people returning to work, carried out suicide prevention work, offered support to staff on medication or those without permanent homes, as well as redeployment support. The work of SW@W has been so successful that our executives have signed it off as a permanent service, which will enhance our staff wellbeing.

Engaging with our staff

Across the year, we run a number of events within divisions to facilitate job swaps and to provide a chance for staff to have conversations about finding alternative roles within the Trust. The turnover of Band 5 Nurses was identified as an area that required further focused work and we have undertaken specific engagement work with them including an online survey and focus group to help us understand why they might consider leaving. This has enabled us to address this issue in a timely manner to improve our retention. During the year we also ran several staff engagement events in each division to help us further understand what matters to our staff. We have carried out quarterly internal staff surveys to supplement the annual staff survey. As at the end of Q4 over 5,000 staff had given us feedback. This feedback is a useful tool that helps us test our staff experience so we can respond appropriately. Details of how we have performed together with the actions we are taking are reported in the section “reporting on core indicator” under the subheading of “patient & staff experience”

Listening to our staff

Having signed up to be a carer friendly organisation, we continue to implement family friendly policies such as flexible working. This year, we refreshed and updated our flexible working policy to give greater senior oversight.

Responding to staff feedback

Last year we committed to addressing IT issues raised by staff in the national staff survey and other local surveys. We want to improve this area of our infrastructure to enable staff do their jobs more efficiently. We undertook a major transformation of our ICT network and while this undoubtedly brought some challenges, the benefits are now starting to be felt across the organisation. A list of some of the improvements is shown below; since the transformation began, we have delivered more than 8,000 PCs and laptops to staff. In many cases, these devices replaced old or obsolete machines. All devices currently in use are now up to date. We are running modern, industry-standard versions of software, with strong security and anti-virus systems in place. Laptop users have been provided with dongles, so that they can connect into Trust systems from anywhere. This supports our commitment to flexible working.

A number of staff networks are in place to facilitate engagement with various staff groups. For example:

Carers at work network

We have partnered with the organisation ‘Employers for Carers’ who provide advice, information and assistance to employers to help them retain and manage employees with caring responsibilities. The organisation is providing training to managers, and signposting employees to sources of workplace and external support. The network continues to provide support to staff who identify as carers.

BAME (Black Asian Minority Ethnic) Network

The BAME network continues to support the Trust with the Workplace Race Equality Standard action plan. Members of the BAME committee are volunteering to sit on recruitment panels for appointments to Band 8a and above. A BAME mentoring programme was launched and applications were received from BAME staff, who were matched with mentors in the organisation. All mentees reported that they found the mentoring scheme very useful. Based on this positive feedback, we will relaunch the scheme in the coming year and formally track the experience of mentees against our Staff Survey indicator for career progression. The Aspiring Leaders Programme aimed at BAME staff from Band 3-6 who would like to the next level in their careers ended on 12 April with an achievement day. Two cohorts were brought together to present their learning from the programme, and projects to help improve local services. At the end of the programme the feedback indicates that more than half of the 35 participants were offered new jobs, and reports of increased confidence was a theme across all participants.

LGBT+ (lesbian, gay, bisexual, transgender) network

The LGBT+ Network is working closely with the Trust on this year’s Stonewall Workplace Equality index. Staff are also preparing for their annual summer event, ‘Bring yourself to work day’. Reverse mentoring with Board members continues to feature as part of the network’s awareness
raising programme, in addition to LGBT+ awareness training being delivered to sites across the Trust by Committee members.

Disability Network

The Disabled Employees’ Network has gone from strength to strength. The Trust has recently partnered with ‘Purple Space’, an organisation that helps build disability networks, and leaders to support disabled employees. The Trust is working with the Network on a guidance document to support managers who are supervising staff with a disability, and a new disability awareness presentation has been developed together with HR, Recovery College, and Occupational Health, and will be delivered across the organisation. The Trust is a Disability Confident Employer, and has worked with ‘Disabled Go’ to provide information to the public about the accessibility of all sites. The Network continues to work with a subgroup of staff with lived experience of mental health, seeking ways to support them at work. On 9 May the Trust observed National Staff Networks Day. Both the executive sponsors, the HR Director and Chief Operating Officer met with Network Chairs and Committee members to talk about the achievements of each network, governance, roles responsibilities, support, and future plans.

Other highlights

It was great to receive the news that we were in the top 100 for 2017-18 (95th place). The Trust has been a member of Stonewall’s Diversity Champions Programme for a number of years. We are the only London based NHS organisation to feature in top 100 and one of five NHS organisations nationally to be recognised. It is a great accomplishment given that the assessment process continues to get more stringent each year.

What else did we achieve?

We wanted to keep our staff and patients safe from the flu virus. We know that winter is a season for the influenza (flu) virus. We also know that the flu is a transmissible infection that can be fatal to most people specifically those with long term conditions and the elderly. We care for most people in these categories and wanted to make sure that they and our front line staff who are at greater risk of this infection are given a chance of protection against this virus. We are pleased to report that this winter staff engaged wholeheartedly in the campaign and just over 70% of our frontline staff stepped up to be vaccinated. We are proud to be the best performing mental health and community Trust in London.

How did we do?

Measuring and testing our actions

To track and monitor the effect of the above actions, we measure and monitor eight quality indicators:

- Five quality indicators which relate specifically to the achievement of the two Quality Account Priorities
- Two quality indicators carried over from last year as these are areas where the Trust needs to show sustained improvement.

These indicators help us test whether our actions are having the desired impact. Our indicators are outlined below under each quality priority;

Patient and Carer Involvement - Indicators for measuring the impact of our actions

- We wanted at least 85% of our patients to report feeling (definitely and to some extent) involved in their care or treatment
- We wanted at least 85% of our patients to report that their care or treatment helped them achieve what mattered to them

Staff Engagement - Indicators for measuring the impact of our actions

- We wanted at least 70% of our staff to report they would recommend the Trust as a place to receive care or treatment to a friend or relative
- We wanted at least 70% of our staff to report that they would recommend the Trust as a place to work
- We wanted to reduce our Trust wide staff turnover to 15%
Our performance against the five quality priority indicators

We are pleased that we continue to meet our patient reportable indicators. Table 1 below shows our performance against the Patient and Carer Involvement Indicators year to date (as at Quarter three).

Table 1 Overall Trust performance against patient reportable indicators

<table>
<thead>
<tr>
<th>Quality account priority indicators</th>
<th>Target</th>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Patients and carers report feeling involved in care &amp; treatment (definitely)</td>
<td>75%</td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>n=17575</td>
<td>n=11197</td>
<td></td>
</tr>
<tr>
<td>1 Patients report feeling involved in care and treatment (definitely and to some extent)</td>
<td>85%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>n=17,585</td>
<td>n=11,197</td>
<td></td>
</tr>
<tr>
<td>2 Patients report their care and treatment helped them achieve what matters to them (definitely and to some extent)</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>n=13742</td>
<td>n=10643</td>
<td></td>
</tr>
<tr>
<td>2 Patients report their care and treatment helped them achieve what matters to them (definitely)</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>n=16,288</td>
<td>n=10,643</td>
<td></td>
</tr>
</tbody>
</table>

What else did we measure?

From previous years, we identified and carried forward three quality indicators as these relate to areas that we need to show sustained improvement. The three indicators carried forward from previous years were;

- We wanted at least 95% of our patients to report feeling treated with dignity and respect.
- We wanted at least 90% of our patients to report that they would recommend the Trust as a place to receive treatment.
- We wanted audits of inpatient and community patient records to show that risk assessment were being completed and linked to care plans in at least 95% of the records audited.

The first two indicators carried forward from previous years are patient reported and the last indicator is measured through regular audits.

We achieved our target for the patient reportable indicators. In the coming year, we will be taking a different approach to improving the risk assessment and care planning indicator. We recognised that to make sure sustainable improvements on this area, we need to apply the quality improvement methodology, which engages and empowers individual teams to deliver improvements. This indicator will not be reported in next year’s quality account and in line with the quality improvement methodology will be monitored at team level and reported in the monthly CQC compliance report.
Table 3: Local performance against our patient reportable indicators (Patient and Carer involvements) 2017-18

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Brent</th>
<th>Harrow</th>
<th>Hillingdon</th>
<th>K&amp;C</th>
<th>Westminster</th>
<th>Milton Keynes</th>
<th>CAMHS</th>
<th>Eating Disorder</th>
<th>Learning Disability</th>
<th>Rehabilitation</th>
<th>Addictions</th>
<th>Offender care</th>
<th>Camden</th>
<th>Hillingdon</th>
<th>Milton Keynes</th>
<th>Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients report feeling involved in care and treatment (definitely)</td>
<td>75%</td>
<td>66%</td>
<td>69%</td>
<td>76%</td>
<td>56%</td>
<td>71%</td>
<td>76%</td>
<td>75%</td>
<td>59%</td>
<td>75%</td>
<td>75%</td>
<td>53%</td>
<td>50%</td>
<td>81%</td>
<td>83%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Patients report feeling involved in care and treatment (definitely and to some extent)</td>
<td>85%</td>
<td>88%</td>
<td>93%</td>
<td>94%</td>
<td>80%</td>
<td>87%</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>99%</td>
<td>90%</td>
<td>92%</td>
<td>83%</td>
<td>96%</td>
<td>95%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Patients report their care and treatment helped them achieve what matters to them (yes, definitely)</td>
<td>75%</td>
<td>61%</td>
<td>52%</td>
<td>77%</td>
<td>45%</td>
<td>68%</td>
<td>61%</td>
<td>58%</td>
<td>63%</td>
<td>92%</td>
<td>52%</td>
<td>61%</td>
<td>45%</td>
<td>77%</td>
<td>79%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>Patients report their care and treatment helped them achieve what matters to them (definitely &amp; to some extent)</td>
<td>85%</td>
<td>88%</td>
<td>90%</td>
<td>90%</td>
<td>86%</td>
<td>95%</td>
<td>91%</td>
<td>94%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>79%</td>
<td>79%</td>
<td>97%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Patients who report being treated with dignity and respect (Yes always + yes sometimes)</td>
<td>95%</td>
<td>94%</td>
<td>98%</td>
<td>96%</td>
<td>93%</td>
<td>93%</td>
<td>99%</td>
<td>98%</td>
<td>99%</td>
<td>96%</td>
<td>98%</td>
<td>94%</td>
<td>96%</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>Patient FFT. How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment? (extremely likely likely)</td>
<td>90%</td>
<td>83%</td>
<td>87%</td>
<td>84%</td>
<td>79%</td>
<td>79%</td>
<td>90%</td>
<td>86%</td>
<td>94%</td>
<td>85%</td>
<td>93%</td>
<td>83%</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
<td>93%</td>
<td>93%</td>
</tr>
</tbody>
</table>

Overall Trust performance against staff indicators

With regards to staff engagement quality priority indicator, we tracked the following three indicators; staff turnover, staff reporting that they would recommend the Trust as a place to receive care or treatment to a friend or relative and staff reporting that they would recommend the Trust as a place to work. Table 4 shows our performance against the staff engagement quality priority.
Table 4

<table>
<thead>
<tr>
<th>Quality account priority indicators for staff engagement</th>
<th>Target</th>
<th>2017-18</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 staff report they would recommend the Trust as a place to receive care or treatment to a friend or relative</td>
<td>70%</td>
<td>65%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>n=5083</td>
<td>n=3682</td>
<td></td>
</tr>
<tr>
<td>2 staff reporting that they would recommend the Trust as a place to work</td>
<td>70%</td>
<td>57%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>n=5089</td>
<td>n=3662</td>
<td></td>
</tr>
<tr>
<td>3 We wanted to reduce our Trustwide Staff turnover.</td>
<td>15%</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>

n=internal staff survey + National survey

This year, we wanted to get feedback from as many staff as possible. We wanted to focus on this as we know that more feedback enhances the validity of the messages we receive from staff and this in turn provides us with a clear direction for the positive actions we need to take.

We reduced retention from 19% to 16% and have maintained this position this year. We know we still have
work to do to get to our 15% target and we have focused our retention plans to address this. The areas with high turnover are being addressed at a local level through Senior Management Teams and in some areas focused recruitment and retention plans have been developed. Each of the three divisions has a localised recruitment and retention action plan that feeds into the broader divisional board.

In table 5 below, we provide a breakdown of staff turnover in each borough and each specialist service.

Table 5

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mental Health Services</th>
<th>Specialist services</th>
<th>Community physical Health services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brent</td>
<td>Harrow</td>
<td>Hillingdon</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>16%</td>
<td>13.8%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>n1022</td>
<td>n982</td>
<td>n1738</td>
</tr>
<tr>
<td></td>
<td>CAMHS</td>
<td>Eating Disorder</td>
<td>Learning Disability</td>
</tr>
<tr>
<td></td>
<td>21%</td>
<td>22.7%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>n933</td>
<td>n200</td>
<td>n379</td>
</tr>
<tr>
<td></td>
<td>Milton Keynes</td>
<td>Rehabilitation</td>
<td>Addictions</td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>n1453</td>
<td>n1010</td>
<td>n358</td>
</tr>
<tr>
<td></td>
<td>Offender Care</td>
<td>Sexual Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n1211</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Camden</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n2236</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hillingdon</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n2140</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Milton Keynes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n2033</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n1012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n denotes cumulative total Q1 to Q4 (2017-18)
Part 2. Looking ahead

2.1 Quality Priority Plans for 2018-19

In this section we look forward to the coming year, describe our priorities for the coming year, provide rationale for selecting them and show how we will measure them.

As part of our commitment to deliver high quality care, we are aligning our quality priorities with our strategic objectives and values. These are:

Priorities

Quality

- To develop our approach to quality improvement and quality assurance
- To redesign/transform care pathways and reduce unwarranted variation
- To improve patient and carer engagement

Finance

- To achieve the required savings and ensure value for the money we spend
- To simplify and standardise corporate support services

Workforce

- To improve staff engagement
- To improve recruitment and retention and to redesign roles as appropriate

Partnership

- To take a full part in system wide planning partnerships and new organisational models
- To develop and grow sustainable services

Our values

Compassion
Respect
Empowerment
Partnership

For the year ahead, we agreed our quality priorities based on wide consultation and engagement with our stakeholders. We held a consultation event on 9 March 2018, where we discussed our priorities with our patients, carers, staff, governors, Healthwatch, commissioners, and Local Authority representatives. We reviewed the three year roadmap we developed last year and agreed that it was still relevant and that our continued focus had to be on:

1. Patient and carer involvement

2. Staff engagement

By carrying these forward, we will continue to embed the actions we are currently taking. Below is a visual representation of our three year road map highlighting what we have focused on in each year.

With this road map in mind, below in table 6 and 7, we explain what we will be aiming for and how we will measure that in the year ahead.

Year 1 (2016-17)
In year 1, we focused on what we needed to do and how we needed to do it

Year 2 (2017-18)
This year has been focused on reviewing our actions, evaluating their impact and taking corrective actions where needed

Year 3 (2018-19)
In the coming year, we will focus on maintaining and sustaining improvements, innovating and creating value as well as celebrating our achievements
Table 6

Quality Priority 1: Patient and Carer Engagement and Involvement

What do we want to achieve?
We want to build on the work we have undertaken over the last year to continue to strengthen patient, carer and family engagement and involvement. We want our patients, service users and carers to feel involved not just in their care at an individual level but at service and organisational delivery level. We want them as partners to help us deliver improvements to services, and we want our staff to know how best to engage with patients and carers to help deliver improvement.

What will we do? Our plans for the year:
Feedback from our patients, carers and staff is that we need to focus on local improvement in patient and carer involvement. To do this we need to develop our staff knowledge and skill set in involving and engaging effectively and we need to widen our engagement effectively beyond mental health. To do this we will:

- Roll out the implementation plan that is linked to the refreshed patient and carer involvement strategy
- Review and strengthen patient and carer governance structures
- Ask Boroughs and services to review, develop and report on their local plans
- Continue to make sure patient engagement in our QI approach and we will publish a best practice guide to involvement and engagement
- Continue the roll out of the Triangle of Care and Carers thematic review.
- Set up the Volunteers Service

How we will know?
Our outcome measures which will test the impact of our actions quarterly

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method</th>
<th>Target</th>
<th>Roll-forward from 17/18?</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patients and carers report feeling involved as much as they wanted to be in decisions about their care or treatment</td>
<td>Patient survey</td>
<td>85%</td>
<td>yes</td>
<td>Directly tests the achievement of our objective and provides rich information to inform improvement. This indicator is also used in the national patient surveys and so we can compare ourselves to other organisations.</td>
</tr>
<tr>
<td>2. Patient report that their care or treatment helped them to achieve what matters to them</td>
<td>Patient Survey</td>
<td>85%</td>
<td>yes</td>
<td>Tests the overall effectiveness of the care or treatment, and follows the same rationale as the measure above.</td>
</tr>
<tr>
<td>3. We will report on the measures in the Triangle of Care Programme</td>
<td>Carer rated</td>
<td>6 Triangle of Care standards achieved</td>
<td>yes</td>
<td>Will test the impact of the implementation of the Triangle of Care.</td>
</tr>
</tbody>
</table>
Quality Priority 2: Staff engagement

What do we want to achieve?

We want our staff to continue to work in a way that demonstrates our Trust values of compassion, respect, empowerment and partnership and to do so with confidence, motivation and resilience. We want each individual member of staff to have space and support to be the best they can be; to have opportunities to learn and grow in their profession, to be in an environment where they feel able to speak up and raise concerns and continually improve the service they provide.

Why are we doing this?

An engaged workforce is one that feels committed to organisational objectives and goals. Improving staff engagement will help us to continuously improve the quality of all our services. We know that engaging with staff helps us focus our improvement actions through responding to their feedback and this in turn improves staff retention.

As we implement the Quality Improvement (QI) methodology to improvements across the organisation, staff engagement is fundamental to this piece of work. We will be engaging with our staff to build QI capacity and capability across the organisation and through this we will empower staff to feel engaged and motivated to take improvement initiatives at a local level. This engagement aims to bring about a shift in the workforce to make improvement part of everyone’s job and ultimately improve the quality of the services we provide.

What will we do? Our plans for the year:

- We will focus our efforts on reducing the turnover of band 5 clinical staff from the current high of 25% to at least the average turnover of 16% within two years.
- We will continue to broaden our accommodation offer and support to new starters as well as our staff benefits offer which is all part of our retention programme.
- We will hold trust-wide QI Learning Events to engage staff in QI.
- We will deliver a QI Training and Development Programme for staff to increase their QI capacity and capability.
- We will run more Trust-wide staff engagement and listening events in partnership with staff side to enable staff to provide clear feedback on their experiences at work and to make sure that there is a structure for considering issues and responding to them in a timely fashion.
- We will strengthen our work on development and leadership and in particular the development of our BAME staff through mentoring programmes.
- We will continue with the delivery of our Health and Wellbeing Plan in line with the national CQUIN.
- We will continue our focused work on the mental wellbeing of our staff through a “staying well at work programme which we launched last year.
- We will continue the implementation of family friendly policies such as flexible working.

How we will know?

Our outcome measures which will test the impact of our actions quarterly

<table>
<thead>
<tr>
<th>Measure</th>
<th>Method</th>
<th>Target</th>
<th>Roll-forward from 17-18?</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recommend the Trust as a place to work</td>
<td>Staff FFT survey</td>
<td>70%</td>
<td>yes</td>
<td>The staff Friends and Family Test was introduced as an overall marker of quality and provides an indication of the outcomes of our work through the year.</td>
</tr>
<tr>
<td>Staff recommend the Trust as a place to receive care or treatment to a friend or relative</td>
<td>Staff FFT survey</td>
<td></td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>Staff turnover</td>
<td>Internal database</td>
<td>15%</td>
<td></td>
<td>This indicator demonstrates whether or not our actions are having the desire effect with regards improving staff turnover.</td>
</tr>
</tbody>
</table>
2.2 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 Quality section of the Operations Board (chaired by the Director for Nursing & Quality), who in turn provide assurance and recommendations to the Board of Directors.

CNWL services are governed locally by three Divisions, Jameson, Goodall and Diggory. These divisions are locality and specialist service based; which means better accountability and closer local relationships with our local public, commissioners, local authorities, Healthwatch and other local health and social care partners.

Divisions have the responsibility to monitor and report on their key quality and 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 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:

- An integrated dashboard which brings together key performance indicators from NHSI targets, Quality Priorities, complaints, incidents, workforce and finance information
- Our organisational learning themes which are extrapolated from the analysis of our incidents, complaints, claims, audits, feedback and other information streams
- Divisional Quality Governance Reports which assess their compliance against the CQC’s standards or ‘key lines of enquiry’ and
- Our learning walks, internal Quality Inspections and visits by the CQC and their findings.

Benchmarking

We are a member of the NHS Benchmarking Network. The Network’s purpose is to perform nationwide comparisons across all mental health and community services across a variety of performance measures, such as ‘re-admission rates’. We are also a member of HQIP and the Prescribing Observatory for Mental Health (POMH-UK), and participate in their national programme of audits and enquiries.

PART 2.3 - Statements of assurance from the Board

Review of services

During 2017-18 CNWL provided and/or sub-contracted seven healthcare services.

These included:

- Mental health (including adult, older adult, CAMHS, and forensic services)
- Offender care services
- Sexual health/HIV Services
- Eating disorder services
- Community physical health services (Camden, Hillingdon and Milton Keynes)
- Learning disabilities services
- Addiction services
- National Diabetes Audit – Diabetic Foot Care Audit (NHS Digital)
- POMH-UK 1g & 3d: Prescribing high-dose and combined antipsychotics

CNWL has reviewed all the data available on the quality of care in all of these healthcare services. The income generated by the NHS services reviewed in 2017-18 represents all of the total income generated from the provision of NHS services by CNWL for 2017-18.

Participation in clinical audit

During 2017-18, CNWL participated in 14 National audits and three national confidential enquiries, which covered health services that Central and North West London provides.

During that period, CNWL participated in all (14/14) of the national clinical audits and all (3/3) of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CNWL participated in during 2017-18 are as follows:

- Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)
- Learning Disability Mortality Review Programme (University of Bristol)
- National Audit of Intermediate Care
- National Clinical Audit of Psychosis
- National Clinical Audit of Psychosis – Early Intervention in Psychosis
- National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (Royal College of Physicians)
- National Diabetes Audit – Diabetic Foot Care Audit (NHS Digital)
- POMH-UK 1g & 3d: Prescribing high-dose and combined antipsychotics
- POMH-UK 15b: Prescribing for BPAD – the use of sodium valproate
- POMHUK 16a: Rapid tranquilisation
- POMH-UK 17a: Use of depot/LA antipsychotic injections for relapse prevention
- POMH-UK 6: Assessment of the side effects of depot antipsychotics
- Sentinel Stroke National Audit (Royal College of Physicians)
- UK Parkinson’s Audit

### National Confidential Enquiries (NCEPOD) into patient outcome and death:
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Child health outcome review programme – Chronic Neurodisability
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Child health outcome review programme – Young People’s Mental Health
- National Confidential Enquiry into Suicide and Homicide by people with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that CNWL participated in, and for which data collection was completed during 2017-18, 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.

<table>
<thead>
<tr>
<th>National Audits</th>
<th>Cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls and Frailty Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)</td>
<td>All 30 eligible cases were submitted for the participating unit.</td>
</tr>
<tr>
<td>National Audit of Intermediate Care</td>
<td>Of 20 eligible services, 19 submitted data to the audit (95%).</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis</td>
<td>All 300 cases requested were submitted by the deadline.</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis – Early Intervention in Psychosis</td>
<td>All 785 eligible cases were submitted. This consisted of:</td>
</tr>
<tr>
<td></td>
<td>Brent – 237</td>
</tr>
<tr>
<td></td>
<td>KCW – 234</td>
</tr>
<tr>
<td></td>
<td>H&amp;H – 199</td>
</tr>
<tr>
<td></td>
<td>MK – 115</td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme</td>
<td>Numbers of consenting patients audited and submitted:</td>
</tr>
<tr>
<td></td>
<td>Milton Keynes – 27 (100%)</td>
</tr>
<tr>
<td></td>
<td>Camden – 45 (100%)</td>
</tr>
<tr>
<td></td>
<td>Total – 72 (100%)</td>
</tr>
<tr>
<td></td>
<td>Hillingdon did not take part as there is no Respiratory Team.</td>
</tr>
<tr>
<td>National Diabetes Audit – Diabetic Foot Care Audit</td>
<td>Data is submitted to the partner acute Trust for each CNWL service and becomes part of their submission.</td>
</tr>
<tr>
<td></td>
<td>Camden – 64 cases contributed.</td>
</tr>
<tr>
<td></td>
<td>Hillingdon – 23 cases contributed.</td>
</tr>
<tr>
<td></td>
<td>Milton Keynes – although signed up, no data is collected at the moment as waiting on hospital side to be ready to collect data too.</td>
</tr>
<tr>
<td>POMH-UK 1g &amp; 3d: Prescribing high-dose and combined antipsychotics</td>
<td>A total of 292 patients were submitted to the audit.</td>
</tr>
<tr>
<td>POMH-UK 15b: Prescribing for BPAD – the use of sodium valproate</td>
<td>The total sample submitted was 325 from 6 clinical teams.</td>
</tr>
</tbody>
</table>
### National Audits

<table>
<thead>
<tr>
<th>National Audits</th>
<th>Cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>POMHUK 16a: Rapid tranquillisation</td>
<td>A total of 58 episodes were submitted to the audit.</td>
</tr>
<tr>
<td>POMH-UK 17a: Use of depot/LA antipsychotic injections for relapse prevention</td>
<td>CNWL submitted data for 175 patients from 18 different teams (refer to table 1), predominantly from Jameson division (145 patients), followed by Goodall division (20 patients) and Diggory division (10 patients). No teams from MK agreed to participate.</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit</td>
<td>A total of 65 cases were submitted to the 2016-17 audit, reported in November 2017.</td>
</tr>
</tbody>
</table>
| UK Parkinson’s Audit | Milton Keynes Neurology at Bletchley Community Hospital – 20 cases submitted  
Hillingdon SLT – 10 cases submitted.  
Hillingdon Community Adult Rehabilitation Service (Physiotherapy) – 20 cases submitted.  
Hillingdon Neurology – Mount Vernon Hospital – 20 cases submitted.  
Camden did not participate – because the service does not meet the criteria for the audit. |

### National Confidential Enquiries

<table>
<thead>
<tr>
<th>National Confidential Enquiries</th>
<th>Cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Child health outcome review programme – Chronic Neurodisability</td>
<td>One out of one Organisational forms was returned (100% - two versions sent of the Community Paediatrics, one for each service in the Trust, counted as one form in returns)</td>
</tr>
</tbody>
</table>

### National Audits

<table>
<thead>
<tr>
<th>National Audits</th>
<th>Cases submitted</th>
</tr>
</thead>
</table>
| National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Child health outcome review programme – Young People’s Mental Health | Two out of two Organisational forms returned (100%)  
17 out of 19 Clinical forms returned (89.5%)  
19 out of 19 case notes returned (100%) |
| National Confidential Enquiry into Suicide and Homicide by people with Mental Illness (NCISH) | All eligible cases were submitted. |

The reports of seven national clinical audits were reviewed by CNWL during 2017-18 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Completion and launch of a revised Trust Falls Policy
- Creation of a Quality Improvement Action Plan based directly on the recommendations of the NAIF report, which is being taken forward by the Trust Falls Group

- The Trust was also represented at a National Falls Workshop at the Royal College of Physicians in February. The potential for QI methods to improve falls care was discussed.

### National Audit of Intermediate Care

There were no report recommendations requiring local implementation. Reports have been reviewed at Divisional level and Quality Improvement Plans are being constructed for local implementation.
POMH-UK 1g and 3d: Prescribing high-dose and combined antipsychotics

Aspects of practice in CNWL to improve via Divisional action planning include:

- Documentation in care plans for patients prescribed regular high-dose antipsychotics and the need for ongoing physical health monitoring
- Physical health monitoring in respect to movement disorders and ECG monitoring
- Certain wards performed less well in recording antipsychotic medication or acknowledging high-dose prescribing in the care plan
- Significant proportion of patients are prescribed a combination of antipsychotics resulting in high-dose prescribing

POMH-UK 15b: Prescribing for BPAD – the use of sodium valproate

As at April 2018 the final report has not yet been received from POMH-UK.

POMH UK 16a: Rapid tranquilisation

Aspects of practice in CNWL to improve via Divisional action planning include:

- A patient-debrief was recorded in the notes in less than half of the cases; although this rate is still better than average, and of these de-briefs most happened within 24 hours.
- Rates of recording of physical health parameters (or refusal of monitoring) were poorer; this was done in about two thirds of cases. Patterns varied across wards.
- Documentation of a MH review after RT was low on one ward.
- Certain wards performed less well in reviewing care plan documentation after RT.

POMH-UK 17a: Use of depot/LA antipsychotic injections for relapse prevention

At the time of writing this report, the audit report was being reviewed by relevant teams.

Sentinel Stroke National Audit

The report was internally reviewed and Trust improvements were noted in the most recent four-monthly report.

Trust wide audits:

The Trust undertook a number of Trust-wide audit programmes. Outcomes from all of these audits are reported at Divisional level to the Divisional Quality Boards and action plans agreed, implemented and monitored as appropriate. These audits included the following:

- Quarterly Controlled Drugs Audit
- Quarterly Antimicrobial Audit
- Safe and Secure Handling of Medicines
- F10 prescriptions Audit
- Audit of compliance with Point of Care Haematological Instruments (PocHI) Standard Operating Procedures
- Care records annual audit
- Quarterly Mental Health Act audits of risk assessments completed and reflected in care plan
- Infection and Prevention Control audits – Essential Steps
- Physical health check monitoring following administration of rapid tranquilisation
Local Clinical Audit Programmes:

The reports of more than 200 local clinical audits were reviewed by CNWL in 2017-18 and local services have taken action following audit outcomes to both sustain and 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.

Research

The number of patients receiving relevant health services provided or sub-contracted by CNWL in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was 711.

Goals agreed by commissioners

A proportion of CNWL’s income in 2017-18 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 payment framework.

Further details of the agreed goals for 2017-18 and for the following 12 month period are available by contacting Head on Quality Assurance.

In 2016-17, CNWL’s CQUIN income equated to approximately £5,665,440. CNWL achieved 92%. For 2017-18 CNWL’s CQUIN income equates to about £5,997,054. At the time of writing this report, achievement had not been confirmed for this financial year. The key aim of the CQUIN framework is to support improvements in the quality of services and the creation of new, improved patterns of care.

CQC Reviews of Compliance

CNWL is required to register with the Care Quality Commission (CQC) and our current registration status is ‘unconditional registration’. CNWL has no conditions on its registration. The CQC has not taken enforcement action against CNWL during 2017-18.

In line with their new re-inspection methodology, the CQC completed the re-inspection of the core services that in the last inspection Required Improvement with the addition of the well led domain and one service previously rated Good service. Additionally, the CQC inspected some of our offender care services.

Following these inspections, the trust was rated Good overall. In terms of domains, CNWL is rated Outstanding for Caring, Good for Responsive, Effective and Well-led. The Safety domain remains requires improvement and our action plan is focused at delivering improvements in this area.

Outcome of CNWL’s CQC inspection in August 2017

CNWL has participated in special reviews or investigations by the CQC relating to the following areas during 2017-18: below is a list of services/areas inspected by the CQC in 2017/18;

- Community Mental Health services for adults of working age (CMHTs)
- Well led inspection
- HMP Woodhill was re-inspected
- HMPYOI Cookham Wood
- HMP and YOI Downview
- IRC Harmondsworth

Outcome of the inspections in 2017-18

Inspections of our community mental health services for adults of working age

Following the CQC inspection of our adult community mental health services for adults of working age, CNWL intends to take the following action to address the conclusions or requirements reported by the CQC;

- We are developing robust clinical risk assessments and safety plans in co-production with patients and carers as matter of priority. Work is underway to formulate a training package to refresh staff skills and knowledge in relation to risk and safety planning. The training will be delivered at local level to all relevant CMHT staff. In the meantime, we are monitoring Risk Assessments and Safety Plans using existing performance systems including supervision and audits to make sure that any issues are identified and addressed in a timely manner.

- We working to improve our basic life support and fire safety training for staff working in our Community Mental Health Services for adults of working age. We are currently at 90% working to our target of 95%. 


We are committed to delivering recovery focused, person-centred care through personalised care plans and we are currently working on a quality improvement initiative to further improve in this area. A workshop in April brought together the views of key stakeholders to enable a robust project plan. We continue to monitor and test how we are doing using our internal patient surveys that gives an indication on whether our patients feel they were involved as much as they wanted to be in decisions about their care. This gives us an indication of where action needs to be targeted.

We continue to monitor contacts with patients allocated a care coordinator and are working to this being at least once a month. Our business intelligence system (Tableau) helps us to track how we are doing in ensuring we maintain contact with relevant groups of service users.

Plans for future delivery of psychological therapies are being reviewed in relevant services and we continue to monitor and work through the current waiting lists.

Our teams in Milton Keynes CMHT now have access to hand held alarms to make sure their safety.

Our action plan is robust and is regularly reviewed to make sure it remains fit for purpose and on track. Our progress is reported to both the CQC and our commissioners.

Well Led inspection outcome

The Well led inspection took place in May 2017 and the Trust was rated Good. It was acknowledged that we have robust governance structures that made sure that from Board to ward, we had an understanding of the challenges facing us and this puts us in a position to tackle them. Our staff engagement scores were above the national average which is positive but we know we have further work to do with regards to staff experience and wellbeing. We have responded to this by aligning the CQUIN work on staff wellbeing and our quality priority which is all about staff engagement. We continue to monitor outcomes of our action to assure ourselves that we are improving. Details of this have been reported elsewhere in this report.

Outcomes to inspections in offender care

HMP Woodhill was re-inspected during September 2017. This was a focused inspection under section 60 of the Health and Social care Act 2008. The inspection was a follow up on a Requirement notice issued following the visit in September 2016. This follow up report was positive and noted the following;

- Staff felt supported by management. They felt involved and were consulted in regard to day to day delivery of the service
- Governance arrangements made sure there was consistency of service delivery including the identification and management of risk through regular internal audits.

HMPYOI Cookham Wood was inspected in August 2017. The feedback was positive for CNWL services and the two recommendations made were as follows;

- The regime should support sustained attendance by boys at therapeutic group sessions.
- Boys who need a secure mental health bed should be transferred as soon as possible.

Both recommendations were in relation to the CNWL Health and Wellbeing team. These two recommendations have been incorporated into the Health Improvement Plan and are being progressed in bi-monthly Health Quality Board meetings with prison governors.

HMP and YOI Downview was inspected in August 2017. This inspection found the service had made good progress since opening 15 months earlier and one of these recommendations was made regarding medication storage arrangements. This was addressed immediately.

IRC Harmondsworth was inspected in October 2017; the inspection found that while there was adequate healthcare provision, further work was required to meet the mental health needs of patients. The final inspection report was received in March and an action plan in response to the recommendations is in development.

Data quality

NHS number and General Medical Practice Code Validity

CNWL submitted records during 2017-18 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:

- 96% for admitted patient care
- 98% for out-patient care
- 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:

- 96% for admitted patient care
- 100% for out-patient care
- N/A for accident and emergency care.

Information Governance Toolkit attainment level

CNWL information Governance Assessment Report overall score for 2017-18 was 86% and was graded as satisfactory.

Clinical coding error rate: CNWL was not subject to the Payment by Results clinical coding audit during 2017-18 by the Audit Commission.
CNWL continues to take the following actions to maintain and improve data quality:

The Trust Business Intelligence Tool Tableau was rolled out with full implementation and went live in April 2017. This has improved staff access to data, and provides analysis in a clear and user friendly format. Reports are available on Tableau that highlight areas where there are issues with data quality, and this has enabled staff to more easily identify and address any issues. Data quality is monitored at all levels of the Trust – including Trust Board, QPC, Divisional Board, local Senior Management Team meetings, Care Quality team meetings as well as staff supervision sessions. Business rules for all indicators are published and are available to staff members on intranet. Divisional performance teams work closely with clinical services to improve data quality. This includes increased scrutiny and analysis of areas, and targeted training for teams and staff members.

A full review of any new services into the trust is undertaken to make sure they are fully compliant with business rules and follow the same processes for data entry as current services. This has included the establishment of Data Quality Forums with the new services where necessary.

Part 3-Other information

3.1 Learning from Death

Following the publication of the independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust, learning from deaths has now become a key area of work under the quality/safety agenda in CNWL.

In December 2016 the CQC published its review of the way in NHS Trusts review and investigate deaths. “Learning, Candour and Accountability” was following which the “National Guidance on Learning from Deaths” was issued by the National Quality Board in March 2017. The Trust has undertaken an exercise to identify potential gaps in our arrangements and an action plan was put place to monitor the delivery of these.

Since January 2016, the following key achievements have been made:

- We have strengthened the Trust’s governance arrangements and established the Trust wide Mortality Review Group (MRG) in January 2016
- The MRG is chaired by the Medical Director and attended by clinicians, commissioners and user and carer governors; it reports to the Quality and Performance Committee
- A new process for reporting and reviewing deaths has been developed and implemented across the Trust
- This includes a system whereby all deaths of patients under Mental Health, Learning Disability and associated services are reviewed using a framework adapted from the Confidential Enquiry into Stillbirth and Deaths in Infancy (CESDI)

- This complements existing patient safety incidents reporting arrangements
- A pilot using the CESDI framework to review a sample of deaths within Community Health Services was undertaken and has now been implemented across these services
- Each month the MRG reviews mortality data and has themed discussions on areas where there are opportunities for learning to be shared
- The CQC reviewed the Trust’s progress as part of its Well Led inspection, verbal feedback from the Inspectors was positive and no issues were flagged within the report provided by the CQC
- A range of national and regional events have been attended by the Medical Director and Head of Safety including those delivered by NHS Improvement

- A new policy “Responding and Learning from Deaths” has been developed and was approved by the MRG before being ratified by the Board of Directors in September 2017. The policy has been shared with staff and other stakeholders including Commissioners

- A range of learning events have taken place where learning from deaths has been included and presented to front line clinical staff, this has included a conference on bereavement which took place in September 2017

- Following discussion at the MRG the Trust has now developed a Clinical Message of the Week. This is a weekly email sent to all staff which is then used in handover and team meetings to strengthen learning opportunities and discussion on the topic covered.

The Trust is encouraging more work across the health and social care system so that a system wide approach can be taken to reviewing and learning from deaths. Examples of this include:

- The Learning Disabilities Mortality Review (LeDeR) programme, which supports local areas to review the deaths of people with learning disabilities, following a new consistent review process. This will take forward the lessons learned from reviews to make improvements to service provision, whether health or social care. The Trust is fully engaged in this process and are reporting relevant deaths via this process

- The Liaison Psychiatry Clinical Network are looking at the learning opportunities available with our Acute Trust partners

- Through the Mental Health Trust Medical Director Forum in London, the Trust has also been sharing processes and learning across London.
Table 8 shows the number of deaths and case reviews in 2017/18

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.</td>
<td>Community Health Services</td>
<td>Q1</td>
</tr>
<tr>
<td></td>
<td>Mental Health and Specialty Services</td>
<td>858</td>
</tr>
<tr>
<td></td>
<td></td>
<td>149</td>
</tr>
<tr>
<td>2 The number of deaths included in Number 1 above which were subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.</td>
<td>Datix / Clinical Systems</td>
<td>CESDI Grade 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 An estimate of the number of deaths during the reporting period included in number 2 above for which a case record review or investigation has been carried out which is judged as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.</td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>4 The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item number 2 (above) in the relevant document for that previous reporting period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 An estimate of the number of deaths included in Number 4 (above) which the Trust judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 A revised estimate of the number of deaths during the previous reporting period stated in item 3 (above) of the relevant document for that previous reporting period, taking account of the deaths referred to in item 5 (above).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As the national Learning from Deaths requirements were not introduced until March 2017, there is not a requirement for trusts to respond to these questions in their 2017-18 quality accounts.
During 2017-18 a total of 4,116 CNWL patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 1,007 in the first quarter
- 1,014 in the second quarter
- 1,109 in the third quarter
- 986 in the fourth quarter.

It is important to note that 87% of these patient deaths occurred in our Community Health Services and Primary Care. Most of these deaths were what are sadly called ‘expected’ and not from a patient safety incident e.g. deaths following palliative care. Deaths under Community Health Services where there are no concerns about care and treatment are not formally investigated by the Trust. The Trust recognises that while the patient’s GP will undertake a local review, there may still be opportunities for wider learning. To make sure there is an appropriate review and learning a sample of deaths in Community Health Services are reviewed every month using the CESDI framework.

During 2017-18, 630 case record reviews and 450 investigations were carried out. In 398 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 139 in the first quarter
- 157 in the second quarter
- 179 in the third quarter
- 174 in the fourth quarter.

No patient deaths during the reporting period were judged to be more likely than not, due to problems in the care provided to the patient.

These numbers have been estimated using the CESDI framework and Trust serious incident policy. In writing this report we have understood the NHS Improvement definition of “those deaths which were judged as a result of the review or investigation to more likely than not to have been due to problems in the care provided” as equivalent CESDI Grade 3. Our data shows no CESDI Grade 3; to aid transparency we have also presented the number of cases where we believe that the death might have been as a result of problems in the care provided i.e. CESDI Grade 2 and the data below reflects this.

In relation to each quarter, this consisted of:

- 3 representing 0.3% for the first quarter
- 3 representing 0.3% for the second quarter
- 3 representing 0.27% for the third quarter
- 0 representing 0% for the fourth quarter.

The table below provides an overview of the CESDI grade classifications as per the CNWL Policy.

<table>
<thead>
<tr>
<th>CESDI grades</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0</td>
<td>Unavoidable death, no suboptimal care</td>
</tr>
<tr>
<td>Grade 1</td>
<td>Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome</td>
</tr>
<tr>
<td>Grade 2</td>
<td>Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)</td>
</tr>
<tr>
<td>Grade 3</td>
<td>Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)</td>
</tr>
</tbody>
</table>
Learning from case record reviews and investigations this year;

1. Case record reviews highlighted a need to improve the quality of our documentation. Our reviews found that while patient records contained necessary information, they often lacked sufficient details.

We have taken the following actions to improve the quality of documentation;

- We identified a quality improvement project to help drive improvement in this area.
- We run workshops in Community Mental Health Teams to support staff in all areas of clinical practice, covering communication, risk, mental capacity, safeguarding and care delivery.
- We have just concluded our annual care records audit and findings will be reported and shared across the Trust in May. Services will then be required to develop service-specific actions which will be subject to ongoing monitoring via our divisional governance structures.
- Relevant staff are receiving ongoing support via clinical and managerial supervision where any identified issues can be addressed individually or where applicable in groups.

2. Through our Trustwide Mortality Review Group meetings, we have identified learning relating to the importance of physical healthcare within Mental Health and Learning Disability Services and the need to reduce instances where the death of a person is suspected to be suicide.

We have taken the following actions in response to point 2 above;

- The Physical Health Implementation Group continues to drive this important work stream and is supporting the implementation of the minimum standards for physical health monitoring and associated pathways.
- Work to support improvements in the application of the Clinical risk assessment and risk management policy is underway across all CMHTs. This is being complemented by a focused Quality Improvement Project in the Brent CMHT.
- Key interventions to enhance patient safety include the delivery of an evidenced based training programme to support staff to develop therapeutic relationships, identify key risk and protective factors and enhance decision making with patients and their carers. This improvement work is of significant importance in the management of risk where suicide may be a factor.
- CNWL has also engaged in the LeDeR process and is using this support wider learning across all of its Learning Disability Services.

An evaluation of the success of this work is underway and will be reported to the Board of Directors via the Trust’s Annual Report which covers Learning from Deaths.
PART 3.2 – Reporting against Core Indicators

The following section describes how we have performed against core indicators required by NHS England, NHS Improvement (our regulator) and our current and previous Quality Priorities from previous years. The indicators are grouped in tables as per the three care quality dimensions of patient safety, clinical effectiveness and patient and carer experience. Our measures are reported year-to-date as at end of Q3. This will be refreshed to include Q4 in the final version of this report.

Our national priorities and Quality Priorities (current and historical) performance tables

Table 9; Patient Safety;

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
<th>2014-15</th>
<th>Benchmark (where available): National average; and highest and Lowest Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPA 7-day follow-up</td>
<td>Clinical systems</td>
<td>95%</td>
<td>98%</td>
<td>97.6%</td>
<td>96.7%</td>
<td>97%</td>
<td>National Average: 97%</td>
</tr>
<tr>
<td>a) The number of cases of MRSA (MRSA bacteraemia) annually (YTD M12)</td>
<td>Internal database</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Not available</td>
</tr>
<tr>
<td>b) The number of cases of Clostridium Difficile annually</td>
<td>Internal database</td>
<td>N/A</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>Not available</td>
</tr>
<tr>
<td>3. Incidents</td>
<td>Datix</td>
<td>N/A</td>
<td>20,148</td>
<td>18,556</td>
<td>16,635</td>
<td>18,210</td>
<td>Not available</td>
</tr>
<tr>
<td>a) Number of patient safety incidents for the reporting period</td>
<td>Datix</td>
<td>N/A</td>
<td>141</td>
<td>157</td>
<td>141</td>
<td>129</td>
<td>Not available</td>
</tr>
<tr>
<td>b) Percentage of patient safety incidents that resulted in severe harm or death</td>
<td>Datix</td>
<td>N/A</td>
<td>(0.70%)</td>
<td>(0.85%)</td>
<td>(0.85%)</td>
<td>(0.70%)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Measure 1 Care Programme Approach 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 make sure our patients remain safe and have their needs cared for after discharge from hospital to community care, and reduce risk of relapse or incident. Year to date, 98% of CPA patients 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 via the Trust’s Business Intelligence Systems which reports all discharges so that local performance teams can track patients who have or have not been followed up. Clinicians are alerted to patients requiring follow up, so that they are able to take focused 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 make sure 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 and is discussed at local management and team meetings. CNWL has taken these actions to improve this percentage, and the quality of its services, and will continue to do so through the coming year to aid compliance.

**Measure 2 Infection control**

We have a duty of care to make sure that patients do not get any avoidable healthcare associated infections (HCAI’s) while in our services. Year to date, we are pleased to report that we did not have any MRSA bacteraemia cases.

Eight cases of Clostridium difficile (C.diff) were reported by the end of the year. Lapse in care was not identified following the undertaking of RCA’s for the C.diff cases. A lapse in care is indicated through evidence, demonstrating that policies and procedures consistent with local guidance, written in line with national guidance and standards were not met. Each CDI case is discussed at meetings with the relevant clinical teams.

Aspects of care are explored to see what could have been done differently which might have led to a different outcome. In the cases identified, RCA’s were undertaken, lessons learnt were shared with the team and shared at the Divisional subgroup meetings, quality governance meetings and at the IPCC. The rationale is to continuously improve patient safety. In some cases C. diff can be deemed unavoidable.

The development of C. diff is a known risk factor in cases such as:

- Patients being treated on Proton Pump Inhibitors (PPI). (PPI’s are a group of drugs whose main action is a pronounced and long-lasting reduction of gastric acid production)

- Prolonged antibiotic use (antibiotics may kill some of the normal colonic bacteria. This process disrupts the normal balance of gut bacteria and allows C diff to become activated and infectious)

- Multiple co morbidities

- Known history of c.diff. (CDI colonisation of the gut can remain for an indefinite period)

- Liquid nutritional supplements

- Laxatives

- Patient arriving on a ward already symptomatic from another healthcare setting and unknown to the ward staff. The rationale for undertaking RCAs is to highlight where lessons can be learnt and to improve clinical practice.

It needs to be noted that a national target for C. diff for Provider Community Services and Mental Health Services has not been set nationally. In view of other national targets these single figures are relatively insignificant also given the wide geographical spread of bedded units across the Trust. CNWL adopt a zero tolerance approach to all avoidable HCAI’s.

The Infection Prevention and Control Team (IPCT) adhere to national guidelines and strictly scrutinises practices when managing HCAI’s. Robust systems, quarterly audits and actions are in place to make sure that avoidable HCAI’s within the Trust are kept to a minimum by undertaken the following audits and actions:

- Cleaning and clinical environmental audits

- Essential Steps audit tool: Our services monitor their own practice and provide assurance against the fundamental principles of infection control, for example, hand hygiene, safe disposal of sharps and appropriate use of personal protective equipment

- Antimicrobial auditing and stewardship monitoring

- Alert Organism Surveillance

- Outbreak management investigation

- All IPC polices are reviewed and updated accordingly with best practice and national guidelines

- Mandatory IPC training programme for staff is yearly for clinical staff and three yearly for non-clinical staff.

- Quarterly IPC Link Practitioner meetings are held across all Divisions. The rationale being to encourage best IPC practice locally across CNWL

- Quarterly newsletters are published across all Divisions, to inform staff of recent IPC issues and national updates on IPC surveillance, upcoming events and practical application of best practice in IPC.

**Measure 3 Incidents**

A decrease in the number of incidents relating to severe harm and death is noted year to date. CNWL considers that this data is as described for the following reasons; there are robust governance arrangements within each Division. This has led to a greater depth of analysis and understanding in relation to severity grading, enabling teams and services to identify where severity has been graded incorrectly.

Where it is clear that care and service delivery has not contributed to the incident, the severity is decreased; this then correctly reflects the incident grading. Additionally, the
Trust’s Mortality Review Group (MRG), led by the Medical Director has clinical oversight of all deaths, which have occurred across the Trust. This includes the identification of themes, trends and where indicated the development of key work streams to support learning to enhance patient safety.

3.2.2 Table 10 Clinical Effectiveness

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>target</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
<th>2014-15</th>
<th>Benchmark (where available): National average; and highest and lowest scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Crisis Resolution Team gate keeping</td>
<td>Clinical system</td>
<td>95%</td>
<td>100%</td>
<td>99.3%</td>
<td>98.9%</td>
<td>99.7%</td>
<td>National Average:100%</td>
</tr>
<tr>
<td>5. Re-admission rates</td>
<td>Clinical system</td>
<td>&lt;8.1%</td>
<td>5.5%</td>
<td>4.6%</td>
<td>5%</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.0%</td>
<td>1.2%</td>
<td>1.4%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>a. For patients aged 0 - 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. For patients aged 16 or over</td>
<td></td>
<td>5.6%</td>
<td>4.7%</td>
<td>5.1%</td>
<td>4.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Early intervention in psychosis (EIP)</td>
<td></td>
<td>50%</td>
<td>87.2%</td>
<td>72%</td>
<td>N/A</td>
<td>N/A</td>
<td>National Average: 60.7% (MHSDS)</td>
</tr>
<tr>
<td>Measure</td>
<td>Data source</td>
<td>target</td>
<td>2017-18</td>
<td>2016-17</td>
<td>2015-16</td>
<td>2014-15</td>
<td>Benchmark (where available): National average; and highest and lowest scores</td>
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<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>7. Improving access to psychological therapies (IAPT):</td>
<td>N/A</td>
<td>54%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>a) National Average: 49.9% b) min: 23% c) max: 86%</td>
<td></td>
</tr>
<tr>
<td>Proportion of patients completing treatment who move to recovery (From IAPT minimum data set)</td>
<td>IAPTUS</td>
<td>75%</td>
<td>93%</td>
<td>94%</td>
<td>N/A</td>
<td>N/A</td>
<td>a) National Average: 89.7% b) min: 38% c) max: 100%</td>
</tr>
<tr>
<td>% of people with common mental health conditions referred to the IAPT programme treated within 6 weeks of referral</td>
<td>95%</td>
<td>100%</td>
<td>99.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>a) National Average: 98.8% b) min: 67% c) max: 100%</td>
<td></td>
</tr>
<tr>
<td>% People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral</td>
<td>In patient services</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>Routine delivery of Cardio metabolic assessment and treatment for people with psychosis</td>
<td>EIP Services</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Mental health services</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N/A denotes not applicable

** NCAP & EIP national results will be published May
Measure 4 Crisis resolutions 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 make sure their safety and that they receive the effective treatment. Our performance against this indicator is over 100% against a target of 95%. 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 make sure 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: Where this target is not met results are discussed and reviewed at local care quality groups, senior management team meetings or the Divisional Board. The CRT Operational Policy clearly indicates the procedure for gate-keeping is widely circulated and published on our staff Intranet. There are clear Business Rules, which are published making sure of accurate data recording across all trust teams. This measure is also reported monthly via the integrated performance dashboard, which is reviewed by the Quality and Performance Committee. The trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

Measure 6 Early interventions in psychosis (EIP)

This national target measure makes sure that patients with a suspected first episode of psychosis commence treatment with a nice approved care package within two weeks of referral. Performance was above 87.2% against a 50% target in 2017/18. Performance is monitored daily via the Trust's Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Year to date, the service has achieved 93% of patients treated within six weeks and 100% treated within 18 weeks of referral against targets of 75% and 95% respectively.

Measure 5 Readmission rates

Readmission rates describe how many patients get readmitted to hospital within 28 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 the 8.1% target at 5.6%. 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 make sure 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. It is also discussed at local management and team meetings. 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 7 Improving access to psychological therapies (IAPT)

This measure monitors the percentage of people with common mental health conditions referred to the IAPT programme treated within six weeks of referral and those treated within 18 weeks of referral. CNWL considers that these percentages are as described for the following reasons: Performance is monitored via the Trust's Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Year to date, the service has achieved 93% of patients treated within six weeks and 100% treated within 18 weeks of referral against targets of 75% and 95% respectively.
3.2.3 Table 11 Patient, carer and staff experience

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
<th>target</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
<th>2014-15</th>
<th>Benchmark (where available): National average; and highest and lowest scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.CPA 12 month review</td>
<td>Local PAS System</td>
<td>95%</td>
<td>98%</td>
<td>96.4%</td>
<td>96.6%</td>
<td>98%</td>
<td>National Average: 79.8% Source: MHMDS</td>
</tr>
<tr>
<td>9. Admission to adult facilities of patients under 16 years old</td>
<td>Datix</td>
<td>N/A</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>10. out of area placements</td>
<td></td>
<td>n/a</td>
<td>217</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>11.Care/treatment plans</td>
<td>a. Quality Account Priority 2017/18: Patients report that they were involved as much as they wanted to be in decisions about their care/treatment (definitely and some extent) n=17,585</td>
<td>85%</td>
<td>95%</td>
<td>95%</td>
<td>82%</td>
<td>81%</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td>b. Quality Account Priority 2017/18: Patient report that their care or treatment helped them to achieve what mattered to them (Yes, definitely + Yes, to some extent ) n=16,288</td>
<td>95%</td>
<td>95%</td>
<td>91%</td>
<td>n/a</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Patients report that they were treated with dignity and respect n=13211</td>
<td>95%</td>
<td>97%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Measure</td>
<td>Source</td>
<td>target</td>
<td>2017-18</td>
<td>2016-17</td>
<td>2015-16</td>
<td>2014-15</td>
<td>Benchmark (where available): National average; and highest and lowest scores</td>
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<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12. Service satisfaction/? Friends and Family Test</td>
<td><strong>Patient FFT</strong>: Patients report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment n=15718</td>
<td>Optimum Meridian</td>
<td>92%</td>
<td>91%</td>
<td>91%</td>
<td>92%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td><strong>Staff FFT</strong> <em>(internal survey + national survey)</em>: Staff report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment (n=5083)</td>
<td>Internal system</td>
<td>70%</td>
<td>66%</td>
<td>74%</td>
<td>70%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td><strong>Staff FFT (national survey)</strong>: Staff report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment (score reported out of 5, with 5/5 being the maximum possible)</td>
<td>National staff Survey</td>
<td>5</td>
<td>3.69</td>
<td>3.74</td>
<td>3.71</td>
<td>3.68</td>
</tr>
</tbody>
</table>

**Measure 8 CPA 12 month review**

This indicator monitors whether patients on CPA (Care Programme Approach) receive a full review at least annually. This enables service provision to be updated as per the patient’s changing needs so care provided is most effective. We are pleased that we continue to achieve our target for this measure.

**Measure 9 Admission to adult facilities of patients under 16 years old**

No child under 16 was admitted to an adult ward in the reporting period. We work proactively in trying to reduce the number of admissions to an adult ward. An adult ward is only used as a last place of safety when all other options have been explored.

**Measure 10 Out of area placements**

CNWL considers that this data is as described for the following reasons: Demand for acute inpatient admissions has meant that where a service user is assessed as requiring an inpatient admission and there is no bed availability within the Trust, the Service User may require an Out of Area Placement for a short period of time until a bed within the Trust becomes available. To minimise the need for Out of Area Placements, CNWL has implemented the Reducing Bed Occupancy programme. This has included implementation of the Bed Usage Index reporting methodology to provide transparency and accountability for each borough to manage their bed usage. A Discharge Planning Tool has been embedded within the services, which is completed by wards on a daily basis to drive effective discharge planning with community services and reduce bed occupancy. The Trust has also implemented processes to make sure effective monitoring and escalation of Delayed Transfer of Care (DTOC), and processes to make sure effective management of Out of Area Placements – establishing preferred providers, daily reviews and a proficient escalation process.
Measure 11 Care/treatment plans:

a) Patients report that they were involved as much as they wanted to be in decisions about their care/treatment (definitely and some extent) this was a Quality Account Priority for 2017/18 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.

b) Patient report that their care or treatment helped them to achieve what mattered to them (Yes, definitely + Yes, to some extent: This was a Quality Account Priority for 2017/18 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.

c) Dignity and respect: This indicator forms one of our core patient reported outcome measures which we include on all questionnaires as it provides assurance that our patients are being treated with professionalism at all times, and would provide an early warning to where service improvement is needed. We are pleased to report that overall we have achieved 97%, achieving our target.

Measure 12 Service satisfaction/ Friends and Family Test

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’ or FFT) and the reasons that they gave for this. This gives us a good indication of what needs improvement, and a key source of intelligence for the setting of our Quality Account Priorities for the forthcoming year.

a) Patient FFT results: Our year-to-date results show that 92% of our patients would be likely or extremely likely to recommend Trust services, achieving our target.

b) Staff FFT results: Our staff survey showed that 66% of our staff would be likely or extremely likely to recommend Trust services as a place to receive treatment, missing our 70% target.

CNWL’s results from the National Staff Survey showed that we achieved 3.69/5, which is slightly above the national average. Our staff survey (both internal and external) showed that 66% of our staff would be likely or extremely likely to recommend Trust services as a place to receive treatment; CNWL considers that this data is as described for the following reasons: Although the result is lower than in 2016 having dropped from 3.75, we are higher than our benchmark group which has an average of 3.67/5. The overall engagement score has slightly dropped for the Trust which explains the reason for this score. Key findings for staff wellbeing have improved since last year although areas related to staff being able to make improvements at work, effective team working, and effective communication with senior management and staff feeling valued by the organisation have all dropped and in most areas are lower than our benchmark group. CNWL is considering the following actions to improve this score: to focus upon upskilling line managers and to focus on the management relationship. We are developing a band 5 development programme to improve retention rates for newly qualified staff as well as supporting front line ward managers and team leaders. All services are focusing on key areas to prioritise in response to the staff survey and this will feed into a wider Trust action plan. Staff and managers will be invited to contribute through a range of pre-arranged listening events in conjunction with Trades Unions.
Annex 1 – Statements provided by our commissioners, Overview and Scrutiny Committees (OSCs) and Healthwatch

Our commissioners

NHS Camden Clinical Commissioning Group

As a co-ordinating commissioner NHS Camden Clinical Commissioning Group (Camden CCG) has welcomed the opportunity to provide this statement for the Central North West London NHS Foundation (CNWL) Trust Quality Account 2017/18.

We confirm that we have reviewed the information contained within the draft Quality Account (provided to the CCG in April 2018). We acknowledge that the document received complies with the required content as set out by the Department of Health, or where the information is not yet available a placeholder was inserted.

Camden CCG has worked collaboratively with the Trust clinicians and managers during 2017-18, ensuring that patient outcomes and experiences remain a fundamental part of best practice. The quality and performance of these services are monitored through the Clinical Quality Review Group and Contract Review Group meetings.

It is positive to note the Trust achieved an overall rating of ‘Good’ from the Care Quality Commission in August 2017 for community Mental Health and Offender services.

Camden CCG were invited to take part in a stakeholder event in March 2018 to reflect on the Trust priorities delivered during 2017/18. CNWL used this opportunity to consult with the stakeholders the priorities to be taken forward as part of the Trust Clinical and Quality Strategy over the next three years.

We are pleased to see that CNWL's chosen priorities include expanding on the work already undertaken to involve patients in decisions about their care and treatment and strengthen patient, carer and family engagement and involvement. The Trust are committed to supporting their workforce and are using Quality Improvement (QI) methodology to empower staff to feel engaged and motivated to take improvement initiatives at a local level.

The Trust has continued to embed improvements in the quality of the care it provides and remain focused on reducing avoidable harm from pressure ulcers. The Tissue Viability service in Hillingdon started an initiative to invite patients or carers to their team meeting, during the course of their treatment to get live feedback around their experience of the service, which was positively received by patients.

We recognise the challenges faced by the NHS to recruit and retain a high quality workforce especially within London. CNWL have continued to deploy various initiatives to attract staff to work within the organisation. These include ongoing recruitment days, career development opportunities supported by Health Education England and offering employment to current final year student nurses following successful completion of their course.

Overall we are pleased with the Trust’s achievements against the Quality Account priorities for 2017/18 and the selected priorities for 2018/19. Camden CCG will continue to work collaboratively with CNWL, to make sure that quality, safety and positive patient experience remain a fundamental component of services commissioned and delivered by the Trust.

Statement from the North West London Federation of Clinical Commissioning Groups (Brent, Harrow and Hillingdon)

The North West London Collaboration of eight CCGs has welcomed the opportunity to review your Quality Account Report for 2017-18. We note in the final version of the report, the Trust has made amendments following the informal feedback from the CCG on the draft version.

We confirm that we have reviewed the information contained within the Account and it is compliant with the Quality Account guidance for NHS Trusts as set out by the Department of Health and NHS Improvement.

We acknowledge the work the Trust has undertaken during 2017/18 to make progress against the identified priorities. We welcome the approach taken by the Trust to consult with the CCG.

The Quality Account provides a generally, balanced report on the quality of services which identifies the areas in which the Trust has achieved success but also where there needs to be improvements. In response to last year’s account, we recommended the Trust consider providing locally relevant context to the data and the discussion that will have occurred; so commissioners, members of the public and other stakeholders can identify what impact your work is having locally to them. We are disappointed that this year’s account remains generic in the most part. Therefore, we would welcome information on individual borough performance as part of the discussions through the Clinical Quality Review Groups across the contracts the Trust hold.

We are pleased with the Trust being rated good by the Care Quality Commission (CQC) following a series of inspections between October 2016 and May 2017. We commend the Trust on the outstanding rating for the Learning Disability Service and for the overall rating of the ‘caring’ domain. We support the Trust in its ambition to achieve an overall rating...
of outstanding across the domains and services.

The Trust is continuing its focus on the two quality priorities which commenced in 2017/18

• Patient and Carer Involvement; and
• Staff Engagement.

The CCGs endorse the Trust’s stance in building on foundations laid down in the previous year and launching their Quality Improvement Programme this year which we envisage will give the Trust the opportunity to sustain the improvements already seen.

The Trust has an established Patient Reference Group. We recognise it has gained momentum this year, which has helped the Trust to enhance the delivery of the patient and carer involvement priority. We support the work of the Trust in the pilot of the Triangle of Care programme and look forward to this being rolled out across all the inpatient units at CNWL. In addition, we are encouraged that the Trust has demonstrated the robust changes to processes and development of services in response to patient and staff feedback. We note the work the Trust has undertaken to promote the wellbeing of their staff and staff groups, listening to them and responding to feedback.

The Trust is commended for implementing the “Hello my name is” campaign and has seen a 63% increase in the number of staff signing up to this. The Trust is currently at 89% and we look forward to continued effort to achieving the Trust’s stated target of 100%.

We particularly wish to thank the Trust for supporting the North Kensington community affected by the Grenfell Tower fire. It is clear that CNWL staff have demonstrated commitment, responsiveness and compassion in their work, under quite challenging conditions following this terrible and wide reaching event.

The CCGs look forward to continuing to work with the Trust to monitor progress against the set priorities for 2018/19 to see the continuous improvements to the quality of services provided to the North West London population.

Our local Healthwatch

Statement from Healthwatch Central West London

Healthwatch Central West London (HWCWL) welcomes the opportunity to provide this statement on the draft Central and North West London (CNWL) NHS Foundation Trust Quality Account for 2017-18, and to comment on the quality of the services commissioned locally to meet the needs of residents in Kensington & Chelsea and in Westminster. Our members are pleased to see that the Trust’s overall CQC rating is now ‘Good’, a significant change from ‘Requires Improvement’; we acknowledge the work that has gone into making this change happen.

CNWL Quality Account Priorities for improvement

1) Patient and carer involvement and
2) Staff engagement

Our members look forward to the introduction of fortnightly evening support groups between family and friends and CNWL staff at St Charles inpatient unit, preparation has been ongoing for some time. Family and friends support meetings with CNWL have been up and running in the community CMHT at Pall Mall for some time. We also look forward to the reintroduction of ‘welcome packs’ explaining patient rights and ward protocols etc.

We welcome the aim to roll out the Triangle of Care (TOC) piloted in Milton Keynes and Topas; this is an important way to identify carers and keep them involved throughout the assessment and treatment process. We look forward to receiving information on when this will happen in our local area, such as inpatient sites at St Charles and the Gordon Hospitals. We would like to suggest that this should also be rolled out to Community Mental Health Teams (CMHT).

However, our members are disappointed that the ‘different voices’ service user involvement inpatient project covering St Charles and the Gordon Hospitals’ Mental Health units is to be de-commissioned in June 2018.

Person-centred care

The QA states that “we are committed to delivering person centred care through personalised care plans”. It is useful for
CNWL to note that a 2017 evaluation report by the user led User Focused Monitoring project (UMF) funded by CLCCG & WLCCG showed that since the last evaluation in 2010, awareness of having a care plan has gone up in Westminster by 2% to 75%. However, it had gone down 18% to 58% in K & C. Regarding crisis planning, in the same UFM report, 50% of people interviewed in K & C have a crisis plan (up 13%); in Westminster it has also increased by 13% to 63% of people interviewed.

In addition, the UFM report states that service users’ satisfaction with their CPA/care plan review meeting had risen in Westminster from 73% in 2010 to 75% in 2017; in K & C it had fallen from 76% in 2010 to 58% in 2017.

**Staff training and quality improvement**

Our members appreciate that CNWL are supporting staff engagement and training, including quality improvement training to equip and encourage staff across CNWL to deliver continuous improvement in their local services and care systems, and to gain pride and pleasure from their work. The upcoming research study by Kings College London on Thames Ward at St Charles Hospital, exploring co-designing solutions to improve the quality of nurse-patient interactions on the ward, called ‘the UNITE study’ should prove interesting.

**Friends and Family Test**

Our members noted that positive responses to the Friends and Family Test, ‘how likely are you to recommend CNWL services to family or friends if they needed similar care or treatment?’ is much lower for staff than for patients and has dropped by 9% from last year for staff to 65%. Patients’ responses have remained at 91%. There is a significant difference between staff and patients and we recommend that CNWL follow this up with further investigation into why 35% of staff would not recommend CNWL to friends and family and feed this into service improvement plans.

**Patient satisfaction statistics**

Our members queried the patient satisfaction statistics. The various Trust wide statistics concerning patient satisfaction are extraordinarily high: the clear majority show patient satisfaction ratings in the 90 percent range. However, patient feedback from the independent Mental Health survey conducted annually by the care quality commission (CQC) carried out with patients using various CMHT services are poor in comparison. This is also the case with all independent local evaluations and research which show much lower levels of satisfaction with services.

**Quarterly newsletter for K & C and Westminster**

Last year we suggested that it would be helpful if K&C and Westminster CNWL management produced a quarterly newsletter to update stakeholders and residents as to any service updates. This has not yet happened so we would like to repeat this request. We are pleased to see that CNWL Milton Keynes are now producing an update newsletter.

**Information on service delivery in K & C and Westminster**

Our members would like to see more information on CNWL’s service delivery of mental health services, secondary and primary care, the Community Independence Service, Schools Services and sexual health services in K & C and Westminster included in the Quality Account. However, our members are pleased to see that the K & C and Westminster Street Triage Pilot has reduced the numbers of people brought in for a Mental Health assessment under section 136 by 80%; this will reduce the numbers admitted to hospital under section 136. Our members would like to see arts therapies added to the K & C and Westminster Mental Health primary care offer; these are popular with service users and there is evidence that these therapies aid recovery.

**CNWL finances**

It is currently a very difficult financial climate for health services. The recent CNWL draft operational plan 2017/19 consultation document ‘refresh for 2018/19’ shows that £29.9 million will be coming out of CNWL contracts for 2018/19. This will be a significant challenge and HW CWL are in the process of finding out how much money will be coming out of K&C and Westminster CNWL’s contracts. We also want to know what patient impact assessments will be undertaken and how this will be communicated to local people.

**Looking forward**

Our members are looking forward to the upcoming local coproduction workshops on the Urgent (Crisis) Care Pathway that will incorporate the ‘alternatives to hospital admission workstream’. The short to medium term implementation of new Care Pathways, e.g. a new Care Pathway for Serious and Long-Term Mental Health Needs, amongst several others, are also due to be presented and debated at the local level.

HW CWL and our members look forward to working closely with CNWL over the coming year, especially in relation to implementation of the ‘Improving mental health and wellbeing in North West London Case for Change’, and the workshops for local engagement.

**Statement from Healthwatch Hillingdon**

Healthwatch Hillingdon acknowledge that the Quality Account published by CNWL lies within the requirements framed by the Health Act 2009, the National Health Service (Quality Accounts) Regulations 2010 and the mandatory requirements set out by NHS Improvements for NHS foundation trusts.

Questioning the effectiveness of the Quality Accounts to reflect local quality, in a meaningful way for the public, is a position Healthwatch Hillingdon have taken since the inception of the Quality Accounts.
CNWL provide over 30 services in Hillingdon; community health care; mental health services for both adults and children; and adult addiction services. Healthwatch Hillingdon maintain that for the Quality Account to give the public assurances of the quality of Hillingdon services and drive local quality improvement, it requires a Hillingdon specific section. This should include quality priorities set against local improvement needs and outline how improvement will be achieved and reported.

The CNWL Quality Account 2017-2018 does not provide this and therefore Healthwatch Hillingdon must reluctantly state that the account does not give us, or the public, assurance of the quality of the services provided by CNWL in Hillingdon.

It is stated with reluctance as Healthwatch Hillingdon has a close, valued, working relationship with CNWL in Hillingdon and know the efforts being made by local teams to continually improve services. The Quality Account is a platform for informing the public of this work, but the organisation is currently failing to use this opportunity to its full potential. Both Healthwatch Hillingdon and Hillingdon Council’s External Scrutiny Committee have raised this point for a number of years and it was therefore extremely pleasing to see CNWL produce a Hillingdon Services Annual Report for 2016-17. This new initiative provides a combined report of all the CNWL services delivered in the Borough and goes a long way to providing the Hillingdon public with the assurances that the Quality Account fails to provide.

We would strongly recommend to CNWL that this document is replicated for all the geographical areas that CNWL is commissioned to serve and that these form the basis of the future Quality Account.

Statement from Healthwatch Camden

Thank you for the opportunity to comment on your quality account. Healthwatch Camden is pleased to comment on these quality accounts. We note the high levels of patient satisfaction on the community health services you provide in Camden and we would add that we have always found staff to be very responsive whenever we have raised queries on behalf of patients.

We note the high levels of patient satisfaction with sexual health services. We are sure that when people are able to use the service they find it very good. However, we have recently raised concerns about access to services, with some reports of problems in making appointments. We hope that exploring this aspect of patient experience will form part of your engagement with service users.”

We are making very short responses this year. This is not a reflection on the trust, just a reflection of the weight of work we are under.
It is possible in this year’s Quality Account to compare Milton Keynes with other stakeholders and constituencies in relation to patients’ feelings of involvement, sense of achievement, treatment with dignity and approval of services, and to note that Milton Keynes performs relatively highly.

What does not emerge from the report, however, is a sense of how CNWL’s work in Milton Keynes, especially in the field of community mental health services, links in with the development of a place-based, integrated health and social care system, in the context of the BLMK Sustainability and Transformation Partnership.

We recommended to CNWL in our initial response to the first draft to provide more evidence of the impact of engaging with and involving patients. While we note that Quality priority 1: Patient Engagement and Involvement (Table 6) demonstrates positive survey results, Healthwatch would like to see more evidence of how patient involvement/input has made positive demonstrable changes to the way services have been designed and delivered in the future.

Healthwatch Milton Keynes thanks CNWL for presenting their Quality Accounts for 2017/18 and look forward to strengthening our relationship with CNWL in the year ahead.

Our Overview and Scrutiny Committees

Statement from the Royal Borough of Kensington and Chelsea

We welcome the opportunity to respond to the CNWL Quality Account for 2017-18. We recognise that Quality Account reports are key tools in ensuring that healthcare providers review their services objectively, and identify their shortfalls and successes. The Quality Account is also a means of illustrating their accountability to patients, carers and their partner organisations for the quality of the services provided, therefore we fully support these reports. We acknowledge that this is a draft report.

Priorities for Improvement 2017-18

Patient and Carer Involvement

We share the aspiration of involving and putting patients and carers at the heart of the service development and delivery at every stage and making services more patient focused and personalised, both for NHS services and social care. Therefore, we were pleased to read the co-production approach that CNWL has taken to empower partnership, with their patients to make sure quality and increase patient responsibility in shaping their care.

Evidence shows that person centred care, improves outcomes for the users, potentially delivering efficiencies via personalised commissioning and supporting people to stay well, and actively take responsibility to manage their own care, therefore we welcome the user involvement initiatives. We are particularly inspired by the Service User Involvement in the Offender Care programme, and the different approaches taken to achieve this. We will look forward to hearing more about this initiative and the outcome of the ‘Impact Review’ in the future.

The Triangle of Care (TOC)

We are in agreement the Triangle of Care (TOC) model is a good tool to involve patients and carers, especially at a time when health services are under pressure, and the organisations are faced with making difficult financial decisions. We understand this is a therapeutic alliance between the carers, patients and the organisation to promote patient safety, support recovery and sustain wellbeing. We will be interested to hear more in the future, in particular how CNWL is making sure the patients are part of the recovery plan, and how the professionals are trained to not only implement but practice this as ‘Business as Usual’.

Staff Engagement

With regards to involving staff in organisational business, you report that the sign up to the ‘My name is ….’ campaign has increased from 26% to 71%. This is impressive, and from the organisational culture change point of view, we would like to commend this significant achievement. However, by itself, it
is not an indicator of quality improvement, hence we will be interested to see the actual outcomes of staff involvement, its positive impact on recruitment and retention and staff survey outcomes, and how this is reflected in delivery of quality services.

CQC Inspection result

We are pleased to read that CNWL’s CQC rating has improved from ‘Requires Improvement’ from the last CQC inspection to ‘Good’ overall. We would like to commend the Trust on this achievement. We would like to be reassured that CNWL has systems in place to sustain this achievement, also working towards achieving ‘Outstanding’ in future inspections.

Grenfell

Last year we saw the tragic events at Grenfell Tower. We would like to thank CNWL for working alongside the council and promptly mobilising all of its resources to support those affected. They continue to work with us, helping to coordinate mental health services across the borough and between different providers.

Achievements and Concerns:

We particularly note the following achievements:

- CNWL achieved a ‘Good’ overall CQC rating, this is a significant improvement from ‘requires improvement’ in the previous inspection.
- Establishment of Trust-wide Patient Reference Groups, to bring patient representatives, Governors, and staff together to oversee the workstreams, all for increasing the quality standards.
- The creation of a Café in St Charles Hospital, which is built and developed by the patients and partners of CNWL to create a space for the patients to support their rehabilitation.
- That CNWL is recognised as one of the top 100 organisations by Stonewall’s Diversity Champions Programme, and recognised as 1 of only 5 NHS organisations nationally, as a Diversity Champion, employing people from all backgrounds. As an Equal Opportunity employer we commend this.

However, we are equally concerned about the following:

- We are concerned to read that despite the overall ‘Good’ outcomes, the Local Performance against the patient reportable indicators (Patient and Carer Involvements) for RBKC patients is comparably lower than the other boroughs. This is consistent with all four of the indicators. We would be interested in the reasons why RBKC patients are reporting such disappointing results. We place a huge emphasis on dignity and respect and resident satisfaction, therefore we expect to see improvements in this area in the coming year.

Patient and Carer Involvement - Local performance against patient reportable indicators:

- RBKC Patients report feeling involved in care & treatment - 71% (target 85%) - off target
- RBKC Patients report their care & treatment helped them achieve what matters to them - 77% (target 85%) - off target
- RBKC Patients report being treated with dignity and respect - 87% (target 95%) - off target
- RBKC Patients – how likely to recommend CNWL services to family or friends if they needed similar care - 78% (target 90%) - off target.

Quality indicators for Staff Engagement:

As an employer we welcome CNWL’s commitment to prioritising staff health and wellbeing, and the implementation of the Staying Well at work (SW@W) initiative, we note this as a positive initiative. However, we find the figure below significantly concerning.

- Staff report they would recommend Trust as a place of work - 57% (target 70%) - off target.

We will keen to hear the Trust’s plans to improve the above indicators in the coming year.

Delayed Transfers of Care (DToC)

The Department of Health identified that bed days lost to DToC in non-acute settings are significant, increasing pressures on precious mental health beds, hence since April 2017 Mental Health Trusts are expected to monitor and officially report DToC on the Unify communications system. We note that, despite DToC having significant national and local high profile and priority there are no comments regarding the Trust’s performance. This is one of RBKC priorities for this year, therefore as our provider of mental health services we expect to see how CNWL is embracing and implementing the new Department of Health Guidance and the measures put in place to deliver local targets.

Conclusion

Although Quality Accounts are expected to be objective, we find this document more biased towards achievements. We would like to emphasise the importance of objectivity of the Quality Report, where transparency is a key principle. Nevertheless, we recognise the hard work and achievements in number of areas. We congratulate the Trust on its achievements throughout the year. It is vital that the CNWL Trust flawlessly maintains and improves its quality of services during the times of constant change. I am assuming you will discuss with relevant people here how our teams will be involved in service design and improvement initiatives, encouraging a whole systems approach to health and social care.
We look forward to working with CNWL in the coming year and would like to thank the Trust for giving us the opportunity to comment on this document.

Statement from External Services Scrutiny Committee at the London Borough of Hillingdon

The External Services Scrutiny Committee welcomes the opportunity to comment on the Trust’s 2017-2018 Quality Account and acknowledges the Trust’s commitment to attend its meetings when requested throughout the year.

In the 2015-2016 Quality Account report, information specific to each of the geographical areas covered by CNWL had been included. Since then, the Committee has been disappointed that the Trust has produced generic reports which fail to provide a more realistic representation of the progress made against the quality priorities in each of the disparate areas that CNWL covers. For example, although sign up to the #Hellomynameis… campaign was at 72% Trust wide at the end of Q3, Members have been advised that all staff in Hillingdon have signed up to the campaign, with just one team left to train. This is an incredible achievement that should be applauded.

The Committee values the information provided in the Quality Account report. However, when the quality priorities change or are reported differently, there is little chance of Members being able to track the trajectory of any progress made in a particular service or area. As such, it is suggested that consideration be given to providing this information as an appendix or as supplementary information annually for each Quality Account report.

Aligning the Trust’s quality priorities with its strategic objectives should help CNWL to fully integrate its commitment to deliver high quality care into its day to day running of the organisation. However, as has been mentioned before, in addition to the nationally set targets, the Committee would like to see local targets, particularly in those areas where the national targets are being significantly exceeded.

It is reported that 65% of staff in the year to date would recommend the Trust as a place to receive care or treatment to a friend or relative. Although there has been an increase in the number of staff providing feedback (so the results could be seen to be more representative), the outcomes have worsened. Whilst this figure is down from 74% in 2016/2017, the Committee does not feel that the results provide a realistic reflection of the services in individual areas. For example, in 2015-2016, 82% of staff in Hillingdon would have recommended the Trust as a place to receive care or treatment. As comparative local information has not been provided within the report, it is impossible for Members to establish how Hillingdon is doing.

The Trust should be commended for achieving a 16% staff turnover rate for two consecutive years (against a target of 15%) at a time when recruitment and retention has been very challenging. However, whilst the staff turnover rate for mental health services is excellent (9.8% in Hillingdon), the rates for specialist services need significant improvement – with the exception of rehabilitation services (11%), turnover in specialist services ranged from 18% to 22.8% in 2017/2018. It is noted that plans are in place to reduce those service areas that are underperforming to at least 16% within two years but no further information has been provided regarding intermediate targets. The Committee looks forward to seeing the outcomes of any action taken to address this performance during the course of the next year.

Whilst soliciting feedback from staff, friends and family is good practice, it is recognised that there has been an increase in the number of surveys that need to be completed. As such, it is felt that survey fatigue is setting in and the responses received will reduce and/or the respondents will not be as detailed in their responses as they would have been previously. Furthermore, the increasing number of goals and targets being set for the Trust by different organisations, whilst admirable in their intent, may detract from the delivery of the service. The Committee is aware that there is little that CNWL can do to change this.

Members look forward to receiving updates from the Trust over the course of the next year on how its priorities are progressing as well as in relation to any positive impact they have on the move to integrate (mental / physical) health and social care.

Statement from Milton Keynes Council

The Central and North West London (CNWL) NHS Foundation Trust’s Quality Account for 2017-18 has significantly improved in quality relative to that produced for the 2017-18 period. However the Quality Account still needs to better utilise evidence in a way which shows well informed service actions on the part of CNWL, and justification/explanation of target indicators used to measure performance. The Quality Account also shows that in the area of “safety” including inpatient and community risk assessment, progress in performance is still needed on the part of CNWL. Disappointing is also that the Quality Account does not outline how CNWL will link with the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Partnership in bringing about an integrated health and social care system.

Milton Keynes Council’s Quality Accounts Panel notes that the following had been CNWL’s priorities for the period:-

- Patient and Carer Involvement
- Staff Engagement

The Panel is pleased with and supportive of the above priorities, and is of the view that the priorities show that CNWL regards as important, incorporating the experience, desire and needs of the public in informing its service provision and delivery. They also show that invaluable staff input and engagement is considered important to and is being used by CNWL to inform service provision.
The Panel is also heartened that 2017-18 Priorities of Patient and Carer involvement, and Staff Engagement will continue to be part of CNWL’s three year road map. This shows that although CNWL’s priorities for 2018-19 are different from that of 2017-18, 2017-18 priorities will not be any less important going forward.

Overall, the Quality Account provides:-

1. A clear position of what CNWL has undertaken and achieved during the 2017-18 period.
2. Insight into challenges experienced by CNWL during the 2017-18 period and actions implemented or to be implemented by CNWL to address these challenges.
3. A clear position and justification of CNWL’s priorities for the 2018-19 period in going forward.

Letter from CNWL’s Chief Executive

The Chief Executive’s letter adds much merit to the Quality Account in its clear overview of CNWL’s activities, future direction and commitments, and acknowledged areas for improvement. The letter itself was succinct and reader friendly.

Quality account - commendations

The Panel is of the view that there are some things done by CNWL as reflected by and outlined in the Quality Account that have to be especially commended:-

Quality priority 1- patient and carer involvement

1. Triangle of Care (TOC)

CNWL’s adoption of TOC is a positive indication that a wholesome approach is being adopted to health service planning and provision. The Panel is pleased that this approach will not be a mere partnership among physical and mental health professionals but will involve carers as “equal partners”.

2. Hellomyname is…Campaign

CNWL is congratulated on the remarkable achievement of 89% signup in 2017-18, compared to 26% in 2017-18. The Panel looks forward to monitoring and performance information in future Quality Accounts as committed to by CNWL.

3. Service User Involvement in Offender Care

CNWL’s involvement of offenders in its offender care services, demonstrates clearly the fact that all its service users have both rights and opportunities to help shape the quality of services provided by CNWL. This includes individuals detained in the justice and prison system under her majesty’s care.

4. Patient and Service Involvement in our Community Physical Health Services

The effort by CNWL to devise initiatives to garner wide user feedback is noted and commended. This is for example evidenced by (i) Tissue Viability Service’s initiative to invite patients or carers to the Service’s team meeting so as to afford them the opportunity to give feedback on the patient experience in receiving service, (ii) CNWL’s Neurological Conditions Clinical Specialist initiative in organising an event to bring together service users (children and their parents) to meet staff in an informal way and to share their experiences, and (iii) Joint Learning event for Milton Keynes Community and Milton Keynes Mental Health Services.

5. Responding to feedback

The Quality Account shows that CNWL does not merely collect and collate feedback, but acts upon feedback received.

6. Other highlights from 2017-18

The Panel notes that for the 2017/18 period the CQC has rated CNWL as “Good” overall. The Panel has also noted that CNWL has started focussed work on its community mental health services and as regards the “Safety” CQC domain. Notwithstanding this achievement, the Panel’s hope is that a CQC rating of “Outstanding” will be reported in future Quality Accounts.
7. Older Adult Ward Environments are Dementia Friendly

The Panel supports and commends CNWL's actions in making its older adult mental health wards dementia friendly, and notes the progress made by CNWL in this effort. Especially laudable is CNWL's long term ambition to test out new technology with the aim of providing reassurance and pleasure to dementia patients in its care. The planned use of the Dementia Friendly Group meeting in May 2018 to discuss next steps in its dementia care is noted. This for the Panel shows that CNWL is not complacent with its dementia friendly actions so far, but is determined to make further and long term progress in its care for older adults with mental health challenges.

8. Reducing Prone Restraint

The Panel is of the view that CNWL's successful development of an award winning (QI award) technique to administer IM medication as outlined by the Quality Account is highly commendable, and shows research initiative on the part of CNWL. It is hoped that this technique will be widely shared by CNWL within the NHS as an example of best practice.

Quality priority 2- staff engagement

1. Staying Well at Work

The Panel notes CNWL's focus on the mental wellbeing of its staff, and its launch of a “Staying Well @ Work Service" aimed at supporting staff. The reported success of the Service in engaging with over 1,000 staff members is for the Panel indicative that such a service was needed, and it is good that this was realised and acted upon by CNWL.

The Panel is optimistic that the signing off of the Staying Well @ Work Service by CNWL as a permanent service will continuously enhance the wellbeing of CNWL's staff for the foreseeable future. The Panel therefore hopes that this Service will be reported on in future CNWL Quality Accounts.

2. Responding to Staff Feedback

The Panel was encouraged to see evidence in the Quality Account which showed that CNWL was not merely engaging in consultation with staff, but was acting on information/feedback received from such consultation. This was for example the case with CNWL's clearly evidenced transformation of its ICT network following IT issues raised by staff in national and local surveys.

3. Staff Networks to facilitate engagement with various staff groups

The Panel is of the view that the Quality Account clearly shows CNWL's (i) recognition of the diversity of its workforce, (ii) an understanding of their various needs, and (iii) an effort to make CNWL a worker friendly environment for all. The “Carers at Work Network”, “Black Asian Minority Ethnic Network”, “Lesbian, Gay, Bisexual and Transgender Network”, and CNWL's partnership with Purple Space as regards its “Disability Network”, is strong and clear evidence of CNWL's commitment to having such an environment.

4. Performance Against Five Quality Priority Indicators

It is noteworthy that for the 2017-18 period as it did in 2017-18, CNWL surpassed its target of 85% for performance against patient reportable indicators. Also commendable is that CNWL achieved 95% for the 2017-18 period, which is an improvement upon its performance in 2017-18 when it achieved 94%.

5. What else did we measure

The Panel commends CNWL for achieving 97% for treating patients with dignity and respect, and 92% for patients being willing to recommend CNWL services to family and friends, surpassing respective targets of 95% and 90% for both indicators.

Quality account- areas for improvement

Quality priority 2- patient and carer engagement

Notwithstanding the above notable achievements by CNWL, information presented in the Quality Account shows that there is still scope for improvement by CNWL in its service delivery, and or in the reporting of such service delivery. This is evidenced by the below:-

1. Patient Reference Group

The Panel notes CNWL's use of a “Patients Reference Group” so as to enable patients, carers and their families to feel involved in CNWL's decision making process about the care they receive. A lack of information however of the Group's specific membership (membership information provided in the Quality Account is inadequate), its structure, frequency of meetings, and the seniority of CNWL staff who directly engage with the Group, meant that the Panel was limited in being able to determine the seriousness with which CNWL took the Group's work.

The Quality Account although highlighting the work of the Group also does not adequately highlight CNWL's action(s) that is directly attributable to the unique and specific work of the Group. Provision of this information would have been useful in strongly evidencing CNWL's actions in relation to Quality Priority 1 (Patient and Carer Involvement).

2. Triangle of Care (TOC)

The Panel recognises the value of CNWL undertaking a pilot to inform how it goes about implementing the TOC programme. However careful construct of such a pilot will determine if it is fit for the intended purpose. The Quality Account outlined (i) the purpose of the pilot, (ii) how it functioned eg through a self-assessment tool and rating system, and (iii) the result of the pilot eg it showed that CNWL had good protocols in place for information sharing and confidentiality. However information as to (iv) the duration of the pilot, would have been helpful in conveying to the Panel an assurance that adequate time had been allowed for the pilot, and the results therefore reliable.
The Panel notes the reported success of the pilot by CNWL, and the resultant decision to roll out the TOC programme across Inpatient units within CNWL. However the Quality Account lacks helpful information as to the time period planned for roll out of the TOC programme. Provision of this information is important to enabling the monitoring and holding to account of CNWL for roll out and performance of the TOC programme in future. The Panel therefore hopes that the TOC programme will be reported on in future CNWL Quality Accounts.

3. Older Adult Ward Environments are Dementia Friendly

The Quality Account reveals that 11 out of 15 nursing homes, had no new incidents of pressure ulcer for over 250 days. By implication, 4 (26%) nursing homes failed this standard, yet the Quality Account fails to outline (i) the reason(s) why these homes failed, and (ii) what if any specific/ targeted measures were implemented to improve their performance. Instead, on this matter CNWL highlights being shortlisted for Health Services Journal awards, which the Panel feels could give the impression of misplaced priorities.

Quality priority 2- staff engagement

1. staying Well at Work

The Quality Account has outlined the launching of a Staying Well @ Work Service. The Panel is however of the view that it would have been useful if the Quality Account had also outlined whether any specific data or information had led CNWL to focus on the mental health and wellbeing of its staff. Had this been done the Quality Account would have demonstrated CNWL’s strong awareness of a staff issue, and informed action(s) to address it.

2. What else did we measure- Table 2: Indicators

The Quality Account has outlined as target indicators- (i) 95% for patients treated with dignity and respect*, (ii) 90% for patients to recommend CNWL services to family or friends, and (iii) 95% for Inpatient and community risk assessment completed and linked to care plans. The Panel is however of the view that it would have been helpful if it had been made clear as to how these particular percentage targets were chosen by CNWL, for example if it was a health sector standard or regulatory requirement.

In specific relation to Indicators contained in the Quality Account and reported on, the Panel is concerned about:-

- CNWL’s continued failure to meet its 95% target for inpatient and community risk assessment, achieving only 88% for 2017-18, and only 89% in 2017-18. Note is made that CNWL’s performance against this target has slightly worsened from 2017-18 to 2017-18.

- CNWL’s failure to effectively explain what is accounting for its continued failure to meet the 95% target for Inpatient and community risk assessment.

- CNWL having consistently failed to meet its target for inpatient and community risk assessment, and seemingly as a result has opted to not report on this target for the 2018-19 period.

The Panel is also of the view that CNWL’s reported application of a new methodology for this indicator does not prevent it from continued reporting on this indicator in future Quality Accounts.

3. Table 4: Quality Account Priority Indicators for Staff Engagement

The Panel is disappointed about:-

- CNWL’s failure to meet the 70% indicator target for staff, who “would recommend the Trust as a place to receive care or treatment to a friend or relative”. It is noted that CNWL only achieved 65% for this indicator. Also disappointing is that this result reflects a worse performance relative to the 2017-18 period when 74% was achieved.

- CNWL’s continued failure to meet its 70% target for “staff reporting that they would recommend the Trust as a place to work”. It is noted that CNWL only achieved 57% for this indicator. Also disappointing is that this result reflects a worse performance relative to the 2017-18 period when 60% was achieved.

The Panel considers it concerning that CNWL has failed on indicators for CNWL’s own staff to recommend the Trust to family and friends, and as a place to work. The Panel is of the view that CNWL’s response to this failure in reporting that it has made definitive “progress in providing better opportunities for staff to tell us their views”, contradicts the fact that CNWL not only failed to meet the relevant targets, but its performance for both these targets worsened from 2017-18 to 2017-18.

In light of the above target failures, it would have been helpful to the Panel if some detail had been provided in the Quality Account, as to the reported “focussed action plans in place to respond to staff feedback”.

Quality priority plans for 2018-19

in determining Priorities for 2018-19, the Panel was heartened by CNWL’s approach in organising a wide stakeholder consultation and engagement event which took place on 9 March, 2018.

The Panel hopes that the below information will be updated on in future Quality Accounts:-

- Learning from Death- Exercise to identify potential gaps in arrangements and an action plan to monitor delivery of these.

- Trust Wide Mortality Review Group- Evaluation of the success of this work.

The Panel also commends CNWL as follows:-
Quality account- commendations

1. benchmarking

The Panel commends CNWL for being a member of the NHS Benchmarking Network, but recommends that in the Quality Account, the abbreviation HQIP be explained for clarity to readers of the Quality Account.

2. Participation in Clinical Audit

The Panel commends CNWL for the 100% participation rate in national clinical audits and national confidential enquiries for the 2017/18 period. Praise is also extended to CNWL for the number of Trust-wide audit programmes undertaken for 2017/18, and the implementation of local quality governance structures.

Audits are a means of inspection and checking for problems with a view to them being solved. Audits are also key to strong governance and accountability frameworks. CNWL's strong Audit participation rate the Panel feels shows CNWL's appreciation of and value for such frameworks.

Notwithstanding the above commendation, the Panel is of the view that what would have been of particular value is if the Quality Account had outlined:

- Whether the number of Audits undertaken by CNWL for the 2017-18 period reflect an increase relative to the 2017-18 period
- Any re-audit undertaken for 2017-18, for that which had been audited in 2017-18

3. CQC Reviews of Compliance

The Panel is of the view that the fact that CNWL was not the subject of any CQC enforcement action for the 2017-18 period reflects positively on CNWL. However the Panel hopes, that although CNWL was rated “good” overall by the CQC following an inspection in August 2017, CNWL will actively address the identified shortcoming in “Safe”. This shortcoming on the part of CNWL would seem to correspond with CNWL’s shortcomings in:

- Pressure ulcer for over 250 days (4 nursing homes failed this standard).
- CNWL’s continued failure to meet its 95% target for inpatient and community risk assessment.

N.B.- The above concerns have already been highlighted by the Panel in review of the Quality Account.

4. Information Governance Toolkit Attainment Level

The Panel congratulates CNWL for the “satisfactory” grade obtained for its information Governance Assessment Report for 2017-18.

The Panel is however of the view that it would have been helpful if the Quality Account had provided a comparative grade for the regional or national level. This would have helped the Panel to determine whether the “satisfactory” grade received by CNWL is indeed commendable relative to others at the national or regional level.

5. Table 9- Patient Safety

The Panel is pleased to note that CNWL has made progress in achieving a 98% result and surpassing the national average of 97% for the “Care Programme Approach (CPA) 7-day follow up”.

The Panel looks forward to similar progress by CNWL in “infection control”; i.e. reducing the number of cases of “Clostridium Difficile” annually which it is noted has trended upward since 2015-16 to the present period.

6. Table 3.2.2- Clinical Effectiveness

CNWL’s performance in 2017-18 in surpassing targets, and or improving performance relative to previous periods on several clinical effectiveness indicators is commendable. It is hoped that this will be maintained for the 2018-19 period, and that “Re-admission rates” can be especially improved upon.

Quality account- areas for improvement

1. How We Will Know: Our Outcome Measures

The Panel notes that CNWL has outlined for 2017-18:-

- a target of 85% for measuring the impact of its actions quarterly for “1- Patients and carers report feeling involved, and “2- Patient report that their care or treatment helped”
- a target of 70% for “Staff recommend the Trust as a place to work”, and 15% for “staff turnover”.

However it would have been helpful if it had been made clear as to how these particular percentage targets were chosen, for example if it was a health sector standard or regulatory requirement.

2. Outcome of the Inspections in 2017/18

The Panel notes that CNWL's action plan is outlined by the Quality Account as being robust and regularly reviewed. The Quality Account would however have benefited from information as to (i) who/which team, has specific responsibility for this review, and (ii) how often it is reviewed. The same critique also applies to CNWL's actions to maintain and improve data quality; i.e. who is the staff member/team responsible for ensuring new services comply with business rules and processes for data entry. It is not enough to merely state that “our action plan is ...regularly reviewed”, or “a full review of any new services” is undertaken.
It is noted that teams in Milton Keynes CMHT in particular have been provided hand held alarms. Although supportive of this action by CNWL, the Panel is of the view that the Quality Account could have shown that it was an evidence led informed decision.

**Patient Safety**

The Panel is extremely concerned that the number of “patient safety incidents” for reporting in 2017-18 has increased compared to previous periods. In addition, although the percentage of safety incidents that resulted in severe harm or death was reduced from 0.85% in 2017-18 to 0.70% in 2017-18, the Panel is of the view that the actual number of incidents (141) is unsatisfactorily high.

The Panel expects that this will be again reported on in the 2018/19 Quality Account, wherein it is hoped that there will be both a percentage and actual reduction in these incidents.

**Conclusion**

The Panel is of the view that the Quality Account for 2017-18 is an improvement upon previous Quality Accounts. However it is hoped that CNWL will:-

- Build upon successes as outlined and reflected in the Quality Account
- Act upon suggestions made for service improvement and reporting

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**Annex 2 – 2017-18 Statement of Directors’ 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.

NHS Improvement 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 2017-18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to March 2018
  - papers relating to quality reported to the board over the period April 2017 to March 2018
  - feedback from commissioners dated 09/05/2018
  - feedback from local Health watch organisations dated 09/05/2018
  - feedback from Overview and Scrutiny Committee dated 09/05/2018
  - the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 12 July 2017
  - the 2017 national patient survey
  - the 2017 national staff survey
  - the Head of Internal Audit’s annual opinion of the trust’s control environment dated May 2018
  - CQC inspection report dated 18/08/2017
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 NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

Claire Murdoch
Chief Executive
25 May 2018

Prof. Dorothy Griffiths
Chair
25 May 2018