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In this booklet we set out what we’ve done over the last year and our plans for the coming year. There’s more detail on our website in our Annual Report www.cnwl.nhs.uk/about-cnwl/planning-performance

Tell us what you think!

Claire Murdoch
Chief Executive
@ClaireCNWL

Professor Dorothy Griffiths OBE
Chair
@dot_griffiths
CNWL – Central and North West London NHS Foundation Trust – provides health and social care services for a population of around three million people living in the South East of England, including London, Kent, Milton Keynes, Surrey and Buckinghamshire.

During 2016-17 we provided care to around 300,000 people. Most was in people’s own homes, community clinics and schools.

We also provided care in a number of specialist units for inpatients when intensive treatment was needed and in a number of secure settings including prisons, young offenders’ institutions and immigration removal centres.

Vision and values

Our vision and values underpin everything we do.

Our vision

**Wellbeing for life:**

We work in partnership with all who use our services to improve their health and wellbeing. Together we look at ways of improving an individual’s quality of life, through high quality health and social care, and personal support.

Our values

- Compassion
- Respect
- Empowerment
- Partnership
Services across London

- Sexual health services (walk-in services)
- Learning disabilities services (Inpatient service accepts national referrals)
- Addictions (Some services accept national referrals)
- Community physical health services (Buckinghamshire: dentistry only)
- Mental health services
- Eating disorder services (Services accept national referrals)
- Prison healthcare and offender care services

Services in the south of England

- Hackney
- Services in the south of England
- Prison healthcare and offender care services
- Eating disorder services (Services accept national referrals)
- Mental health services
- Sexual health services (walk-in services)
- Addictions (Some services accept national referrals)
- Community physical health services (Buckinghamshire: dentistry only)
- Contract ended in April 2016.
- Contract ended in March 2016.
- Contract ended in June 2015.
- HMP Holloway closed in the Summer of 2016.
290,996 patients treated in the community

73,411 sexual health patients

707 Eating disorders patients

83,313 mental health patients

65,169 Adults

264 Offender care patients

10,373 Older adults (over 65 years)

7,771 Children (under 18 years)

54,047 Children (under 18 years)

41,921 Adults

33,977 Older adults (over 65 years)

2,068 Addictions patients

59,945 Physical health patients

1,288 Learning disability patients
4,561 patients treated in hospital

- 3,501 mental health patients
  - 2,947 Adults
    - 402 Older adults (over 65 years)
    - 956 Older adults (over 65 years)
  - 56 CAMHS (under 18 years)
  - 61 Eating disorders patients
  - 61 Eating disorders patients
  - 35 Learning disability patients

- 1,060 physical health patients
  - 129 Adults
We have 6,071 staff across a range of disciplines...
We have a diverse staff

- **55.31%** White or White other
- **12.42%** Asian or Asian other
- **21.53%** Black or Black other
- **2.84%** Other Ethnic Group
- **4.99%** Undefined or not stated
- **2.91%** Mixed or Mixed other
- **76.53%** female
- **3.38%** registered disabled
- **23.47%** male
What staff say about us

In this year’s staff survey we ranked as one of the best places for staff engagement, with staff recommending CNWL as a place to be treated or to work, which demonstrates strong morale at CNWL despite the great pressures facing the NHS.

CNWL performs above average in 13 areas, about the average in 13 more and only below average in six areas.

The report highlights CNWL’s top five scores – all ahead of the average:

• Staff experiencing less violence from patients
• Fairness of Trust processes for reporting errors and near misses
• Effectively using patient feedback
• Staff appraisals higher quality
• Staff feeling they are making a difference – 91 per cent.

Our bottom five scores are:

• Percentage of staff reporting most recent experience of patient violence, less than national average – 88 per cent to 93 per cent
• Percentage of staff reporting most recent experience of harassment bullying or abuse – 56 per cent, below the average of 60 per cent
• Staff working extra hours (77 per cent, average 72 per cent)
• Staff wanting more flexible working (56 per cent satisfied, average 59 per cent)
• Managers taking an interest in staff health and wellbeing; CNWL’s combined score 3.63 (out of 5); average 3.71.

Staff do say they are experiencing stress at work – almost five per cent up and this is an area where we need to concentrate.
CNWL appoints new Medical Director

We appointed Dr Con Kelly as our new Medical Director, responsible for clinical leadership for more than 500 doctors in mental health, sexual health, addictions, palliative care, dentistry and the Pharmacy team. He replaced Dr Alex Lewis who retired.

CNWL’s Chief Executive appointed as new NHS England National Mental Health Director

Our Chief Executive Claire Murdoch was appointed by NHS England as the new NHS National Mental Health Director. This came after NHS England’s independent Mental Health Taskforce, chaired by Paul Farmer of MIND, published its report setting out a vision and costed improvement plan for mental health over the coming five years.
New service to help more patients stay well and recover at home

A new partnership of existing NHS services, including CNWL, won the contract to provide intensive community support for patients across Westminster, Kensington and Chelsea, and Hammersmith and Fulham.

The Community Independence Service responds to referrals from GPs and hospitals to support people safely to remain at home, ensuring that hospital admissions are only required for those that need them. It also helps people coming out of hospital to regain their independence by providing rehabilitation and social support at home.

CNWL services win Health Education England awards


The Art Therapy Carers Groups won the award for ‘Outstanding support service for carers’; CNWL’s Recovery and Well-being in Practice Project Team for ‘Outstanding education and training contribution to service transformation’ and CNWL’s Integrated Education Team, which provides education to all non-medical staff, won in the ‘Network-wide innovatory education between primary and secondary care sectors’.
Rapper Doc Brown opens new CAMHS service

CNWL’s Westminster CAMHS welcomed special guest, rapper and actor Doc Brown, to open its new building on World Mental Health Day.

During the event, which marked the service’s relocation to a new venue at the heart of Westminster, Brown spoke emotionally about a close relative who had experienced a mental breakdown.

The move means the new home is more accessible and purpose adapted to the needs of its young people.

Doc Brown is a great advocate for the service given his inspirational work with refugee children, and achievements as a young rapper, comedian and actor in mainstream television.

CNWL boss in top 20 NHS leaders

CNWL’s Chief Executive, Claire Murdoch, was recognised as one of the NHS’s top movers and shakers.

She was listed at number 17 in the Health Service Journal’s prestigious HSJ100, which seeks to predict who will wield the most power and influence in the English NHS and health policy for the 12 months following its publication. Claire was ranked 72 last year.
CNWL Kentish Town nurse receives Queen’s Nursing award

Specialist community public health practitioner Lisa Oluyinka was awarded the prestigious title of ‘Queen’s Nurse.’

Lisa is based at Kentish Town, and works with the health visiting team providing services for children and their families.

The title ‘Queen’s Nurse’ is given to nurses who show a high level of commitment to patient care and nursing.

Dr Laura Waters appointed as trustee of Terrence Higgins Trust

CNWL’s HIV Lead, Dr Laura Waters, was appointed as a trustee at Terrence Higgins Trust.

Dr Waters has worked as a sexual health and HIV clinician for 14 years and is based at Mortimer Market Centre.
Dr Owen Bowden-Jones new chair of Advisory Council on the Misuse of Drugs

Dr Owen Bowden-Jones, CNWL Consultant Psychiatrist and founder of the Club Drug Clinic, was named the new chair of the Advisory Council on the Misuse of Drugs.

Dr Bowden-Jones said: “I’m very pleased to have been appointed chair and am really looking forward to working with the experts of ACMD and the Home Office on the very challenging but vital issue of drug related harm.”

All-aboard with CNWL

CNWL hit the buses with a brand new recruitment campaign for staff across Milton Keynes featuring three locally-based colleagues.

The staff volunteered to represent the Trust as the faces of the campaign, which featured on several bus routes across the area from December 26 operating out of both Northampton and Milton Keynes.

The trio work respectively in the Campbell Centre mental health inpatient unit and in the intermediate care services at the Bletchley Community Hospital site on Whalley Drive.
CNWL’s Female Entrenched Rough Sleepers Project given funding by Mayor of London

Mayor of London, Sadiq Khan, gave funding for the Female Entrenched Rough Sleepers Project (FERSP), run by CNWL.

This is part of a new £50 million fund that will help homeless people move out of hostels and refuges to their own properties.

FERSP is joint-funded by the Greater London Authority and Westminster City Council. It is part of the Joint Homelessness Team, a specialist multi-disciplinary team of social workers, nurses and psychiatrists who work with people with mental health issues who are entrenched in rough-sleeping in Westminster. They work in close partnership with outreach services, homeless health services and housing providers to improve the quality and length of life for this difficult-to-engage group.

New Service User initiative at HMYOI Cookham Wood

CNWL’s Health and Wellbeing Team at Young Offenders’ Institution Cookham Wood appointed two teen ex-offenders as its first service user representatives.

The pair joined the team to help in promoting its work throughout the site and in helping to de-stigmatise mental health issues throughout the prison population.

CQC revisits CNWL and revises mental health rating upwards

The CQC uprated CNWL’s 20 mental health wards for working age adults (361 beds at six hospital sites in North West London and Milton Keynes) to ‘good’.

The Trust was initially inspected in February 2015; there have been eight subsequent visits and then this latest inspection in October 2016, which was a “short-notice announced inspection. [CQC]
also carried out an unannounced evening visit to Shannon and Danube Wards at St Charles.”

**NICE comment from NICE about Shine**

CNWL’s Shine project – which looks at improving the physical health of people with serious mental illness - was published as good practice on the NICE website.

Project Leader, Dr Ed Beveridge said, “This is important as it gives confirmation of the importance and effectiveness of the work we have done and helps disseminate it as good practice.”

**Our Gems shine bright on award night**

In January, we celebrated and said thanks to our incredible staff, showcasing their hard work and commitment at our Annual Gem and Long Service Awards ceremony – and celebrated also 10 years of CNWL as a Foundation Trust.

The event, which took place in central London, was attended by finalists from each of our award categories and by our Long Service Award winners who have dedicated 20, 30 and 40 years to working in the NHS.

Over 80 members of staff were honoured for long service; between them they have over 1,900 years’ service in the NHS.
CNWL wins award for staff health and wellbeing programmes

CNWL won accreditation from the London Healthy Workplace Charter.

The Charter - backed by the Mayor of London - awards employers for their steps to make their workplaces healthier and happier. The Trust had to meet a set of standards to achieve the accreditation on areas such as health and safety, mental health and physical activity. The three levels awarded are Commitment, Achievement or Excellence. CNWL has been accredited with the Achievement level.

The Charter helps employers look at issues such as staff retention, sickness absence and employee productivity to make positive changes to workplace environment and attitudes.

Putting lived experience to good use in Milton Keynes’ Campbell Centre

TWO former patients of CNWL’s Milton Keynes mental health unit are putting their experiences to good use through a new venture that is paying dividends for themselves, for staff and patients.

Mark Sanderson, 28, and Lorna Adams, 22, both spent time in the Campbell Centre as patients during periods of mental ill-health, but are now the centre’s first peer support workers.
CNWL launches carers’ network ‘that will help support staff’

The Trust launched this new network to support its staff with caring roles outside of work.

CNWL Chair Dot Griffiths, who had once been a carer when she looked after her mother, said: “It’s a role you don’t leave at the door when you come to work. We want to find out how we can help you.”

New community sexual health services to launch in April

CNWL announced it had been appointed to deliver sexual and reproductive health services across the three boroughs of Westminster, Kensington and Chelsea and Hammersmith & Fulham from April 2017.

The new three-year contracts are delivering services including sexual health awareness, HIV support, contraception and STI screening.

The £4 million contracts saw services move to new locations in community settings that are more convenient for local people. There is a renewed focus on prevention, particularly amongst those who are at the highest risk of poor sexual health.

CNWL’s Cecilia Anim awarded a CBE

Cecilia Anim, President of the Royal College of Nursing and a sexual health nurse at CNWL, was awarded with a CBE by the Queen.

The Commander of the Order of the British Empire, was awarded to Cecilia as part of the Queen’s 2017 New Year’s Honours list.

Cecilia started her career in nursing as a midwife in Ghana in the 1970s and became the RCN’s first black president in 2014.
CNWL wins contract to provide primary healthcare to prisoners in Surrey

CNWL announced that it had won a contract to look after the mental and physical healthcare of men and women in four adult prisons across Surrey from 1 April.

CNWL, which already provided mental healthcare across HMP Highdown, HMP Downview, HMP Send and HMP Coldingley, won the contract to provide primary healthcare.

Under the contract CNWL is now providing all aspects of primary care within the prisons to replicate the service provision in the community.

Dr Rizgar Amin Excellence Awards 2017 announced

CNWL hosted a multi-professional health conference at the Royal College of GP’s in London.

The conference, entitled: “Inter-professionalism: Working better together - How will inter-professionalism help build an effective workforce for the Future NHS”, discussed how a re-design of the NHS workforce, which allows healthcare professionals in different disciplines to break boundaries and work together can create a better NHS.

The conference was in memory of Dr Rizgar Amin, who worked for CNWL and sadly passed away in 2013.
Club Drug Clinic presents at UN meeting in Vienna

CNWL’s Club Drug Clinic was invited to present its work during part of a United Nations’ session in Vienna.

The presentation was called ‘The Neptune Project: Spreading Improvements’, and was part of the UK part of the session called Health Responses to NPS - (Novel Psychiatric Substances).

Mental Health Football Association unfurls its ambitions at Parliamentary event

CNWL staff and former patients attended the formal launch of the Mental Health Football Association (MHFA).

They joined more than 20 other NHS Community and Mental Health Trusts from across England to help in formally unveiling the MHFA, which brings together like-minded organisations who adopt the use of playing football as part of the recovery process.

Its aim is to encourage organisations such as football community trusts, NHS Trusts and mental health charities to become involved and support them in designing an appropriate football programme.
Care quality at Woodhill Prison

Since September 2016, CNWL has been working to improve the quality of care provided to prisoners at HMP Woodhill. Areas that our improvement plan covered were recruitment, training, medicines management, care delivery and governance. It is acknowledged that although significant improvements have been made there is still work to be done. These improvements provide the foundations for further quality improvements so services are delivered that are responsive to the needs of the prison population.

Workforce remains the most significant challenge and in particular within the primary care team. A workforce plan is in place with additional senior manager support to lead the recruitment of staff.

Improvements we have already made include:-

1. Early days in custody mental health screen. Every man that comes into Woodhill is seen by a Registered Mental Health Nurse for brief assessment within 24 to 48 hours to determine if more is needed and what care pathway they may need.

2. Development of new Associate Mental Health Practitioner roles

3. Extended mental health service to seven days. The CQC noted this as exceptional practice as the service is commissioned only for five days.

Following the outcome of a judicial review brought by the families of prisoners who committed suicide there, Dr Shamir Patel, CNWL’s Clinical Director for Offender Care, said: “We totally understand the depth of hurt the bereaved families feel. They will be disappointed by this outcome but we can tell them there have been changes.

“The Trust, and staff at the prison, are horrified about each of the deaths at Woodhill, as staff are dedicated to saving life and providing compassionate care to prisoners and those on remand.

“We salute the dedication of our staff, who have provided excellent care to most people, but they are amongst the first to express their sorrow and worries when things go terribly wrong.”
Key issues and risks

These are identified in our corporate Risk Register – the highest level register of the Trust.

For each of these, we have plans to manage the risk.

• ‘Not achieving financial balance’. Achieved balance; but need to make further savings of over 6 per cent or more in 2017 – 18.

• ‘So much change’ as a result of developing new partnerships with other organisations, that our patients experience a reduction in the quality of their immediate care. We will always concentrate on quality.

• ‘Not enough of the right staff’. Programmes to address this include a new, speedy, recruitment process; more opportunities for existing staff to train; staff wellbeing; reduce use of agency and increase permanent staff.

• ‘Our new IT strategy might not remain aligned with all the other changes’. Our work depends on the delivery of the IT programmes. To address this we have put in place a Chief Information Officer, who is a senior clinician so decisions are based on clinical advice.

• Our next two risks are around change. Ability to move swiftly to new models and whether or not our internal redesign process will deliver the level of change we need. These are reviewed at every Board.
New services

Community Independence Service (CIS)

Launched in November, this new three borough service, draws on the skills and experience of staff in health and social care to provide the best service for patients.

The focus is to deliver care to vulnerable patients when it’s needed without having to book an appointment. GPs will make the referrals using a speedy system based on their judgement.

The 8am to 8pm service delivers care through two pathways, using a multi-skilled team approach:

The CIS partnership is made up of:

London Central and West Unscheduled Care Collaborative; Central London Healthcare; London Medical Associates – West London GP Federation; Central and North West London NHS Foundation Trust; West London Mental Health NHS Trust; and Local Authorities in Hammersmith & Fulham, Kensington and Chelsea and Westminster;
Finance

Income £473.9m from...
Clinical Commissioning Groups (CCGs) and NHS England £370.8m
Other operating income £46.7m
Local authorities £45.1m
Other NHS Foundation Trusts £6.1m
NHS Foundation Trusts £3.03m
Non-NHS other £1.89m
NHS other £0.3m

Expenditure £459.8m from...
Staff £318.6m
Drug costs £31.3m
Premises £30.7m
Other £24.2m
Clinical supplies and services £11.4m
Rentals under operating leases £10.1m
General supplies and services £8.9m
Services from NHS Foundation Trusts £8.7m
Depreciation on property, plant and equipment £6.2m
Non NHS healthcare £4.4m
Spending on our buildings

This year we spent £8.4m on modernising our buildings.

Major schemes included the redesign of the Hillingdon community mental health teams, into two hubs, improvements to our inpatient ward environments and development of the Mortimer Market Centre for sexual health to accommodate the Margaret Pyke Centre.

Work to maintain the inpatient environment has continued with a number of improvement projects carried out across our inpatient sites.
Our quality priorities for 2016 – 17

Every year we set priorities for improving service quality.

We do this with our partners and in response to feedback.

In 2016 we focussed on two Quality Account Priorities and agreed to use five indicators to show these had been achieved. In 2015, our focus was on patients and carers. Last year, we focused on making quality all about our staff, patients and carers in partnership.

- Patient and carer involvement
- Staff Engagement

Overall we achieved both of our patient and carer involvement quality priority indicators for 2016 – 17 and one of the three staff engagement indicators.

Over the next few pages we provide a brief overview of the priorities and the indicators.

A detailed description of the results and plans to address them are included in the full Quality Account on our website: www.cnwl.nhs.uk/about-cnwl/planning-performance.

Quality Priority One - Patient and carer involvement

Quality indicator one – Patients report feeling (definitely and to some extent) involved in their care or treatment

Getting this right means that patients are at the centre of planning, have ownership of their plan, and know what they and their health and social care professionals need to do to help their recovery.

The evidence is the more involved patients are in decisions about their care and treatment, the more likely they will experience better health outcomes.

Our target was 85 per cent and at year end, 94 per cent of patients told us that they felt ‘definitely’ or to some extent involved in their care or treatment; a slight decrease of two percentage points on our performance in 2014-15.
Quality indicator two - Patients received the care or treatment that helped them achieve what mattered to them.

This indicator helped us understand whether the care or treatment planned was effective from the patient’s point of view. We wanted at least 85 per cent of the patients surveyed to report that their care or treatment helped achieve what mattered to them.

We finished the year at 94 per cent, exceeding the target we set ourselves and an improvement of three percentage points on last year.

Achievements for Quality Priority One

#Hellomynameis…Campaign: We set ourselves a target of at least 25 per cent of our teams signing up to the campaign by the end of the year with an aim of achieving all of our teams having signed up by the end of 2017. By the end of the year we had met our target with 26 per cent of our clinical teams signed up to the campaign. We know this is not just about ‘ticking a box’, it’s about hearts and minds and getting teams to engage. We will continue this work in 2017 – 18.

Patient and carer stories: We are committed to harnessing the power of patient and carer stories to educate ourselves in how to improve experience of care and to inspire quality improvement. Every one of the Trust Board meetings opens with a patient or carer invited to share their views and experience. Our Carers Week events in June 2016 included an afternoon of carers’ stories shared with an audience of CNWL staff who listened, learned, asked questions and fed back very positively. This year we have started asking patients and carers on our Friends and Family Test feedback cards if they would like to share their stories with us to help us educate staff and improve quality.
Quality Priority Two – Staff engagement

Quality indicator one – Staff would recommend the Trust as a place to receive care or treatment to a friend or relative

We used the Staff Friends and Family Test to test whether or not staff were engaged and invested so much in their services that they would recommend it to others. We achieved the target of 70% in quarters one, two and four. In the third quarter we measured this through the national staff survey and although we did not meet our own internal target we performed above the national average (64%) and finished on a year to date figure of 74%.

Quality indicator two – Staff would recommend the Trust as a place to work

We wanted at least 70% of our staff to report that they would recommend the Trust as a place to work. We achieved 60% in the first quarter, 66% in the second and 58% in the fourth quarter. In the third quarter we measured this through the national staff survey, achieving 60%, which is above the national average of 58%. While we missed our target, our performance is not inconsistent with the national picture. We know we have more to do.

Reduce our staff turnover to 15%

This indicator shows whether our actions around staff engagement were having a positive impact in reducing staff turnover. We wanted to reduce our turnover from an estimated 19% and initially set our target at 17% but after meeting this target at the end of the first quarter we aimed higher and reset the target at 15%. While we did not meet this we have seen a significant reduction in staff turnover at around 16%.

Achievements for Quality priority two

Refreshed the Workforce Strategy and Implementation Plan: More permanent and bank staff are being recruited compared to fewer agency staff. We have also extended the pilot of ‘Golden Hellos’, and rolled out weekly pay to increasing numbers of bank workers and bonus payments for bank workers.
Developed our Health and Wellbeing (HWB) Plan: We introduced the staff physiotherapy service in the autumn, appointed a ‘Staying Well at Work’ Co-ordinator to provide support to staff who have a mental health condition and put in place the Employee Assistance Programme to help staff with any personal problems that they may not want to talk about at work.

Review and promotion of the staff benefits package: Staff benefits have been reviewed and existing benefits summarised and communicated to staff.

Leadership programmes: We reviewed the leadership courses on offer and are now working on a broader piece of work on leadership in a bid to develop talent from within the Trust.

Work on Workforce Race Equality standards (WRES): Key objectives have been identified including the promotion of BME staff using a variety of methods. The BME staff network is also beginning to develop in its scope.

Improving staff environments: Our junior doctors’ on-site accommodation was refurbished. We created a patient gym at the Campbell Centre that staff can also use and we have a programme of purchasing furniture, decorating and flooring specifically for community sites.

CNWL Carers at Work Network: Launched in February and run by staff who are carers themselves, it offers chances for staff who are carers to meet in supportive environments, attend learning events, signposting to support, specialist workshops and advice on relevant policies that support carers in the workplace.

The national staff survey: Measures staff satisfaction in 32 areas. Overall staff engagement is above the national average with staff recommending CNWL as a place to work or be treated. Staff motivation – a key indicator – is better than average.

Diggory Festival: Diggory Division held a festival for its staff in Milton Keynes and in London respectively to celebrate and showcase the work of the teams. Over 350 staff attended.
Our priority programmes 2017 – 18

CNWL’s Operational Plan for 2017-18 is set within an environment of continuing extreme financial challenge.

We have set a savings target in excess of six per cent (£30.4m) during this period, which is in the top quartile for London. Our Board of Directors has accepted this with a number of conditions.

As well as the financial challenge, we have three related issues we must address to maintain and improve the core of our work – the quality of patients’ experience:

- Population growth and change will increase demand on NHS services
- To find the staff we need requires new approaches to boost recruitment and retention rates as well as new training programmes
- Growing and changing demand around information means we will have to invest in systems to support excellent quality of care into the future.

Delivery will be closely tied into Sustainability and Transformation Plans (STPs); CNWL is engaged in three – North West London (NWL), North Central London (NCL) and Bedford, Luton & Milton Keynes (BLMK).

In planning for 2017-18 we have considered the following elements:

- The above analysis
- National Priorities and regulatory guidance
- STP priorities.
Operational priority one – Quality

The patient is at the heart of all we do.

This will involve:

• Engagement with STPs (across all areas)
• Setting up a Quality Improvement programme that runs right across CNWL, from the front line to the Board
• Achieving ‘good’ or better ratings in internal/external quality reviews
• Clinical and Quality Strategy – including delivery of Quality Priorities
• Integration of physical and mental health care – for prevention and to address the mortality gap
• Engaging with experts by experience.

Operational priority two – Partnership and Business Development

• Engagement with STP delivery
• With partners, develop new models of care and partnerships to improve patient care and use of resource. Includes Third Sector and accessing community assets
• Continue to test overseas markets
• Refreshed Business Development approach – to encompass Five-Year-Forward-View and Accountable Care Partnerships (ACPs).
• ACP development and delivery – new models of care linked to STPs
• New models of care and treatment – based on evidence-based practice, research and innovation.
Operational priority three – Workforce and leadership

- Lean corporate centre
- Roll out of Workforce Strategy: recruitment, retention and redesign
- Agency management programme including bank development
- Development of new roles
- Implementation of workforce priorities
- Full implementation of the Agency Use Reduction Programme, the Leadership Development Strategy and development programmes
- Recruitment Plan delivered
- E-rostering – fully rolled out
- Allied Health Professional leadership structure revised and in place.

Operational priority four – Finance and productivity

- Cost Improvement Programmes
- Demand and Capacity management
- Capital – Refreshed Estates strategy
- Contracts: Ongoing contract renewal and renegotiation including new partnerships and ACPs
- For 2017-19 tenders, this includes IAPT, primary care in prisons, addictions, sexual health and Milton Keynes
- Continue work with STPs.
Quality Account Priorities 2017 – 18

For the coming year we decided to link our new Clinical and Quality Strategy with our Quality Account Priorities.

What is most important is that the patient is the focus.

To decide on priorities, we consulted with internal and external stakeholders through a number of consultation events, culminating in a workshop for all.

Following this we launched our Clinical and Quality Strategy and asked participants to identify Quality Priorities and milestones for years one to three.

We will be continuing with the same Quality Priorities as last year:

- Patient and carer involvement
- Staff engagement.

To deliver our Clinical and Quality Strategy means we have to plan over a longer period and to be systematic about this. We will be setting ourselves a series of actions to deliver our objectives over a three-year timescale and to focus our resources against a background of reduced investment.
Priority one - Patient and carer involvement

We want patients and their carers to be more involved in their care and treatment and feel their care or treatment helps them to achieve the health outcomes, that matter to them.

Evidence shows that when patients, carers and staff work together to plan care and treatment, we are more likely to see better recovery and health outcomes for patients. We’re building on the progress we’ve made with this Quality Priority in 2016.

We also know that the more engaged patients and carers are, the more likely they are to provide feedback. This in turn leads to improvement and better patient satisfaction. We will measure this by what patients and carers tell us.

We will test the impact of our actions through three indicators, quarterly, to find out how well we are doing:

- Patients report feeling involved as much as they wanted to be in decisions about their care or treatment. Target - 85%
- Patients report that their care or treatment helped them to achieve what matters to them. Target – 85%
- We will report on the measures in the Triangle of Care Programme. Target – Six Triangle of Care standards achieved. Evidence from this programme is that when patients, carers and staff work together to plan care and treatment we are more likely to see better outcomes for patients.
Priority two - Staff engagement

We know that a valued engaged workforce promotes greater motivation, empathy and compassion in staff behaviour, whether clinical or nonclinical and therefore patients, their carers and our work colleagues all benefit.

To do this, we will continue with the delivery of our new Health and Wellbeing Plan. We will continue to listen to and engage our staff and align our programmes to their needs, including the work on leadership and the development of our BME staff through a bespoke mentoring programme.

We want to continue the implementation of family friendly policies and make sure staff have the right equipment to do their jobs, including good IT systems.

Following the appointment of a “staying well at work’ Coordinator, we are launching the Staying Well at Work Service offering a bespoke service to Trust employees who have mental wellbeing problems and are experiencing difficulties at work.

We will test the impact of our actions through three indicators on a quarterly basis to find out how well we are doing:

- Staff recommend the Trust as a place to work. Target – 70%
- Staff recommend the Trust as a place to receive care or treatment to a friend of relative. Target – 70%
- Staff turnover. Target – 15%. 
Talk to us

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 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 (March 2017)

Patients and carers: 2,336
Public: 6,619
Staff: 6,503

Tell us, we’re listening

Our staff want to know how they are doing. Tell us what you think at www.cnwl.nhs.uk and then we’ll know what we have to do.
This document is also available in other languages, large print, Braille, and audio format upon request. Please email communications.cnwl@nhs.net

Arabic

هذه الوثيقة متاحة أيضاً بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

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این مدرک همچنین با به دمای کرک به زبان‌های دیگر، در چاپ درشت و در فرمت صوتی موجود است.

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