In this booklet we set out what we’ve done over the last year and our plans for the coming year. We welcome your feedback!

Claire Murdoch
Chief Executive

Professor Dorothy Griffiths
Chair

@ClaireCNWL
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If you would like more detail than this booklet provides please visit our website for the Annual Report and Accounts, Quality Account or Annual Plan. www.cnwl.nhs.uk/performance
Our services are mostly provided in the community – in people’s own homes, community clinics and schools. We also have a number of specialist units for inpatients when intensive treatment is needed. Healthcare is also provided within 17 prisons, young offenders institutes and immigration removal centres.

We are an NHS Foundation Trust, which means local residents, our patients and their carers can become members of the Trust to help shape services and future developments.
An overview of the Trust in 2013/14

5,185 patients treated in hospital

3,835 mental health inpatients

111 Children (under 18 years)

3,235 Adults

489 Older adults (over 65 years)

897 physical health inpatients

302 Addictions inpatients

57 Eating disorders inpatients

60 Learning disability inpatients

34 Offender care inpatients
269,042 patients treated in the community

40,817 mental health patients

7,230 Children (under 18 years)
25,881 Adults
7,706 Older adults (over 65 years)

52,650 Children (under 18 years)
50,938 Adults
31,694 Older adults (over 65 years)

135,282 physical health patients

3,359 Addictions patients
702 Eating disorders patients
1,271 Learning disability patients
71,945 Sexual health patients

298 Offender Care patients
15,368 patients across 17 prisons
Our services

Services across London

Services in the south of England
Income
Where our money comes from.

£439.5m

269.7m from Clinical Commissioning Groups (CCG)
75.4m from NHS England
48m from local authorities
23.4m from NHS trusts
15.1m from non-NHS organisations
7.8m from NHS foundation trusts

Expenditure
What we spend our money on.

£433.2m

312.8m on staff
37.9m on clinical supplies and services
34.1m on buildings
8.8m on NHS services
10.1m on non-NHS healthcare
10.1m on general supplies and services
7.6m on establishment expenses
5.1m on depreciation
2.5m on education and training
8.8m on other
We have 6,425 staff across a range of disciplines...

- **2,082** nurses
- **508** medical and dental staff
- **892** clinical support staff
- **596** scientific and technical staff
- **535** allied health professionals (therapists, dieticians, podiatrists)
- **1,428** admin and clerical staff
- **249** social care staff
- **508** medical and dental staff
- **46** students
- **89** estates support staff

Did you know? 70% of our staff are female!

We have **48** staff classified as ‘senior manager’. This means they report directly to an executive director.
A huge thank you to our nurses

On International Nurses Day (12 May) we brought together our longest serving nurses – some with over 40 years experience – and some of our newest recruits to celebrate the nursing profession.

Valuing diversity

In March we were rated the most gay-friendly healthcare organisation in England by the gay rights organisation Stonewall, and in January they ranked us 23rd in their annual Top 100 Employers List.

New Chair

In January we welcomed our new Chair, Professor Dorothy Griffiths. Since then she has been visiting services across the Trust to meet staff and hear their views.
Listening to patients

We act on all feedback about what works well and what needs improving. We’ve asked and listened, which has led to a number of improvements across our services.

Podiatry patients said: “We want a shorter gap between appointments”. We’ve reviewed capacity and made appointments closer together.

Carer’s of mental health patients said: “We want to know our needs are understood”. We’re making sure every carer receives an assessment and have set up a Carers Council to deliver a better service for carers.

District nursing patients said: “We want to know when you’ll visit so we can plan our days”. We’re planning our days better and have introduced time bands for visits.

Mental health rehabilitation patients said: “We want to learn how to take care of our own health and wellbeing”. We’ve introduced recovery training, workshops and information packs for patients and staff.
Mental health patients and carers said:
“We want more support for crisis outside of service hours”.
Our CNWL Out-of-Hours Urgent Advice Line has helped over 6,500 people since it was set up in February 2013. In November we extended the hours and it was also rolled out to services in Milton Keynes.

Learning disability patients said:
“Information needs to be easier to understand and staff should explain things”.
We’ve added more pictures and photos to leaflets and used larger print where possible. Our staff will be polite, avoid jargon and speak clearly.

Inpatient physical rehabilitation patients said:
“We want more choice and privacy”.
From this feedback we’ve changed the meal times and replaced all the bed curtains.
Joining up care

Diabetes services ➔ Diabetes patient ➔ Psychological support

Our diabetes services and mental health services in Hillingdon are working together to provide psychological support to diabetes patients to help them in managing their condition.

Stay in hospital ➔ Patient wants to go home ➔ Daily nursing care at home

Our Post Acute Care Enablement Team (PACE) works with the Royal Free Hospital to help people who want to leave hospital early by providing the daily care they need at home.

Ambulance staff ➔ Club drug user ➔ CNWL Club Drug Clinic

Our Club Drug Clinic has provided training to the London Ambulance Service on the contemporary drug scene and how to treat someone in trouble.
Better information

We believe good quality, clear information helps people to make decisions about their own care.

We’ve built a new website for children and young people to give better information about mental health services. The website is called CAMHS & Me and also provides information for parents and professionals. [www.camhsandme.org](http://www.camhsandme.org)

We’ve installed computers and broadband at our mental health rehabilitation sites to help patients in long-term care improve their internet skills. They can also develop their own health and wellbeing plans using a software package.

Our Plain English Group – made up of staff, patients and carers – is reviewing our leaflets to make sure they are clear to understand and have all the relevant information.
New services

We’re always looking for opportunities to improve services and provide new models of care.

Homes for the homeless
We’ve set up a three-year pilot in Westminster to help people who are homeless and have been admitted to a mental health ward. The team works with the relevant housing services to make sure they have somewhere to stay after their care in hospital.

High impact in MK
We’re running a new seven-day service in Milton Keynes called the High Impact Team (HIT) to reduce A&E attendance by working with nursing and care homes and GPs to support people safely at home.

Daily health checks
We’re helping people in Camden and Hillingdon manage their conditions at home by providing equipment that measures blood pressure, heart rate, oxygen levels and weight. Known as ‘telehealth’ these devices help patients understand their symptoms. Our services in Milton Keynes use telehealth and have helped the London teams get started.
Improving our IT

We have an ambitious five-year plan to fundamentally improve our IT and systems. This will provide much better support for staff – quicker access to information, simpler ways to record notes and the capability to access systems from any Trust location – which will provide more time for patient care.

In 2013 we appointed a new digital partner, CGI IT UK Ltd, who will supply and roll out new technology to support services and offer new ways of working.

We also have a new Information, Communication Technologies (ICT) Director, Mark Large, who is leading this strategy. In 2014 Mark was ranked in the Top 100 Business Technology Leaders by Chief Information Officer (CIO) magazine.
Improving our buildings

We want our buildings to be the highest quality. A therapeutic, clean and safe environment has an important role in improving the experience of our health services. We are working through our estate to provide the best facilities.

Sexual health

Our new sexual health centre, Margaret Pyke Centre, was opened by Prince Philip this year. The centre is within walking distance of Kings Cross station and has state-of-the-art clinical facilities.
Inpatient rehabilitation

Our Hawthorn Intermediate Care Unit in Hillingdon, which provides short-term intensive inpatient treatment, moved onto the Hillingdon Hospital site. It has many benefits including an onsite gym and activity kitchens which support people to regain their independence.

Older adult mental health

We’re creating a ‘hub’ in Kingsbury to bring together our mental health services for older people in Brent and Harrow. Our building, Fairfields House, is being completely renovated to provide an improved space for teams to work together.

Inpatient rehabilitation

Cherrywood Unit in Milton Keynes has moved to a new refurbished site. The unit helps people with severe or complex mental health problems to gain or regain confidence and skills in everyday activities.

The Hawthorn unit was opened by our Chair Prof. Dorothy Griffiths and the Hillingdon Mayor in January 2014.

Inpatient mental health

The Campbell Centre, our inpatient mental health unit in Milton Keynes has had an investment of £1.8m over the past year. Work has included dividing the unit into two wards, a new reception area and fire safety improvements.
Our quality priorities in 2013-14

Every year we produce a Quality Account, which sets a number of priorities for improving the quality of services. Priorities are developed with our partners in response to feedback. In 2013 we set five ambitious targets with 14 indicators to show whether they have been achieved. Overall, we achieved nine of the 14 indicators. These indicators were collected by clinical audit, patient surveys and focus groups. They were monitored on a quarterly basis to inform action plans.

Over the next few pages we provide a brief overview of the priorities and the indicators for 2013-14. A detailed description of the results and plans to address them going forward are included in the full Quality Account:
www.cnwl.nhs.uk/quality

Our stakeholders have provided formal feedback on these priorities which can be found on page 65 of the Quality Account 2013-14. You can find this document on our website
www.cnwl.nhs.uk/performance
We know that people have a better chance of recovery when they can help plan the care that suits them most.

**Patients have a copy or have agreed their care plan**

This is an important measure and was assessed through clinical audit. Overall we achieved a rate of 93%. Our target was 95%, so there is still work to do to improve this.

**Patients say they were ‘definitely’ involved as much as they wanted to be in decisions about their care or treatment**

We wanted to achieve 65% and we measured this through surveys and in our sexual health services used feedback cards. We achieved 82% overall. In mental health services, we achieved 71%, a huge improvement on 57% in 2012-13 and 41% in 2011-12.
Quality Priority 2
Supporting carers to look after their loved ones

Carers provide a vital role in the wellbeing, safety and recovery of our patients – but they must feel supported by us to be able to do this.

Patients’ carers are identified
We measured this through an audit of our clinical records system, but did not achieve our target of 70% overall. For mental health services we achieved 77% but for physical health this was a new target and we achieved 66%. More work is needed here.

Carers say they feel supported and know how to get support in a crisis
We held focus groups with carers, which were such a success that our service divisions will now run at least two a year. Our physical health services have run awareness training sessions for staff and the CNWL Recovery College has a number of courses specifically for carers.

Find a CNWL Recovery College course at www.cnwl.nhs.uk/recoverycollege
Quality Priority 3
Providing the best care we can

Quality means providing services that are safe, effective, responsive, compassionate, professional and well-led.

We asked our mental health patients to rate their care

We measured this through monthly telephone surveys and wanted at least 73% of patients to rate their care ‘good’ or ‘very good’. We exceeded this target.

We asked our physical health and sexual health patients whether they would recommend us to their family or friends

We missed our target for this indicator. Improvement plans were put in place based on the feedback given through the survey. We will continue to monitor this area to make sure the improvements continue to be made.

We asked patients the reason for their rating

This follow-up question produced some common answers that show what is important for delivering a good experience. Themes include:

- A good patient and staff relationship
- Good staff attitude – supportive, flexible, prompt and professional
- Meeting the same clinician each time
- Clear information and communication

Actions responding to this feedback can be found in the Quality Account 2013-14.
**Improve our score in the CQC national community mental health patient survey (Milton Keynes services)**

Our target was based on five answers in the survey, but unfortunately we did not exceed the 2012 result in all categories (all scores can be seen in the Quality Account). A lot of work has taken place to improve these areas so we were very disappointed with this result. We will measure this again in 2014.

**Deliver the national Friends and Family Test (FFT) and be in the top 50% of NHS Trusts (Milton Keynes services)**

The test asked a sample of patients whether they would recommend our services to their family and friends. Our score put us in the top 50% of Trusts which is a good result for the first year of the test.

**Improve on our national NHS Staff Survey result for staff recommending us to their family and friends’ (Milton Keynes services)**

We had a target of 3.76 out of 5, which we missed by achieving 3.70 out of 5. We can see that we achieved 3.35 within mental health and learning disabilities services specifically. We have a programme of work in this area to improve standards of care and staffing levels.

Read more about the NHS Staff Survey results in the Annual Report & Accounts

www.cnwl.nhs/performance
Quality priority 4
Safe transfer of care in Milton Keynes

Patients must be kept safe when they are transferred, such as when leaving hospital.

Report all transfer incidents to the relevant organisations for investigation within one week.

We achieved this target. Many of the incidents were about medications and we are working with the local hospital’s Chief Pharmacist to address any issues.

Reduce the number of incidents that result in moderate or major harm to below 5%.

There were no ‘transfer of care’ incidents from our services that resulted in moderate or major harm throughout the year.
Priority 5
Reducing harm from pressure ulcers in Milton Keynes

Pressure ulcers develop when people are not able to move and pressure is placed on a particular part of the body. The cells become deprived of oxygen and nutrients, causing a sore.

Use the NHS Safety Thermometer tool to undertake a monthly survey
The survey helped us to develop a system to accurately identify the number of avoidable and unavoidable pressure ulcers. Any pressure ulcers that are recorded are investigated and any actions are shared with staff.

Record the number of avoidable pressure ulcers which can be used as a baseline in future
We recorded 23 avoidable pressure ulcers at the end of the year. We have an ambition for zero avoidable pressure ulcers and we have action plans to deliver this.

Be below the national average using the NHS Safety Thermometer tool
Our recorded level at the end of the year was 5.06% avoidable pressure ulcers, compared to the national average of 6.6%. This will continue to be measured next year and we are working towards a score of 0%.
Our Future plans
The NHS has been very successful in helping people to manage their health conditions. People now live much longer and need long-term care. This is great progress – but it also comes at a cost. Demand for services such as dementia, diabetes and heart disease care is also on the rise.

There is a move to improve community care so people can be cared for in their own homes rather than having to stay in hospital. Generally, patients prefer to remain independent and out of hospital.

To meet these demands the NHS need to be able to do more, but spend less doing it.

The current context

Public services in the UK are facing huge pressures right now. There are pressures to cut costs and there are also social pressures from increasing demand and rising expectations.
Above all, we are committed to providing high-quality, safe health and social care and we will not compromise this.

We also need to make sure the organisation is financially stable for the future and that there isn’t a gap between the demand for healthcare and what is affordable.

Therefore we need plans that will look at immediate changes in the Trust and that look ahead.

We have developed two plans – the **Operational Plan 2014-16** looks at the immediate challenges, and the **Strategic Plan 2014-19** prepares us for the future. Both these plans are available on our website [www.cnwl.nhs.uk/planning](http://www.cnwl.nhs.uk/planning).

The plans have been produced with help from the Trust Governors and our commissioners.
The challenge

The Operational Plan 2014-16 identifies five challenges that the Trust will face over the next two years.

Quality and innovation
We know that the way health services operate is likely to change over the next five years, such as – hospitals and community services will work more closely together, there will be more focus on prevention and people will be empowered to manage their own conditions.

Affordability
Over the next five years the NHS needs to reduce costs – £30bn nationally – while also sustain quality. For CNWL this means £84m over the next three years – that’s £32.7m in 2014-15, £23m in 2015-16 and £28m in 2016-17.

Service contracts
We are working very closely with our commissioners to review contracts and make sure they are sustainable over the next few years.

Better technologies
IT systems have been one of the greatest obstacles for different health and social care organisations working together. We have invested in our IT because it is so crucial to our plans for the future.

Demand
The population in the areas we work in is set to rise by 8% by 2021, and the number of people over 65 will increase by 30%. Without more resources to meet the increasing demands, our Trust, other organisations, families and carers will be under huge pressure to bridge the gap.

Our plan sets out how we will respond to these challenges through seven priority programmes.
Our priority programmes 2014-16
1: Redesigning services

This priority keeps the patient at the centre of all we do.

Listening and acting
We’re looking at services from all angles to see how they can be improved to provide a better experience and outcomes for patients. Part of this involves listening to all the feedback we receive. We are making immediate improvements to create more ways to receive feedback and show what we are doing in response.

Working in partnership
We’ve worked with our partners in health, social care and the voluntary sector to deliver services for many years. The aim is for ‘integrated care’ – where all your different needs can be identified and met. We already have some examples where this is working well, such as our Camden MOSAIC service and the Milton Keynes Rapid Response Service. These examples bring together many agencies – known as ‘Whole System Integration’. We’re part of a large scale pilot to deliver this approach across North West London.

Working with GPs as clinical commissioners
We’re working with GPs to strengthen primary care so more people can receive their care from the GP team before needing to see secondary care services, such as outpatient clinics. This is known as the Primary Care Plus model, which will also help people to stay well. This will be an important piece of work over the next two years.

Help in crisis
We’ve been commissioned to deliver a Mental Health Urgent Access Programme across North West London. We are working with GPs to make sure people get the right care and support when they need it.
2: Our people

This is about making sure we are flexible and responsive to the changing needs of the Trust.

Filling vacancies
We want to recruit only the highest quality staff, but this means some vacant posts have to be temporarily filled with agency staff. This will be a major workstream over the next two years with a number of projects planned to recruit and retain the best staff.

Support for staff
There is a lot of pressure on staff to deliver improvements to services, and also a great deal of change, which can be stressful. We have a programme in place to manage staff sickness – to keep them well and to support them to return to work quickly and safely.

Staff appraisals
We have a target that every member of staff will receive an annual appraisal this year. Appraisals provide valuable feedback on performance during the previous year and clear objectives for the coming year. This will be measured and reported, along with other data, so where gaps are identified action can be taken.
3: Information technologies for the future

We are two years into an ambitious five-year strategy to completely modernise our information technology (IT).

Improving our infrastructure

We have appointed a leading information technology firm, CGI IT UK Ltd, to build and deliver our new IT infrastructure. This means providing a modern service that is faster and more reliable; improving networks and tools to allow services to share information more quickly and securely; and providing staff with the right technology for their roles.

A new clinical system

Our growth in Hillingdon, Camden and Milton Keynes means we have multiple clinical record systems. As part of the wider IT strategy we are sourcing a new system that will work for all services, now and in the future.

Involvement in care

We are exploring and developing innovative ways of using IT to help patients become more involved in planning their care. This includes providing access to their clinical records and using other technologies such as social media, text messaging and e-prescribing.
4: Financial stability and control

This priority reflects our focus on better management and accountability of all resources across the Trust.

Managing programmes
With a large number of programmes underway we need to make sure they are working together and not duplicating work. We have set up a Programme Management Office to oversee all programmes and make sure they deliver improvements for the Trust.

Increasing efficiencies
Our DRIVE programme (Delivering Realistic Improvements, Value and Efficiencies) has been supporting services to improve processes and create more time for clinical care. We are extending this programme with our new ‘Lean’ partner, Unipart, who will help us develop skills to streamline processes, such as referrals and documentation.

Managing contracts
Contracts in the NHS are regularly reviewed, so there is potential to win or lose contracts from year to year. We need to keep a careful eye on the financial impact of changes to contracts on the whole organisation.

Paying for services
NHS finances are complex and services are commissioned and paid for in different ways. One way to pay is a fixed amount for a Trust to deliver agreed outcomes – known as a block contact. Another way is to pay for each treatment separately, such as the cost of a bed in hospital. Over the next few years we’ll be working with commissioners to develop new payment methods that accurately reflect the care provided.
5: Our buildings

This priority makes sure our buildings are the best they can be.

Reducing running costs
We’ve reviewed our property portfolio so we understand which buildings are the most expensive to run and which are the most efficient. It tends to be the older buildings that cost the most, while also not providing the best experience. Over the next two years we may move services to improve the facilities while also reducing unnecessary costs.

Mobile technology
Our IT programme will support our estates work as we’re providing more staff with mobile technology, such as laptops and tablets, so they don’t need to make as many trips back to base to complete paperwork. We’re also making our clinical systems more accessible from the mobile equipment.
6: Consolidation and growth

This priority will help us make strategic decisions on the growth of the Trust.

Consolidation and growth

We are focused on our internal programmes to improve corporate and clinical services, but will continue to look for the right opportunities for growth. Revised criteria for business decisions are being developed to make sure any future contracts are always in the best interests of the Trust.

Income generation

We’re working on a number of programmes to draw in income, as an alternative to reducing costs. For example, by developing wards where there is capacity for us to sell to other NHS areas.

Placement Efficiency Project

This project has been running for a number of years to find local care for patients in placements which are far away. This will often reduce costs, although the main aim of the programme is to support recovery and help people return to their own homes.
7: Strengthening our portfolio

This priority will review our portfolio of services and the back-office support.

Portfolio review
A review is underway to make sure our services are affordable. In the past some services that make a loss, often specialist services, are supported by other revenues. With such huge financial pressures this is no longer sustainable. Some tough decisions may lie ahead.

Review of corporate services
We’re reviewing all our corporate services to make sure they are efficient and provide the best support for clinical services. The Trust’s growth over the last few years has meant we are able to make savings within corporate services by integrating teams and consolidating contracts.

Progress against the Operational Plan 2014-16 will be monitored by the Board of Directors. The Board will make sure we are meeting the objectives that the plan sets out and that feedback is given. The Board will also involve the Council of Governors in monitoring progress. To view the Plan in full visit www.cnwl.nhs.uk/planning.
Focus on quality in 2014-15

Developing our future priorities is a journey that involves many stakeholders to make sure we are focusing on the right areas. We’d like to thank our patients, carers, staff and local partners, such as Healthwatch, for their valuable input in this process.

Our priorities are aligned to our strategic priorities which are explained on pages 30-36.

Our priorities for 2014-15 will be measured across all services within the Trust.

Priorities for 2014-15
1. Involving patients in decisions about their care
2. Supporting carers to look after their loved ones
3. A competent and compassionate workforce
Quality Priority 1
Involving patients in decisions about their care

Why we are doing this:
• When patients help design their own package of care they are more likely to recover. This priority also covers a number of other areas such as choice of medication, support in crisis and managing conditions.

• We introduced this priority in our mental health services in 2010-11 and in community physical health and sexual health in 2012-13. We’ve made a lot of progress so far in shifting culture when planning care, and we want this to continue.

Our commitments:
• We will review care planning in mental health services across the Trust.

• We will roll-out the *Improving Involvement Project* to our services in Milton Keynes.

Our measures:
• We will ask patients whether they were involved as much as they want to be in decisions about their care.

• We will ask patients how well they feel their care was organised and whether they got the services they needed.
Why we are doing this:
- Carers provide an important role in keeping their loved ones safe and well so it is essential they have appropriate support.
- We listened to the feedback from carers in 2013-14 so we will build upon their suggestions and provide help, training, advice and information.
- This work will be managed and co-ordinated by our Carer’s Council, chaired by our Carer Governor.
- We will continue to gather carer feedback through surveys and focus groups.

Our commitment:
- We will provide patients and carers with information about local services available, such as the CNWL Out-of-Hours Urgent Advice Line, medicines information, how to make complaints, give feedback or how to receive support through the CNWL Recovery College.

Our measure:
- We will ask carers for their feedback and will develop action plans to make improvements.
Quality Priority 3
A competent and compassionate workforce

Why we are doing this:
• Not only do we want our workforce to be clinically competent, we want them to be compassionate and respectful when working with patients and carers for shared goals.
• Staff who are well led, supported, listened to and receive regular feedback are better engaged and motivated to provide better quality healthcare.
• We want to have open communication between management and staff.

Our commitments:
• We will improve our recruitment processes with an online tool to screen applicants.
• We will develop a programme of staff events where management and frontline staff can discuss important issues.
• We will publish data on our website that shows the staffing levels on our inpatient wards, as recommended by the National Institute of Clinical Excellence (NICE).

Our measure:
• The percentage of staff who have received an annual appraisal.
• The percentage of patients who tell us they were treated with dignity and respect.
• The percentage of staff who say they would recommend the Trust’s services to their family and friends.
Get involved

Our members help make sure we’re providing the right services for the communities they live in.

We have over 15,000 members, whose views are represented by 40 governors. The Council of Governors meets four times a year and governors also attend a number of additional meetings to contribute to Trust plans.

Our membership includes anyone who:
- Has used our services
- Has cared for someone who has used our services
- Is a member of the public interested in our work
- Works for the Trust

Breakdown of our membership (31 March 2014):

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients and carers</td>
<td>2,389</td>
</tr>
<tr>
<td>Public</td>
<td>6,666</td>
</tr>
<tr>
<td>Staff</td>
<td>6,489</td>
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</tbody>
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For more information about membership or to join visit [www.cnwl.nhs.uk/get-involved](http://www.cnwl.nhs.uk/get-involved)