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Part 1  Chief Executive’s statement

The purpose of this Quality Account is to hold our organisation to account for the quality of the NHS funded healthcare services we deliver. We do this by presenting our achievements against the quality priorities previously set for 2012/13, alongside national priorities and the wider quality and service improvement work we have completed. We also demonstrate how we will continue to enhance the quality of services we provide, and what our focus is going to be this coming year. Our quality priorities for 2013/14 are shared in this report, and have been developed in conjunction with our staff, patients, carers and external stakeholders.

CNWL is the provider of a wide range of healthcare services across London and the surrounding area. These include mental health, sexual health, community physical health (Hillingdon and Camden), addictions, eating disorders, offender care and learning disability services.

For a detailed description of the services we offer, please refer to page 35.

I am pleased to present this report, which demonstrates many of the Trust’s achievements and innovations that have taken place over the last year, driving quality improvements at every level within the organisation. Our ongoing focus on quality also enables the Trust to identify where our services are to be further improved. These intentions are also outlined in the document.

Welcome to Central and North West London NHS Foundation Trust’s (CNWL) annual Quality Account for 2012/13.

I am also pleased to tell you that on 1 April 2013, CNWL integrated with Milton Keynes Community Health Services (MKCHS). This is an exciting time for both organisations to pool strengths and share learning and resources to enhance all aspects of healthcare services we deliver. I warmly welcome our MKCHS colleagues.

Service user safety, effective treatments, compassion and inclusivity are at the heart of all CNWL services, and we are proud that these values are reflected at all levels with the organisation. Our national patient survey results for 2012 tell us that more of our patients’ say we provide ‘excellent’ or ‘very good’ care compared to last year. Moreover we are proud to report that an increasing number of our staff recommend the Trust as a place to work or receive treatment; this places us above the national average when compared to other NHS trusts nationally.

We are aware that delivering world-class healthcare services can only be achieved if we work in partnership with all our stakeholders. We proactively seek to facilitate engagement with our internal and external stakeholders, for feedback and shared decision-making which help to shape how our services are run, developed and monitored. It is not only about listening to views, but facilitating open and continuous dialogue between all our stakeholders, and from the Board to the ward. Dialogue underpins the Trust’s core values of dedication, empowerment, partnership and diversity. To emphasise this approach, CNWL’s brand icons reflects our four key values as a series of speech bubbles.

Our focus on effective partnerships and communication is demonstrated by the development of our quality priorities and the production of this Quality Account each year, which is achieved through wide and ongoing consultation with our key stakeholders including our staff, Council of Governors, service users, carers, Local Involvement Networks (LINks)/Healthwatch, commissioners, GPs and local authorities.

This year we have developed a new integrated quality and performance reporting dashboard that allows us to look at our quality indicators alongside those of performance, finance and staffing. This helps us to build up an overall and informed picture of quality. We share this information on a quarterly basis with our Council of Governors and our specific quality information with our LINks. In the coming year we will look to develop this approach with the local Healthwatch and other external stakeholders.

I am pleased that we have met 14 of our 17 quality priority measures for 2012/13. This is an improvement in our performance compared to last year, and in part two of the Quality Account we explain these measures in further detail. We were disappointed however that we did not meet three measures relating to involvement in care planning, patient experience of call bells at an inpatient unit, and a measure relating to the control of the HIV virus once patients with HIV have begun treatment. However, the latter, having been achieved consistently throughout the year was narrowly missed and achieved a performance higher than the national average.

Following an extensive programme of consultation, our quality priority areas for 2013/14 will be:
- Care planning
- Career involvement
- Satisfaction with services.

Across all CNWL services, we uphold a commitment to work in partnership with our stakeholders over the coming year, to work towards a common goal: the delivery of safe and effective care to our patients and their families and friends. My thanks go to everyone who has continued to support, engage and feedback their views in the shaping of our service developments, our innovations and how we monitor the quality of our services.

The Quality Account is also produced in an easy read format, and is available on the NHS Choices website.

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

Claire Murdoch
Chief Executive
28 May 2013
Independent auditor’s report to the Council of Governors of Central and North West London NHS Foundation Trust on the annual Quality Report

We have been engaged by the Board 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 2013 (the “Quality Report”) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

• CPA 7 day follow up; and

• Access to crisis resolution home treatment teams.

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 Monitor.

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;

• The Quality Report is not consistent in all material respects with the sources specified above; 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 Guidance for External Assurance on Quality Reports.

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 for the period April 2012 to May 2013;

• Papers relating to Quality reported to the Board over the period April 2012 to May 2013;

• Feedback from the commissioners dated 6 May 2013;

• Feedback from local Healthwatch organisations dated 6 May 2013;

• The Trust’s Complaints Report 2012/13 published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;

• The latest national patient survey for 2012;

• The latest national staff survey for 2012;

• Care Quality Commission quality and risk profiles dated 31/03/2013; and

• The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 13/05/2013.

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 of 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 Central and North West London 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 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. 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 save 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 indicators.

• 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.

• 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 impact 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 thereof, 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.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been 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 2013:

• 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;

• The Quality Report is not consistent in all material respects with the sources specified above; and

• The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

KPMG LLP
Statutory Auditor, London
29 May 2013
Part 2 Priorities for improvement

A review of our performance in 2012/13 against last year’s quality priorities

CNWL takes great pride in the healthcare services it delivers to local communities with the aim of being the best at what we do. We strive to continually innovate and improve our services through closely monitoring and proactively reacting to our performance against a wide variety of measures and information streams; benchmarking ourselves nationally; and developing and maintaining an open dialogue between our staff, governors, service users, carers, and communities at large. These are the stakeholders who help shape our service developments.

This section outlines CNWL’s performance against our quality priorities set in partnership with our stakeholders last year. It also explains how we developed and agreed our quality priorities for 2013/14. This will include a description of our consultation process, the reasons for choosing the indicators we have, and how we will measure, monitor and report on these throughout the coming year.

Summary of performance against our 2012/13 quality priorities

For 2012/13 CNWL had a total of 17 quality priority measures. Eight of these originated from our mental health and allied specialty services (MHAS), five from Hillingdon Community Health (HCH), and four from Camden Provider Services (CPS).

These 17 measures were tracked throughout the year and action plans were developed where improvements were highlighted. It is important to note that depending on the methodology used to collect the data against each measure, our year end reporting figures are either ‘year-to-date’ or at ‘quarter four’. This will be made clear throughout the Quality Account.

The chart below indicates our achievement against these 17 quality priority measures for 2012/13. Eight of these measures were also CQUIN (Commissioning for Quality and Innovation) priority, which, where achieved bring additional revenue into the Trust.

This year we achieved 82% of our quality priorities, representing an increase in our achievement from last year of 69%.

An ‘at a glance’ overview of how we performed against these 17 quality priorities is provided in a summary table on the subsequent pages. The details of how we performed against each of our quality priorities, how we achieved them, and the Trust’s actions in these areas, are presented to you over the subsequent pages.

We have also included a section in Part 3 ‘Other indicators of quality’ which reviews performance in our staff survey, patient experience measures, and details of our complaints and equalities and diversity developments. We feel it is important to provide a well-rounded view of our performance over the last year.

At a glance: Performance of CNWL’s quality priorities 2012/13

<table>
<thead>
<tr>
<th>Quality priority area</th>
<th>Target</th>
<th>2012/13</th>
<th>2011/12</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH AND ALLIED SPECIALTIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Recovery and involvement</td>
<td>65%</td>
<td>57%</td>
<td>41%</td>
<td>54%</td>
</tr>
<tr>
<td>2 At least 75% of service users on CPA whose care plans contain at least one personal recovery goal</td>
<td>50%</td>
<td>83%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Quality priority area: Physical health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 At least 95% of service users with dementia prescribed anti-psychotic medication have three-monthly reviews, and output sent to GPs and families/patients within two weeks</td>
<td>95%</td>
<td>100%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>4 At least 65% of community service users on CPA report that they got enough advice and support for their physical health</td>
<td>65%</td>
<td>75%</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Quality priority area: Care involvement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Thematic review of responses via focus groups asking if carers felt supported by CNWL (Q4)</td>
<td>Focus group</td>
<td>Achieved</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>6 Thematic review of responses via focus groups asking if carers had the information they needed to access services in a crisis (Q4)</td>
<td>Focus group</td>
<td>Achieved</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Service pathway and access in a crisis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 To establish supported discharge processes and protocols to support service users who have been discharged to primary care</td>
<td>Protocol establishment</td>
<td>Achieved</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>8 At least 65% of patients reporting that they definitely received the help they wanted from CNWL crisis contact points when they contacted them in a crisis (Q4)</td>
<td>65%</td>
<td>67%</td>
<td>44%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**HILLINGDON COMMUNITY HEALTH**

**Use of care plans**

1 At least 75% of end of life care patients on a district nursing caseload with an advanced care plan (YTD) 75% 81% n/a n/a
2 At least 25% of patients with learning disability conditions using HCH services have personalised care plans (YTD) 25% 37% n/a n/a

**Reducing the number of avoidable pressure ulcers**

3 Reducing the number of avoidable pressure ulcers (grade 2/3/4 pressure ulcers (10% year on year reduction) (YTD) <62 19 n/a n/a
4 Ensure at least 80% of all new referrals to the wheelchair service are given specific information for their carers about using a wheelchair and, where requested, additional training (YTD) 80% 100% n/a n/a

**IMPROVING PPI Awareness in relation to carers**

5 Develop localised guidelines for all HCH staff to enable more effective support for carers which will include development and delivery of a training package for staff in conjunction with third sector partners | Develop guidelines and training | Achieved | n/a | n/a |

**CAMDEN PROVIDER SERVICES**

**Clinical quality in HIV services**

14 At least 95% of HIV patients whose immune systems are maintained at a CD4 count greater than 200 (YTD) 95% 97% 96% 83%
15 At least 95% of patients with a viral load less than 50 copies/ml within one year of treatment commencing (YTD) 95% 94% 95% 87%

**Patient experience**

16 At least 80% of patients with an appointment with sexual health services, who arrive on time, are seen within thirty minutes of the appointment time (YTD) 80% 91% n/a n/a
17 Number of responses stating poor responsiveness to call bells on the inpatient wing of St Pancras Hospital (YTD) 0 10 n/a n/a
Our mental health and allied specialty services

This year we have been more innovative with our approach to measuring and monitoring our quality priorities. We believe that a more varied approach to collecting data will provide us with a richer understanding of the quality of our services and where improvements are needed. So this year we collected both quantitative and qualitative data through clinical audit, patient surveys, and focus groups. We have also introduced new policies and protocols for implementation to improve areas of our service.

As set out in last year’s Quality Account, we measured our performance in four main quality priority areas for our mental health and allied specialty services:
- Recovery and involvement
- Physical health
- Carer involvement
- Service pathway/access to services in a crisis.

Here we will present our performance, explain what we did to achieve this performance, or what we will be doing to ensure improvement. Our ‘service user reported’ measures were collected via a telephone survey run by trained group of service users.

Recovery and involvement

CNWL strives towards a recovery focused model of care. Although there is no single definition of the concept of recovery, for many people recovery means staying in control of their life despite experiencing a mental health problem, with the guiding principle being one of hope.

Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

We know that one of the key factors highlighted by people when supporting them on their journey towards recovery is being believed in, listened to and understood.

A good measure to understand this is whether or not service users felt involved in the decisions made about their care. This is important in ensuring that our service users feel empowered, and that we continue to work in partnership with them to best plan their care.

We have also designed and disseminated staff and service user posters: one to encourage staff to involve service users, and another to encourage service users to follow up with their lead professional/care co-ordinator if they didn’t feel as involved as they wanted to be in developing their care plan.

We want to continue to focus on driving up improvement in this important measure, as it is fundamental to achieving a true recovery approach to care. Involvement in care planning was a continued theme in our consultations with our stakeholders and so will be carried forward as a quality priority for next year.

MEASURE A: At least 65% of community patients report that they were ‘definitely’ involved as much as they wanted to be in decisions about their care plan

This year we continued to measure this priority for both service users on Care Programme Approach (CPA) and Lead Professional Care (LPC). We achieved 57% in our quarter four survey. Although we missed the 65% target, we showed a good improvement from last year and also performed better than the national average for this measure.

To gain a fuller understanding of how many of our service users feel this way, we also consider those who felt involved ‘to some extent’. We have improved by 10% on last year, reporting 84% at the end of quarter four.

Whilst we are pleased to see improvement and are reporting better than the national average, we are not complacent. Work to improve service user involvement continues to take place across a number fronts. This includes the development and dissemination of a briefing to staff about the importance of involving service users in care planning, presentation and review of data at local managers meetings, and the involvement of service users in the standardisation of the initial assessment process and in the development of care packages. Centrally we have also reviewed our care planning processes and engagement in the standardisation of the initial assessment process and in the development of care packages.

Physical health

CNWL recognises the importance of assessing and supporting the physical health care needs of its mental health service users. This is underlined by the Government’s strategy ‘No Health Without Mental Health’ which aims to improve the physical health of those with mental health conditions. This is of utmost importance as there is increasing evidence which suggests that the life expectancy of those with serious mental health conditions is up to 15 years lower than the average UK resident.
MEASURE A: At least 95% of service users with dementia prescribed anti-psychotic medication have three-monthly reviews, and output is sent to GPs and families/patients within two weeks

Each year in England, approximately 180,000 people with dementia receive antipsychotics. Of these, around 1,650 result in cerebrovascular adverse events (such as stroke). The National Institute of Clinical Excellence (NICE) recommends that this treatment is only prescribed for this frail population if non-cognitive symptoms (like psychosis and/or agitated behaviour) develop and the patient is severely distressed or at immediate risk of harm to themselves or others. It is therefore essential that our dementia patients who are prescribed antipsychotics in these circumstances are monitored very closely. We wanted to ensure the treatment our older adult service users were receiving was safe, effective and well aligned with support they may receive from primary care practitioners. This was also a CQUIN measure for this year.

MEASURE B: At least 65% of service users on CPA report that they got enough advice and support for their physical health

The Trust performed well in this area, achieving a quarter four result of 100%. Over the year we worked to raise awareness within our older adult service line to ensure that this practice becomes embedded. To support this, we also implemented a new system whereby service users with a diagnosis of dementia and who are also prescribed antipsychotics are readily identified within the service line. Once identified, there is a system to remind lead professionals when reviews are due, to follow-up that these have taken place and that the outcome has been shared with GPs/families/patients within the timescale. Given the consistently high performance of this measure, it will not be reported on next year.

Carer involvement

Carers provide a vital role in the safety, safeguarding and wellbeing of service users. It is therefore important that we provide carers with the support and information they need to effectively cope with the needs of the person they are supporting.

We wanted to understand how we could better support our carers, and what support they felt they needed. We also wanted to assess what information carers wanted, and if they had the information to access services in a crisis. Focus groups were held with different carer groups, such as young carers, carers from black and minority ethnic (BME) communities, carers of older people and people with learning disabilities, and carers supporting someone accessing community recovery services. This was also a CQUIN measure for 2012/13.

Focus group outcomes

The following key themes emerged from the Trust’s focus groups:

- Carers told us that they wanted more general information about our services and how to access them, including better sign-posting. As a result our service lines are developing general information leaflets about the services, team or ward, to be given to services users and carers.
- Carers told us that it wasn’t always clear who to contact when out-of-hours advice was needed. This year we launched a single contact number for the Out of Hours Urgent Advice Line for our service users. Concurrently we developed, in partnership with carers, carer contact cards for carers supporting someone accessing adult mental health services. (See in focus, page 28).
- Carers also told us that services needed to recognise their role in supporting service users and patients accessing our services. We will continue to develop ‘family inclusive practice’ across all services, which includes improved performance in identifying carers; improved recording of carer involvement in care and discharge planning; and for each service line to run two annual focus groups, to hear feedback from carers about their experience of services, and discuss service improvements.

Together with our stakeholders, we are keen to focus on developing and embedding this work further therefore carer involvement has been rolled forward as a quality priority area for next year.

Service pathway and access to services when in a crisis

Our service pathway quality priority focused on taking the first step to developing a more robust process when discharging service users to their community and care to their GP. This is to ensure that service users remain well during this transition, have their needs effectively met and supported, and that there is open communication between our specialist services and the GP. We also wanted to ensure that, if once discharged to primary care, service users need our help again, that they could access it quickly.

MEASURE A: To establish supported discharge processes and protocols to support service users who have been discharged to primary care

This was also a CQUIN measure for 2012/13, and we are pleased to report that we achieved the development of this piece of work. The next phase will be to implement these protocols across our services. This will be taken forward and monitored locally and progress reported to the Quality and Performance Committee.

The second part of this quality priority was to monitor whether service users were getting the help they wanted when they contacted CNWL’s crisis contact points.

MEASURE B: At least 65% of patients reporting that they ‘definitely’ received the help they wanted from CNWL’s crisis contact points, when they contacted them in a crisis

Last year we focused on ensuring that our community patients had a crisis card or a phone number to call in a crisis. While we continue to monitor this (see item 6, page 43), this year our focus was on whether service users received the help they wanted from the Trust’s crisis line.
A new Out-of-Hours Urgent Advice Line was launched on 25 February 2013 for users of CNWL’s mental health and learning disability services. This service replaces all previous out-of-hours borough crisis line arrangements, providing a single point of support across CNWL. It was set up in response to feedback from our service users and carers, who said that they did not feel that they were getting adequate response from the individual borough crisis lines.

The Out-of-Hours Urgent Advice Line is a standalone dedicated telephone service, which provides advice and signposting for CNWL service users and their families, outside of normal service hours. It is open Monday to Friday from 5pm to 8am, with a 24 hour service available at weekends and bank holidays.

The line has been developed in consultation with both service users and carers. They have been involved in the development of a leaflet about the line, and also in the planning of the ongoing evaluation of the new service. New crisis cards have been distributed to services, which contain the single point of access out-of-hours telephone number.

A borough breakdown - Our mental health and allied specialties 2012/13 quality priority performance

<table>
<thead>
<tr>
<th>Quality priority 2012/13</th>
<th>Period</th>
<th>Target</th>
<th>Brent*</th>
<th>Harrow*</th>
<th>Hillingdon*</th>
<th>Kensington and Chelsea*</th>
<th>Westminster*</th>
<th>CAMHS</th>
<th>Learning disabilities</th>
<th>Eating disorders</th>
<th>Addictions</th>
<th>Offender care</th>
<th>Psychological medicine</th>
<th>Q4 Trust position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery and involvement</td>
<td>1</td>
<td>At least 65% of community patients report that they were ‘definitely’ involved as much as they wanted to be in decisions about their care plan</td>
<td>Q4</td>
<td>65%</td>
<td>53%</td>
<td>58%</td>
<td>64%</td>
<td>55%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>78%</td>
</tr>
<tr>
<td>Physical health</td>
<td>2</td>
<td>At least 50% of service users on CPA worse care plans contain at least one personal goal</td>
<td>Q4</td>
<td>50%</td>
<td>86%</td>
<td>88%</td>
<td>84%</td>
<td>73%</td>
<td>86%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Carer involvement</td>
<td>3</td>
<td>At least 95% of service users with dementia prescribed anti-psychotic medication have three-monthly reviews, and output sent to GPs and families/patients within two weeks</td>
<td>Q4</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Service pathway and access in crisis</td>
<td>4</td>
<td>At least 65% of community service users on CPA report that they got enough advice and support for their physical health</td>
<td>Q4</td>
<td>65%</td>
<td>90%</td>
<td>50%</td>
<td>63%</td>
<td>73%</td>
<td>80%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Carer involvement</td>
<td>5</td>
<td>Thematic review of responses via focus groups asking if carers felt supported by CNWL, and why</td>
<td>Q4</td>
<td>N/A</td>
<td>Qualitative measure</td>
<td>Achieved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service pathway and access in crisis</td>
<td>6</td>
<td>Thematic review of responses via focus groups asking if carers had the information they needed to access services in crisis</td>
<td>Q4</td>
<td>N/A</td>
<td>Qualitative measure</td>
<td>Achieved</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service pathway and access in crisis</td>
<td>7</td>
<td>To establish supported discharge processes and protocols to support service users who have been discharged to primary care</td>
<td>Q4</td>
<td>N/A</td>
<td>Qualitative measure</td>
<td>Achieved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service pathway and access in crisis</td>
<td>8</td>
<td>At least 65% of patients reporting that they ‘definitely’ received the help they wanted from CNWL crisis contact points when they contacted them in a crisis</td>
<td>Q4</td>
<td>N/A</td>
<td>83%</td>
<td>67%</td>
<td>60%</td>
<td>100%</td>
<td>57%</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>50%</td>
</tr>
</tbody>
</table>

* Borough data includes results from the following service lines: Acute, older people and healthy aging, recovery, rehabilitation, and assessment and brief treatment
Our community physical health and sexual health services

Hillingdon Community Health (HCH)
As a result of last year’s quality priority stakeholder consultations, our Hillingdon Community Health (HCH) services measured quality priorities within three main areas:

- Use of care plans
- Reducing the number of avoidable pressure ulcers
- Improving staff awareness in relation to carers.

Use of care plans
It is important that patients who are coming to the end of their lives have an advanced care plan in place to communicate their wishes, and ensure that the needs of the patient and their families/carers are being met. End of life care is a national priority, and was also a CQUIN measure for this year.

MEASURE A: At least 75% of end of life care patients on a district nursing caseload with an advanced care plan

In focus
First class district nursing care
We are writing to thank you and your staff for all their help during your nursing of our son, particularly during the last stages of his life. The attention we received whilst obtaining prescriptions for drugs and when trying to contact people was first class and very caring and it really made our lives bearable. The organisation involving you, your staff and the district nurses was first class and is to be applauded. Thank you once again for all of your help during a troubled time.

Patient’s mother

MEASURE B: At least 25% of patients with learning disability conditions using HCH services have personalised care plans

In focus
Reducing the number of avoidable pressure ulcers
A pressure ulcer is commonly known as a bedsore. It is a type of localised injury to the skin and underlying tissue, usually caused by unrelieved pressure, like sitting in the same position for too long. Reducing the number of avoidable pressure ulcers is an important area of our work, especially in the community where their incidence is higher. This is also a national priority area, as identified in the operating framework for 2012/13, and is a CQUIN target. Patient Safety First defines “avoidable” as meaning that the patient receiving care developed a pressure ulcer and the provider did not a) evaluate the patient’s clinical condition and pressure ulcer risk factors, b) plan and implement interventions consistent with the patient’s needs and recognised standards of practice, or c) monitor and evaluate the impact of the interventions.

We aimed to reduce the incidence of avoidable grade 2/3/4 pressure ulcers by 10% this year. These grades indicate the seriousness of the pressure ulcer, with grade 4 being the most serious.

MEASURE A: Reducing the number of avoidable grade 2/3/4 pressure ulcers

We are pleased that our focus in this area brought the number of these avoidable pressure ulcers down to 19 by year end, well below our target. It is important to note, that the more serious grade 3/4 pressure ulcers were investigated and reported via the HCH quality governance group and clinical teams involved for action.

We successfully achieved this reduction by developing a register of all patients who had or were at risk of developing a pressure ulcer within each of our district nursing teams. Following this, we:

- Ensured a daily handover of all vulnerable patients and learning, for sharing at team meetings
- Completed root cause analysis investigations for all reported grade 3/4 pressure ulcers to identify actions and learning, for sharing at team meetings
- Undertook pressure ulcer training for our district nursing teams.

We worked hard to achieve this good result and will continue to monitor this internally throughout 2013/14.

We are pleased to report that we achieved this target at year end, achieving 81%.

This was achieved through the following actions:

- Delivery of ‘end of life’ (EoL) training for staff
- Identification of a senior lead district nurse to champion end of life care amongst colleagues
- Monthly meetings with relevant teams, to review progress by team and action planning.
In focus
CNWL's Complex Wound Treatment Centre (CWC)

The CWC aims to provide care closer to home for patients with chronic wounds. This prevents unnecessary hospital admissions, and ensures that regular in-house training is provided to staff in Hillingdon in the management of complex wounds. In June 2012 the team developed an outreach clinic in Oak Farm Clinic, Uxbridge, offering complex wound care on a weekly basis by a designated tissue viability Nurse (TVN). The clinic allows patients living in the local area, easier access to specialist services. Patients are seen for assessment and a care plan is outlined together with the patient and GP. The service has improved communication and education, providing a seamless service for patients with complex wounds and improving outcomes for patients.

Improving staff awareness in relation to carers

This is a similar theme to our focus on carers’ needs in our mental health and allied specialty services. Our aims in HCH were two-fold: Firstly, to develop guidelines and train staff to more effectively support the needs of carers, and secondly to focus specifically on our wheelchair service, to ensure carers are given the information and training they need to safely operate a wheelchair, and were provided with training where they required it.

Our actions to achieve this included:
- Sourcing and obtaining appropriate wheelchair information for carers
- Staff training on recording the provision of information leaflets, and the offer for further training to carers
- Undertaking an audit of new referrals to the service who received carer information
- The development of a user training programme for carers to be tailored for individual training sessions with patients and carers.

In summary, all our Hillingdon Community Health quality priorities were achieved for 2012/13. These measures will not be reported on in next year’s Quality Account, however they will continue to be measured, monitored and reported on within the relevant internal forums over 2013/14.

MEASURE B: Ensure at least 80% of all new referrals to the wheelchair service are given specific information for their carers about using a wheelchair and, where requested, provide additional training

![Graph showing MEASURE B progress]

We set a high target for ourselves of 80% and we are proud to report that this was achieved and exceeded: 100% of our carers were given information on the safe use of their wheelchair, and were provided with training where they required it.

Our actions to achieve this included:
- Sourcing and obtaining appropriate wheelchair information for carers
- Staff training on recording the provision of information leaflets, and the offer for further training to carers
- Undertaking an audit of new referrals to the service who received carer information
- The development of a user training programme for carers to be tailored for individual training sessions with patients and carers.

In summary, all our Hillingdon Community Health quality priorities were achieved for 2012/13. These measures will not be reported on in next year’s Quality Account, however they will continue to be measured, monitored and reported on within the relevant internal forums over 2013/14.

Camden Provider Services (CPS)

In Camden Provider Services we focused our quality priorities around two main areas: clinical quality in our HIV services, and patient experience.

Clinical quality in our HIV services

The two quality priorities measured within the Trust’s HIV services are aimed at ensuring our clinical practices are effective and that our patients remain safe and healthy. Given how important this is, high targets were set.

MEASURE A: At least 95% of HIV patients whose immune systems are maintained at a CD4 count greater than 200

![Graph showing MEASURE A progress]

We achieved a good result of 97%, 14% better than the national average. This is due to the close on-going engagement with, and education of our patients in treatment compliance through our service user workshops and leaflets, supported by our committed teams of doctors, health advisors and patient representatives. We also monitor our electronic system which filters all patient results and flags when an individual has a low CD4 count. This allows for early identification, management and follow-up.

MEASURE B: At least 95% of patients with a viral load less than 50 copies/ml within one year of treatment commencing

![Graph showing MEASURE B progress]

This measure indicates how well the infection is monitored and controlled once treatment has begun. The viral load reflects the amount or number of copies of virus per milliliter (ml) of blood. Less than 50 copies/ml, is deemed ‘undetectable’, and ensures that the damage the infection can have to the immune system and other organs is kept to a minimum, and that the patient is much less infectious. We therefore monitor this very closely.

This year-to-date performance achieved 94%, and although this narrowly missed the target, it out-performed the national average of 87%. Our performance throughout the year has been maintained around our 95% target with only slight fluctuations. This has been due to our electronic filtering system which automatically flags to clinicians when a patient’s viral load

CD4 cells (cluster of differentiation 4) sometimes called T-helper cells, are a type of white blood cell that fights infection, and their ‘count’ represents their number per cubic millimetre of blood. Monitoring this at a level greater than 200 is vital to ensuring the patient’s immune system is healthy.

This measure is one which reflects that many other good practice points have taken place in maintaining our patients’ immune systems; including that we correctly monitored and identified those patients in need of treatment, started them on treatment in good time, used effective treatments, monitored those treatments, and supported patients in their adherence to the treatments.

* Source: Health Protection Agency, November 2012

<table>
<thead>
<tr>
<th>2011/12</th>
<th>2012/13</th>
<th>National*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Target 95%
The graph shows that this year, 95% of patients (175/185) rated the response to call bells as satisfactory or better. This represents a significant improvement when compared with 2011/12 where this figure was 82% (204/248). Call bell response was measured as part of the inpatient exit questionnaire on a quarterly basis. Following comments from patients regarding delayed response to patient hand-held call bells, an electronic system was put in place in June 2012. A snapshot audit of response times was undertaken in October, covering response times over a 24 hour period. Results indicate that the electronic system encourages a prompt response from staff. In tandem with this work, a questionnaire on patient perception regarding call bell response times was planned for March 2013 in order to compare the empirical data that is collected via the electronic system with patient experience.

This target will continue to be measured and reported on next year. However, the target is being reviewed by service managers and will take into account the benchmark set by our quarter four results. The new target will reference the percentage of patients rating response to call bells as satisfactory or above, and will continue to be measured internally.

In order to ensure the Trust continues to meet this target we are:
- Monitoring clinic start times to avoid the knock-on effect of late starts and taking appropriate action
- Looking at the anticipated mix of emergency walk-ins and booked appointments for each clinic
- Changing the staff skill mix according to the patient case mix to ensure best care and speed of patient pathway
- Ensuring all our computer systems are ready to use as soon as the clinic opens

CNWL would like to improve its performance further in this area, and will continue to monitor this on a monthly basis throughout next year. Our year end performance will be reported in next year’s report.

**MEASURE B: Number of responses stating poor responsiveness to call bells on the inpatient wing of St Pancras Hospital**

Last year a patient survey indicated some concern regarding the responsiveness to the call bells on the inpatient wing. This year we set ourselves the challenge that by quarter four we would have no responses stating that responsiveness was ‘poor’ in subsequent surveys. Unfortunately we received ten ‘poor’ responses, and therefore did not meet this target. However, for context, the graph below shows that the overall results are encouraging, given a notable improvement from the previous year.

Our sexual health services can be very busy, dealing with walk-in patients as well as those who have scheduled appointments. We wanted to ensure that this is being effectively managed and that those who arrive on time with an appointment do not have to wait long.

Our performance this year-to-date was 91%, so we surpassed our 80% target.

It is important to note that appointment numbers were higher than ever for the Trust’s sexual health services. For example, the Mortimer Market Centre saw an increase of 11% in activity levels compared to the same period in the previous year.
Quality priorities for 2013/14

In this section we will outline our quality priorities for 2013/14. We will describe the journey we have taken to arrive at these quality priorities, explain the rationale for them, and how we will measure, monitor and report on them.

For each quality priority we have identified specific indicators and targets. Data will be collected throughout the year against these indicators, to help us measure how we are performing in these areas. This is so that we can put things right for service users throughout the year, as well as put action plans in place to drive up the quality of services.

It is important to note that these are not the only indicators of quality we monitor, and our work is not limited to delivering against these. To this end, we have included ‘In focus’ good news stories to give you further understanding of the varied and innovative work we are performing in these areas. This is so that we can put things right for service users throughout the year, as well as put action plans in place to drive up the quality of services.

Our organisational learning themes from 2011/12 were:

<table>
<thead>
<tr>
<th>Mental health and allied specialties</th>
<th>Community physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement, communication and information sharing with users, carers and professionals</td>
<td>Reduction in falls</td>
</tr>
<tr>
<td>Managing transitions in care pathways</td>
<td>Reduction in transfer and discharge issues with outside organisations</td>
</tr>
<tr>
<td>Physical health in a mental health context</td>
<td>Reduction in avoidable pressure ulcers</td>
</tr>
<tr>
<td>Better understanding and compliance of policies and procedures</td>
<td>Reduction in medication administration issues</td>
</tr>
<tr>
<td>Protecting staff from violence</td>
<td>Reduction in waiting times for district nurse visits (HCH)</td>
</tr>
<tr>
<td></td>
<td>Reduction in complaints about wheelchair supplier (CPS)</td>
</tr>
</tbody>
</table>

These themes form part of our annual Organisational Learning Report 2011/12 which is overseen by the Organisational Learning Group (chaired by a clinical director). Each theme is assigned a particular lead, or designated committee to develop and monitor the implementation of action plans to address issues, and updates are reported twice a year.

In reviewing and analysing our quality data, we identified areas which indicated that further improvement and embedding of actions were required. These, along with our organisational learning themes, directly informed discussions with our stakeholders for what our next year’s quality priorities should be.

Organisational learning themes

Our organisational learning themes are an important source for identifying areas for improvement within the Trust as these are identified through analysing and ‘triangulating’ data from complaints, claims, PALS (Patient Advice and Liaison Service), incidents, and staff, patient survey and clinical audit results.

We will also demonstrate whether each measure aligned to a CQUIN, is a new measure or an extension of a measure from the previous year.

How we agreed our quality priorities for 2013/14

Our approach to developing our quality priorities for 2013/14 built on and expanded on our methodology from last year and the positive reviews it received: We held more consultation events throughout the year, and consulted with more people.

We considered a wide range of information when identifying our quality priorities for 2013/14. This included:

- Performance against our current quality priorities and other quality indicators throughout the year
- Organisational learning themes
- Feedback from consultation with our stakeholders

Our quality data

In reviewing and analysing our quality data, we identified areas which indicated that further improvement and embedding of actions were required. These, along with our organisational learning themes, directly informed discussions with our stakeholders for what our next year’s quality priorities should be.

Consultation with stakeholders

We value the views of our stakeholders, and proactively facilitate engagement and partnership with them. This year we aimed to strengthen our working relationships further with our LINks (Local Involvement Networks). For example, the Trust hosted quarterly public engagement meetings to feed back our progress against our quality priorities, other quality indicators, associated action plans and organisational learning themes. These forums also facilitated two-way communication relating to CNWL’s forthcoming quality priorities for the next year.

Throughout December 2012 and January 2013, the Trust hosted a further programme of quality priority consultation workshops with staff, service users, carers and the Council of Governors. These forums shared similar information to inform discussions and feedback.

Key messages

The following section shows the consistent themes we heard from our discussions with our internal and external stakeholders.

Stakeholders felt that CNWL should reduce and consolidate our current quality priorities to enable further focus, and the embedding and improvement of current quality priorities, rather than developing a new set of priorities. It was also felt that measures should span the whole organisation, rather than be relevant to a particular service: this would allow for consistency in service provision around the quality priorities, and benchmarking between services to occur. We will not lose sight of those indicators that are specific to individual services. These will continue to be monitored and reported on internally and externally via the integrated dashboard but not necessarily in the annual Quality Account.

Consistently, feedback suggested that the Trust’s quality priorities should be developed around three key areas: care planning, carer involvement and support, and service satisfaction.

Our discussions throughout the year culminated in the all stakeholder consultation event which was held on 7 March 2013. Here our draft quality priorities for 2013/14 were presented for further feedback and refinement. It was attended by over 50 delegates and was held for representatives from LINks, service users, carers, Council of Governors, commissioners, GPs, overview and scrutiny members, staff and the Chair of our Board. Each stakeholder group was given the opportunity to feed back their views, share personal insights, and experiences and network. The event received very positive reviews with one anonymous service user requesting more similar events as “they have given service users more hope and reminded the staff members why they work here and what it is all for”.

Key messages from each group were collated and analysed for consistency in emerging themes.
Key themes from our discussions on the day included:

- Stakeholders valued CNWL’s ambitions for culture change towards one of ‘partnership’, ‘personalisation’ and ‘hope’, where both service users and carers are part of the on-going care planning process; however, that this does not solely focus on their needs/wants and ignores the full spectrum of need, risk and safeguarding.

- Access to information and resources: knowing what services are available to service users and carers, and how these can be accessed, with one stakeholder stating “I have a problem seven days a week, not nine to five”.

- To assess service satisfaction through eliciting the qualitative feedback – the understanding of the rationale for responses, as well as the context of the responder, for example, how long ago they were discharged, provides far richer and more useful feedback for service development.

- That our quality priorities utilise a universal language which is used and understood by all services, service users and carers.

The feedback from this event helped to inform the final quality priorities for 2013/14.

Quality priorities 2013/14

This year CNWL’s quality priorities apply across all the Trust’s services, to ensure that there is a consistent approach and measure of quality across the organisation. Given the integration with Milton Keynes Community Health Services took place on 1 April 2013, these services will continue to work towards separate quality priorities during 2013/14, which can be seen on page 31.

Priority 1: Helping our patients to recover by involving them in decisions about their care

CNWL has a clear recovery approach to care, which continues as a key theme in this year’s quality priorities. This priority builds on our focus of recovery and involvement in previous years, with the aim to make continued improvements in this area, in order to improve the health and wellbeing of our local population.

It is vital that we involve our patients and service users in decisions about their care. Key to achieving our recovery goals is the involvement of our service users in the creation of their care plan, thereby developing shared ownership of their goals and treatment. Through this partnership approach we can ensure that issues important to individuals form part of their care plan, working in the knowledge that patients who know, understand and shape the actions they can take to aid their recovery, are more likely to follow their treatment and therefore recover.

We want to make sure that all our patients are offered a copy of their care plan, and report feeling involved in decisions about their care. This is a priority for the Trust in terms of improving the overall quality of our services; keeping patients’ safe and providing effective care.

We have three ways of measuring this priority for the year, as follows.

CNWL’s Recovery College was launched in April 2012. The third college of its kind to be developed in the UK, the college follows an adult education model and delivers a series of recovery focused courses. The college promotes opportunities for the recovery and social inclusion of people with experience of mental illness. All courses are designed to develop and assist students to grow in the way they want to, to have a voice, to be heard, to have choices, and to have control in their recovery journey.

CNWL’s Recovery College is run by staff with lived experience of mental health problems and mental health practitioners, co-producing and co-delivering all the courses in recognition of the value of both types of expertise. It is open to people who use services, their carers and CNWL staff. This joint learning environment helps to break down the barriers between “them” and “us” that can perpetuate stigma and exclusion.

So far the college has successfully completed three terms. 554 individual students have attended, 415 of whom were people who use services, 21 carers and 118 staff. In total there were 2,020 attendees.

Courses are currently offered across five London boroughs that the Trust provides services in and is developing CNWL Recovery College ‘spokes’ or local development leads across all service lines.

Syena Skinner, Manager CNWL Recovery College

It’s OK for me to know what I would like in terms of my recovery and to be more assertive or resourceful about achieving this.

CNWL Recovery College student

Above: A community physical health patient from Camden.
Our measures for this year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target 2013/14</th>
<th>Target 2012/13</th>
<th>Achievement 2012/13 or 2013/14</th>
<th>Measure same as last year but sample extended</th>
<th>Is a CQUIN for 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Patients report being ‘definitely’ involved as much as they want to be in decisions about their care plan</td>
<td>65%</td>
<td>65%</td>
<td>57%</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>1B. Inpatients and community (mental health) patients have been offered or given a copy of their care plan</td>
<td>95%</td>
<td>95%</td>
<td>71%</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>1C. Community health (HCH/CPS) patients have an agreed care plan</td>
<td>95%</td>
<td>-</td>
<td>New measure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Why have we set these priorities?

As outlined above, we believe in working in partnership with our patients and service users to ensure that they are involved in their care. The Trust first introduced measures in this area in 2010/11, and whilst we are pleased to note improvements in this area, we are aware that we still have a lot of work to do to make this integral to the way our teams work on a daily basis.

Last year we aimed to achieve 65% of our patients reporting to ‘definitely’ being involved as much as they wanted in their care plan development, which we were unfortunately unsuccessful in achieving. We will therefore be placing greater emphasis on this area throughout 2013/14 and have introduced this quality priority across our community services for the first time.

How are we going to achieve and monitor them?

This priority will be measured using a combination of quantitative data, obtained from spot check audits of patient records, alongside information on patient experiences that demonstrate real life outcomes for our patients and service users.

This data will be reported via our integrated dashboard, fed back to the Trust’s clinical service lines for action planning, and reviewed and scrutinised by our internal committees, as detailed on page 34.

We aim to build quality on a patient by patient basis. Each time we become aware that an individual has not been involved in their care plan, we will ensure that this is fed back to the appropriate clinical team in order to make improvements, not only for that individual but for others going forward, as the teams review and amend their practice.

The Trust will also increase the focus in this area by training staff how to embed a recovery approach into their work practices and by working with teams to make sure they know how to accurately log that they have shared a care plan with a service user.

Priority 2: Supporting carers to look after their loved ones

Many of our patients and service users are cared for by people outside of the healthcare setting, namely by their family and friends who act as a key part of the support network an individual has in place during their journey to recovery. It is important for the Trust to identify whether an individual has a carer or not, as we can then actively involve carers in care plans, and ensure that everyone is working together to reach a collective, shared goal.

Carers also have needs and requirements of their own, and once we have identified that a caring relationship is in place, we can help carers to access wider support networks and ensure that their own health and wellbeing needs are being met.

CNWL works in partnership with a range of carer organisations including local government, to further develop our knowledge and understanding of the various roles that carers provide when supporting service users who access our services. With the provision of community health services in Camden and Hillingdon, we need to better understand the needs of carers supporting individuals accessing the various community health services we provide, as we continue to introduce carer-inclusive practice across all service lines. This year CNWL has launched a Carers Council, chaired by a carer governor, to oversee carer developments across the Trust. The Carers Council have identified key priorities which are aligned with the Trust’s quality priorities outlined below, to monitor and oversee the implementation of these workstreams.

Our measures for this year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target 2013/14</th>
<th>Target 2012/13</th>
<th>Achievement this year</th>
<th>Measure same as last year but sample extended</th>
<th>Is a CQUIN for 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Patients have their ‘carer status’ identified</td>
<td>70%</td>
<td>55%</td>
<td>75%</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2B. Do carers feel supported by CNWL and do they know how to access support in a crisis?</td>
<td>Identification of key themes from responses to inform action plans</td>
<td>Identification of key themes from responses to inform action plans</td>
<td>Achieved</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>
Why have we set these priorities?
A quality healthcare service is one which understands and delivers beyond the expectations of its service users. We want to understand how satisfied our service users are with the services they receive, and specifically why they have responded in the way that they have.

Through understanding patients’ satisfaction with our services, we will be able to share and develop good practice across the Trust where things are working well, as well as to make changes and innovate in areas which are not working as well. These may be service-wide or team-specific recommendations.

The priorities outlined above make use of a measure which has been nationally recognised and tested for validity: The Department of Health’s Friends and Family test, which has been implemented across A&E departments and hospital wards since April 2013. This provides a simple and comparable measure which, when combined with further follow-up questions, provides robust information for the Trust to use. This will be used for our community physical health surveys in Hillingdon and Camden, and also reflects one of Milton Keynes Community Health Services’ quality priorities. Measure 3B, also featuring in the national patient survey, will be applied to our mental health and allied specialty services.

In focus
Carer contact cards
We heard from our carer focus groups that carers wanted the contact numbers of whom to contact if their family member or friend was in crisis. As a result, and with the development of the new Out-of-Hours Urgent Advice Line, we have designed and produced new carer contact cards. These were created in partnership with carers and rolled out across our services in April 2013.

Priority 3: Making sure people who use our services get the best care we can provide
It is important that our service users and patients receive the best possible care from CNWL. This is a new quality priority for the Trust and represents a key message received through our stakeholder consultations, in line with our commitment to our patients and services users as part of the NHS Constitution.

Our measures for this year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target 2013/14</th>
<th>Target 2012/13</th>
<th>Achievement 2012/13 or new measure this year</th>
<th>Measure same as last year but sample extended</th>
<th>Is a CQUIN for 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Service users response to the question &quot;How likely are you to recommend CNWL services to friends and family if they needed similar care or treatment?&quot;</td>
<td>Baseline set Q1; with an improvement by Q4</td>
<td>-</td>
<td>New measure</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3B. Overall, how would you rate the care you have received from CNWL services in the last 12 months?</td>
<td>Baseline set Q1; with an improvement by Q4</td>
<td>-</td>
<td>New measure</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3C. A thematic review of the follow-up question &quot;Please can you tell us the main reason for the score you have given?&quot; to inform action plans for improvement</td>
<td>Identification of key themes from responses to inform action plans</td>
<td>-</td>
<td>New measure</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Why are we going to achieve and monitor them?
Data for these priorities will be collected via telephone surveys and focus groups on a quarterly basis.

As these are new measures for our services, the data collected in quarter one will act as our baseline which we will aim to exceed by quarter four.

In order to score how we have achieved against measure 3A, we will adopt the ‘net promoter score’ which is considered by the DoH to be the most effective at delivering the benefits from this measure. In summary, it is calculated from the proportion of patients who would ‘strongly recommend’ the service minus those who would ‘not recommend’, or are ‘indifferent’. Measure 3B performance will be calculated by including those who rate services as ‘good’ or ‘very good’. Finally, measure 3C represents a follow-up question to understand the reasons service users have responded in a particular way. This qualitative data will be reviewed for common themes, and further inform where actions are needed.

Data will be reported via our integrated dashboard, fed back to service lines for action planning, and reviewed and scrutinised by our internal committees on page 34.

In focus
Northwood and Pinner Community Unit
Thank you all so much for your kindness and thoughtful care given to my mother while she has been on your ward. During my visits I have observed how very hard you all work to tend to patients’ needs and to try to make everyone as comfortable as possible. You are a very special and splendid group of people. You should be very proud of your efforts and you are most certainly in our debt.

Relative
Introducing Milton Keynes Community Health Services (MKCHS)

In December 2012 it was announced that CNWL was successful in its bid to integrate with Milton Keynes Community Health Services (MKCHS). CNWL formally welcomed colleagues from MKCHS on 1 April 2013. This integration represents a great opportunity for both organisations to pool their strengths and share learning and resources to enhance the quality, safety and effectiveness of healthcare services.

MKCHS provides a wide range of NHS community physical and mental health services, including intermediate care, community equipment and learning disability services.

In summary MKCHS:
• Provides more than 50 different community health care services to residents of Milton Keynes, as well as services at Her Majesty’s Prison Woodhill and specialist dental services across Milton Keynes and Buckinghamshire
• Services are delivered from 25 sites, but mostly provided within people’s own homes
• Employs 1,100 staff

MKCHS prides itself in providing high quality health and social care services, tailored to the needs of individuals and delivered close to home. The services have experienced year-on-year improvements in staff survey results, with nine out of ten service users stating they would recommend MKCHS to a relative or friend, and approximately 60% of residents rating Milton Keynes as having ‘joined-up community and social care services’ (20% higher than in other parts of the country).

However, Care Quality Commission (CQC) inspections have found one of MKCHS’s mental health inpatient units, the Campbell Centre, to be non-compliant with CQC essential standards. The Campbell Centre has been identified within the Trust as requiring special support in helping it achieve compliance with the CQC standards, and an intense programme of work has commenced.

Key objectives include:
• To ensure leadership and management of the Campbell Centre is robust, tenable, and able to deliver the programme of change
• To ensure required action is taken, with patient safety as the primary objective
• To enable a programme of staffing change and development to support and sustain the necessary actions required.

MKCHS quality priorities 2013/14

MKCHS followed their own programme of consultation with their stakeholders to develop their quality priorities for 2013/14. Next year the Trust intends to merge our consultation processes and quality priorities.

MKCHS stakeholder engagement developed throughout the year via key meetings and committees. Specifically, leading up to the finalisation of MKCHS’ quality priorities for 2013/14, consultation with the following groups took place:
• LINks Patient Participation Group
• LINks Quality Account presentation
• Commissioner Quality Review Group meeting
• MKCHS senior managers workshop
• Patient Experience Strategy Working Group campaigns sign off meeting
• Health Overview and Scrutiny Committee presentation

Following this engagement, MKCHS identified the following three quality priorities for 2013/14:

Priority 1: Transfer of care

When people transfer from one clinical setting to another, we need to have effective systems in place to ensure that they are transferred safely. This is of particular importance for some of our most vulnerable service users who need complex arrangements to be put in place, involving many different health and social care professionals.

Incidents relating to poor transfer of care between services are reported regularly by our services; most relate to the transfer into our services, and many have resulted in harm. We have undertaken trend analyses to understand the impact on service users and their carers, and have shared the findings with relevant partner organisations.

Whilst there have been some positive developments in care pathways for people with complex needs, progress has fluctuated because of the difficulties in working across organisational boundaries, and to date there has been no measurable improvement in the frequency or severity of the incidents. It is important therefore to maintain our focus on this serious patient safety issue in 2013/14.

Our priorities for this year

MKCHS will work in partnership with other local health and social care providers to reduce the number of transfer of care incidents over the next 12 months therefore reducing the potential for preventable ‘harm’. This target will be measured as follows:
• Measure 1a: MKCHS will forward 100% transfer of care incidents reported by our staff to the relevant organisation for investigation within one week;
• Measure 1b: The proportion of transfer of care incidents originating from MKCHS, that result in moderate or major harm or death, will fall to below 13% of the total by August 2013, to below 10% of the total by October 2013, and to below 5% of the total by year end.

Why have we set these priorities?

The nature of transfer of care incidents, and their impact on service-users and carers in Milton Keynes is well understood through rigorous analyses of incident trends and complaints. Poor transfer of care affects:
• The safety and wellbeing of service users
• Access to appropriate and timely treatment, care and rehabilitation
• Service user and carer confidence in local health services
• Relationships between service users and health care professionals and between staff in different settings.

Although this is not a national or local CQUIN target, it is of high importance to our service users, and we want to ensure that people who use our services are reassured that their safety and wellbeing is our top priority.

How are we going to achieve and monitor them?

Through the Milton Keynes Safeguarding Adults Board, we will ensure the adoption and implementation of the multi-agency Transfer of Care Strategy. This will ensure that there is a ‘Board to ward’ approach to transfer of care with strong leadership, accountability and engagement by all staff.

We will continually monitor adverse events (through complaints, safeguarding referrals and incidents) and carry out regular audits to highlight areas for improvement. Quarterly reports will be produced, and presented to the Milton Keynes Adults Safeguarding Board, and this will...
be a standing agenda item at the Milton Keynes Quality Committee. Progress will also be discussed via the Quality Assurance Report which is presented to the Board on a bi-monthly basis.

Priority 2: Responsiveness to patient needs and improving patient experience

An organisation’s responsiveness to a patient’s needs is key to the quality of patient experience. Annually a score is given to each NHS health organisation based on the answers to five questions within the Care Quality Commissions (CQC) national inpatient survey. For MKCHS this survey is only relevant to our mental health units, as community care at present is not included.

During the last 12 months we have not only been working to improve overall scores for our mental health units but gathering baseline information on the five questions for all services across MKCHS.

A further measure of patient experience is gathered via the ‘Friends and Family Test’, discussed on page 28 of this Quality Account. This asks all patients who have been discharged from an inpatient setting if they would recommend the service to their friends and family.

In 2012/13 our commissioners set a quality (CQUIN) target using this tool which solely focused on discharged inpatients. However, the majority of our community patients remain with us indefinitely owing to the nature of their health problems. For this reason, we decided to target a percentage of each service’s caseload and in order to get a benchmark to work from, enabling us to collect standardised data across the whole of the organisation.

Our priorities for this year

• Measure 2a) Responsiveness to inpatient needs: To improve on MKCHS mental health services 2011/12 score, based on the CQC national inpatient survey for responsiveness to patient needs; and exceed the national average for this measure.

• Measure 2b) Friends and Family Test: To deliver the Friends and Family Test across all MKCHS services (including discharged inpatients, and a sample of our community caseload), and achieve a year-end position within the top 50% of the national result.

• Measure 2c) Friends and Family Test national staff survey results: To improve on the 2012 national staff survey result of 3.76/5 for this measure in the 2013 national staff survey.

CQUIN

The Friends and Family Test is not a national CQUIN for community, learning disabilities or mental health providers, however MKCHS have committed to progress this agenda, knowing that in 2014/15 it will become a requirement. By continuing to collect this data, we will be able to benchmark progress against local and national CQUIN.

Why have we set these priorities?

At the heart of the NHS Constitution putting the patient first is a priority. Over the years, we have built on this overarching value and principle and are seeing real and positive changes in the way we deliver services. This has increased not only patient satisfaction but the satisfaction and pride of our staff in the services and care they deliver.

We understand that improvements should be continuous and this agenda is still evolving. There is still much to do and it will be important to continue the momentum already achieved. The listed targets will enable us to further demonstrate, and embed a culture of putting the patient first.

How are we going to achieve and monitor them?

We will continually monitor patient experience feedback through a variety of methods; patient stories, complaints, locally agreed patient experience campaigns, focus groups, family and friends test, and the national patient and staff surveys.

This information will be reviewed, acted on, and fed back to staff and service users. Monitoring will take place via our Patient Experience Strategy Working Group, our Quality Committee as a standing agenda item and through the Quality Assurance report that is presented to the Board bi-monthly.

Priority 3: NHS Safety Thermometer - organisational ambition of zero ‘avoidable’ pressure ulcers

The NHS Safety Thermometer is a national tool that was developed for acute hospital settings.

This tool has now been included in the national CQUIN targets for all NHS organisations (apart from ambulance services) and is used to monitor falls, urinary infections in patients with catheters, pressure ulcers, and venous thromboembolism (blood clots).

Using the data that is collected on a monthly basis, a percentage of ‘harm-free care’ can be calculated for each organisation. On the basis of national data, it is likely that most organisations will find that the majority of their harm is represented by pressure ulcers.

MKCHS have been actively working towards zero avoidable pressure ulcers for a number of years. However, a whole system pressure ulcer peer review coupled with the SHA pressure ulcer ambition work has enabled a more targeted approach to this ambition.

Our priorities for this year

• Measure a) MKCHS to undertake a survey once a month using the NHS Safety Thermometer tool

• Measure b) MKCHS to improve on the 2012/13 baseline data for collection of pressure ulcer data

• Measure c) MKCHS to achieve a year end baseline for the number of recorded avoidable pressure ulcers to be measured against in the following year.

CQUIN

Compliance with the NHS Safety Thermometer is a requirement for MKCHS as a national CQUIN.

Why have we set these priorities?

We know from the information collected through serious incident reporting, and the collection of monthly data via the NHS Safety Thermometer that pressure ulcers are a problem for patients in Milton Keynes. Pressure ulcers cause considerable distress and pain to patients so if they can be avoided it must be a priority that this is achieved. It has taken us time over the last year to ensure an accurate system of identifying avoidable and unavoidable pressure ulcers, however this is now achieved.

How are we going to achieve and monitor them?

Working from six months worth of data, we will now be able to monitor and target effective pressure ulcer education, avoidance, and care. Monthly service level monitoring will be overseen by our Clinical Quality Manager via the Zero Pressure Ulcer Ambition Group. Results will be reported via the Quality Assurance Report on a bi-monthly basis for further scrutiny and assurance by the Quality Committee and the Board.

Finally, progress against all MKCHS quality priorities will be reported to the CNWL Quality and Performance Committee throughout the year for review, scrutiny and support to ensure measures are achieved as set out. These results will then be reported to CNWL’s Operations Board (on a by exception basis) and to the CNWL Board.
Monitoring and sharing how we perform

Measuring and monitoring our performance

The measuring and monitoring of safety, effectiveness and service user/carer experience of CNWL services is a top priority. This is done in a variety of ways to provide the broadest and most accurate, in-depth picture of the quality of services delivered.

We monitor our performance against our national indicators and current and previous quality priority measures on a monthly and quarterly basis. Data against these measures is collected in a variety of ways, including both quantitative and qualitative methods, outcomes/patient reported and process information, to provide us with the most rich and informed picture of quality.

We run clinical audits (spot checks on our documentation and processes), service user surveys (run by a trained group of service users), focus groups with carers, and participate in national audits and service user and staff surveys. We have also improved our computer systems so that it is possible to more efficiently capture information and report on performance from these systems. Where necessary, actions are developed and this information is reported throughout the year to both central committee and local service line review groups.

We also compare or ‘triangulate’ the messages from our incidents, complaints, claims, PALS and audits to produce organisational learning themes. These themes, as described in the previous section, are used to inform action plans with executive leads to ensure improvement in the area identified, and used to inform quality priorities in the coming year.

Finally, we monitor and review our quality of care against the Care Quality Commission’s (CQC) essential standards for quality and safety. In November 2012, we implemented an electronic system to support our monitoring, reviewing and reporting of compliance against these standards in a far more efficient, robust way. The system also allows us to more easily analyse and action plan against third party information the CQC holds within CNWL’s quality and risk profile.

Benchmarking

CNWL is a member of the NHS Benchmarking Network. The network carries out national benchmarking across all mental health and community trusts across a variety of performance measures, such as ‘length of stay’ or ‘re-admission rates’ for example.

We are also a member of the Prescribing Observatory for Mental Health (POMH-UK). CNWL undertakes clinical audits as part of a national programme relating to medicine prescribing and side effect monitoring, in order to benchmark ourselves against other trusts providing mental health services. Where areas for improvement are identified, the actions are agreed with our services and performance is monitored via the appropriate committee or service to ensure that improvement is made.

Reporting our performance

Data that we find from the various methods outlined above is shared with each of our service lines, who in turn discuss, scrutinise and action plan against areas for improvement. Service lines monitor their quality and performance data via their service line quarterly review meetings (attended by one of two directors of operations, service line heads and other senior staff), as well as at local monthly care quality management groups with the service line. It is at this level that issues can be acted upon to ensure improvement and commitment to providing high quality services.

On a monthly basis, the data and associated actions for improvement are reported to and overseen by our Quality and Performance Committee (chaired by a non-executive director and made up of executive and other non-executive directors) and Operations Board (chaired by the Director of Operations). Here, quality and performance data is triangulated with other information streams such as performance against national and other indicators, CQUIN targets, incidents, and key human resource and financial measures for an all encompassing view of the organisation’s services and early identification of risk. This is facilitated by an integrated dashboard. The Quality and Performance Committee who have the key responsibility for this work provide the Board of Directors with assurance.

Results are also reported quarterly to our Council of Governors and to our public engagement meetings attended by our Local Involvement Networks (LINs) to share with their communities.

Statements relating to quality of NHS services provided

Our regulators need to understand how we review and are working to improve quality. The following pages include specific messages they have asked us to provide.

Services

During 2012/13 CNWL provided and/or sub-contracted seven relevant health services. These include:

- Mental health (including adult, older adult and CAMHS)
- Eating disorders
- Learning disabilities

Where we provide our seven NHS services:

<table>
<thead>
<tr>
<th>Mental health services</th>
<th>Other services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Older people</td>
</tr>
<tr>
<td>Brent</td>
<td>Y</td>
</tr>
<tr>
<td>Harrow</td>
<td>Y</td>
</tr>
<tr>
<td>Hillingdon</td>
<td>Y</td>
</tr>
<tr>
<td>Kensington and Chelsea</td>
<td>Y</td>
</tr>
<tr>
<td>Westminster</td>
<td>Y</td>
</tr>
<tr>
<td>Camden and Islington</td>
<td>Y</td>
</tr>
<tr>
<td>Enfield</td>
<td>-</td>
</tr>
<tr>
<td>Hounslow</td>
<td>-</td>
</tr>
<tr>
<td>Ealing</td>
<td>-</td>
</tr>
<tr>
<td>Hammersmith and Fulham</td>
<td>-</td>
</tr>
<tr>
<td>City of London</td>
<td>-</td>
</tr>
<tr>
<td>Surrey</td>
<td>Y</td>
</tr>
<tr>
<td>Kent</td>
<td>-</td>
</tr>
<tr>
<td>Barnet</td>
<td>-</td>
</tr>
<tr>
<td>Hampshire</td>
<td>-</td>
</tr>
</tbody>
</table>

*In partnership
**Referrals accepted nationwide and includes offender, diversion and treatment services
Participation in clinical audit

During 2012/13, four national clinical audits and one national confidential enquiry covered relevant health services that CNWL provides.

During 2012/13 CNWL participated in 100% of the national clinical audits and national confidential enquiries which it was eligible to participate in. These are as follows:

- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- Sentinel Stroke National Audit Programme (SSNAP)
- National audit of psychological therapies (NAPT)
- National Parkinson’s Audit
- Prescribing antipsychotic medication for people with dementia
- Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents and adults
- National clinical audits
- National schizophrenia audit
- POMH
- National Parkinson's audit
- Genito-Urinary Medicine Audit - BASHH

The reports of five national clinical audits were reviewed by the provider in 2012/13, and CNWL intends to take the following actions to improve the quality of healthcare provided:

- National Schizophrenia Audit: The audit results have been reviewed by the provider in 2012/13, and CNWL intends to take the following actions to improve the quality of healthcare provided.
- Prescribing in mental health services (POMH)
- National audit of psychological therapies (NAPT)
- National Parkinson’s Audit
- National Schizophrenia Audit
- Prescribing antipsychotic medication for people with dementia
- Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents and adults
- National audit of psychological therapies (NAPT)
- National Parkinson’s Audit

<table>
<thead>
<tr>
<th>National confidential enquiry/national audit</th>
<th>Cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)</td>
<td>94.9% (for period January 2006 to January 2012)</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
<td>None submitted to date - data collection for the clinical component of SSNAP began in December 2012. Arrangements are being put in place to gather and submit the required data</td>
</tr>
<tr>
<td>Prescribing in mental health services (POMH)</td>
<td>89 cases submitted</td>
</tr>
<tr>
<td>Screening for metabolic side effects</td>
<td>57 cases submitted</td>
</tr>
<tr>
<td>Prescribing antipsychotic medication for people with dementia</td>
<td>454 cases submitted</td>
</tr>
<tr>
<td>Prescribing for Attention Deficit Hyperactivity Disorder (ADHD) in children, adolescents and adults</td>
<td>Data collection ongoing as at 31st March 2013 (No set number required - audit sample determined by Trust)</td>
</tr>
<tr>
<td>National audit of psychological therapies (NAPT)</td>
<td>Approximately 127 cases submitted</td>
</tr>
<tr>
<td>National Parkinson’s Audit</td>
<td>A minimum of 50 cases was required for the audit</td>
</tr>
</tbody>
</table>

The reports of approximately 270 local clinical audits were reviewed by the provider in 2012/13, and CNWL intends to take the following actions to improve the quality of healthcare provided.

- National Parkinson’s Audit Report 2011 (published May 2012): Camden Provider Services submitted data for this audit. There were only seven eligible cases in the service and the audit took a snapshot of clinical practice rather than comparing practice to standards. The audit did not identify any cause for concern or urgent improvement required, however the results of the audit will be used in the future to assist in shaping services.

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

**Sexual health and HIV services**

**Audit title:** Genito-Urinary Medicine Audit - BASHH Guidelines for Gonorrhoea Management

**Actions:**
- Undertake a Gonorrhoea Test of Cure Audit - to be presented in 2013
- Record that written patient information is given via a new domain in the Health Advisor eForm
- To produce a new clinic leaflet informing patients of the importance of taking gonorrhoea cultures and returning for test of cure
- To review the National Standards for Gonorrhoea, to ensure that our local guidelines for first line antibiotic treatment are fully compliant.

**Camden Provider Services**

**Audit title:** Catheter Care Audit

**Actions:**
- Introduce a community catheter care booklet. This is designed to be personalised to the patient and provide details of management, education provision, a catheter diary and problem solving
- Improve documentation to prompt staff to record whether alternatives to indwelling catheters have been considered
• Ensure an on-going review of need for catheter documentation, trial without catheter and staff competency.
• Audit the use of the catheter care booklet during 2013/14.

Audit title: Wheelchair Service Non-attendance Audit 
Actions taken prior to the audit period which resulted in improvements to the non-attendance rate:
• Meeting held to review the reliability of transport and identify actions that could be taken by both parties to reduce the number and impact of issues.
• Clients are sent a letter to provide them with details of their appointment, they then receive a phone call 24 hours before the appointment to confirm attendance, and should a client be too ill to attend, attempts are made to book another client into that appointment slot.

Further actions:
• On-going monitoring of the non-attendance rate through performance reporting to ensure that the non-attendance rate remains below target.

Hillingdon Community Health 
Audit title: Cold Chain Monitoring Audit 2012

Actions:
• Information has been sent to all clinics and GP practices that vaccine fridges must not have anything other than vaccines in situ as this is a breach of the cold chain.
• A reminder has been sent to clinics’ supervisors to ensure that the minimum/maximum temperature is recorded daily.
• Information has been sent to all staff reminding them about disposing of vaccines and sharps safely.

Audit title: District Nursing Deaths at Home and in Preferred Place of Care 
Actions:
• The service plans to undertake another audit in 2013/2014, to capture how many patients with a non-malignant diagnosis are identified by teams and placed on the End of Life register.

Mental health and allied specialties
Audit title: Liaison Psychiatry Services, Northwick Park Hospital: An Audit of the Standard of Medical and Psychosocial Care for Inpatients with Alcohol Dependence in an Acute Hospital

Actions:
• Review treatment guidelines, and develop new pathways for the treatment of alcohol use disorders and these findings will serve as a baseline for future service evaluation, including pick-up rates from referrals to community alcohol services.
• Introduce a process of reviewing chlordiazepoxide during detoxification to reduce the numbers of patients experiencing delirium tremens.
• Routinely review dose of chlordiazepoxide from evening to noon to allow same day discharge.

Audit title: Community Rehabilitation Services: An Evaluation of Self Administration in Supported Accommodation

Actions:
• To develop a training package for both staff and service users around self administration.
• To review equipment and facilities to support with the implementation of the self administration policy.

Audit title: Acute Inpatient Service (Mental Health) Admissions Audit

Action:
• Implementation of a project considering the referral pathways into the acute service line for known patients as a joint project with acute bed management and psychiatric liaison to try and reduce re-admission by known patients.

Audit title: Missed Dose and Prescription Chart Audit – HMPTYO Feltham

The audit results show that there has been overall improvement from the previous audit, particularly in the following areas:
• Documentation of allergy status has improved since the last audit.
• Blanks on administration recording have improved.
• Missing photo ID has improved.
• Better documentation of the immunisation section on the charts.

Research

The number of patients receiving relevant health services provided or sub-contracted by CNWL in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 1991.

Throughout the year, the Trust has been involved in 66 studies 56 were funded of which three were commercial trials and 10 unfunded.

Over the past year researchers associated with the Trust have published 130 articles in peer reviewed journals.

Goals agreed with commissioners

A proportion of CNWL income in 2012/13 was conditional upon 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 relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2012/13, and for the following 12 month period are available online at: www.cnwl.nhs.uk

Last year (2011/12) CNWL achieved 96% of its CQUIN goals, securing the total CQUIN income of £5.8million. For 2012/13, CNWL’s CQUIN income equates to approximately £6.2million. Achievement against this was unconfirmed at the time of printing and will be reported next year.

What others say about CNWL

CNWL is required to register with the Care Quality Commission (CQC) and its current registration status is: unconditional registration. CNWL has no conditions on its registration. The CQC has not taken enforcement action against CNWL during 2012/13.

CNWL has participated in special reviews or investigations by the CQC relating to the following areas during 2012/13:

Research

In focus

Introduction of CNWL Pharmacy Clinical Trials

The Trust has an ambitious research and development plan for the future.

Until recently, the Pharmacy Department had not been able to support pharmaceutical trials due to lack of suitable facilities and therefore these types of trials could not be hosted by CNWL.

As a result of investment and planning approval, a new unit for hosting trials has now opened at the Trust’s pharmacy site at St Charles Hospital.

For the first time in CNWL’s history, clinicians will be able to enrol patients into key medicine related trials supported by the Trust’s Pharmacy Team.

Above: The pharmacy team support clinicians and patients who enrol in trials.

Anna Tyrrell, Chief Pharmacist
The Trust is committed to delivering high quality care and is committed to improving service quality and outcomes. CNWL has made the following progress by 31st March 2013 in taking such action: see table above for details.

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

- **Continue to review our information systems to ensure we are able to report by service line, including our community services.**
- **Continue with the distribution of weekly data quality reports with patient level data to identify any breach areas and ensure that plans are in place to capture and record information in a timely way.**
- **Continue to expand the provision of weekly QIS (the Trust’s business intelligence system) reports, to provide services with key performance data and enable monitoring of data quality.**
- **Develop audits in line with the standards set out in the Data Quality Policy and ensure all staff are made aware of the importance of data quality and the need to keep accurate records.**
- **Review and monitoring of benchmarking data (both internal and external) to ensure that CNWL compares favourably with other leading mental health organisations.**
- **Monitor progress against data quality, for all key indicators across all service lines via the internal integrated dashboard.**
- **Internal audits to measure compliance of KPI reporting against clinical notes.**
- **Review and develop more efficient data collection methods for manually collected data to support data quality improvement.**

CNWL recognises good data as a key tool to support patient satisfaction and safety, to understand our strengths and areas for improvement, and to test our services for efficiency and effectiveness in an increasingly competitive market.

#### Data quality

**NHS Number and General Medical Practice Code Validity**

CNWL submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, these are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number at quarter four 2012/13 was:

- 94.9% for admitted patient care
- 99.5% for outpatient care
- N/A for accident and emergency care.

The percentage of records in the published data which included the patient’s valid General Practitioner Registration Code was:

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

**Information Governance Toolkit attainment levels**

CNWL Information Governance Assessment Report overall score for 2012/13 was 85% and was graded satisfactory (green).

**Clinical coding error rate**

CNWL was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

### In focus

**An update on Payment by Results**

The Trust has continued its work to prepare for the implementation of Payment by Results in our adult and older adult mental health services. Our focus at CNWL over the last 12 months has been on ensuring that we have rigorous systems in place to support this new system of funding allocation, and to realise maximum benefits for our service users. PbR implementation will commence in a phased way from April 2013.

Under this new system, rather than purchasing a ‘block’ of mental health service provision, commissioners will buy a number of integrated care packages linked to the needs of the population they serve, and the demand for secondary mental health services. The care packages are linked to 20 needs-based ‘clusters’ defined nationally by the Department of Health but their content is decided at a local level. At CNWL, the work to develop our care packages has been undertaken in partnership with our service users, carers, staff, and commissioners and we have worked hard to ensure that they are in line with recognised best practice and recovery principles.

### CQC reviews of compliance

<table>
<thead>
<tr>
<th>Location</th>
<th>Outcome of review</th>
<th>Progress with actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Kensington and Chelsea Mental Health Centre</td>
<td>Fully compliant with CQC essential standards assessed</td>
<td>None required</td>
</tr>
<tr>
<td>Woodfield Road</td>
<td>Fully compliant with CQC essential standards assessed</td>
<td>None required</td>
</tr>
<tr>
<td>Rosedale Court</td>
<td>Fully compliant with CQC essential standards assessed</td>
<td>None required</td>
</tr>
<tr>
<td>South Wing, St. Pancras Hospital</td>
<td>Fully compliant with CQC essential standards assessed</td>
<td>None required</td>
</tr>
</tbody>
</table>
| Max Glatt Unit, South Kensington and Chelsea Mental Health Unit | Not compliant with outcome 13: Staffing | An action plan has been devised and a report on progress with the actions has been submitted to the CQC. Actions included:
  - Fast-track recruitment of two members of staff
  - A full-time modern matron and ward manager in post from January 2013
  - The development of a list of high quality, preferred bank staff with whom the ward manager is in regular contact to ensure they have the requisite skills and competencies. |
| HMP Young Offenders Institute Feltham         | Fully compliant with CQC essential standards assessed | None required         |
| North Westminster Recovery Team               | Fully compliant with CQC essential standards assessed | None required         |
### Part 3 Other information

#### Our performance against national priorities and historical quality priorities

The following section describes how we have performed against indicators required by Monitor (our regulator), the Operating Framework for the NHS in England, and our previous years’ quality priorities which we continue to monitor.

#### Service user safety

The indicators are grouped by the quality dimensions of Service user safety, clinical effectiveness and service user experience as per Lord Darzi’s High Quality Care for All report.

In some instances quality priorities measured in previous years were not measured for 2012/13. Where this is the case an explanation and assurance is given that quality in this area will not slip even though it is no longer reported in the Quality Account.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Target</th>
<th>2012/13</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
<th>Benchmark (where available)</th>
<th>National avg</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPA seven day follow-up</td>
<td>JADE scan</td>
<td>95%</td>
<td>97%</td>
<td>95.2%</td>
<td>96%</td>
<td>97%</td>
<td>National avg: 97.74%; National max: 100.0%; Min: 93.4%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>2. Risk assessment and management</td>
<td>Internal audit</td>
<td>95%</td>
<td>92%</td>
<td>96%</td>
<td>92%</td>
<td>95%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>3. Infection control</td>
<td>Internal database</td>
<td>0</td>
<td>0</td>
<td>0***</td>
<td>3***</td>
<td>5***</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>4. Clostridium difficile</td>
<td>Internal database</td>
<td>&lt;7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>5. HCH falls</td>
<td>Internal database</td>
<td>&lt;7</td>
<td>0</td>
<td>3</td>
<td>11</td>
<td>0***</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>6. HCH. Number of cases of Clostridium difficile annually (YTD)</td>
<td>Internal database</td>
<td>&lt;7</td>
<td>0</td>
<td>4</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>7. Service user safety</td>
<td>Telephone survey</td>
<td>75%</td>
<td>79%</td>
<td>75%</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
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</tbody>
</table>

**Key:**
- ^ This was a quality priority for 2009/10
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- # This was a quality priority for 2011/12
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- # This was a quality priority for 2009/10
- ^ Population data taken from ONS 2011 Census for the main six boroughs we serve.

#### Other information

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Target</th>
<th>2012/13</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
<th>Benchmark (where available)</th>
<th>National avg</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Medication reconciliation</td>
<td>Internal audit</td>
<td>65%</td>
<td>75%</td>
<td>72%</td>
<td>60%</td>
<td>Not available</td>
<td>60%^</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>6. Access in a crisis</td>
<td>Telephone survey</td>
<td>65%</td>
<td>75%</td>
<td>72%</td>
<td>60%</td>
<td>Not available</td>
<td>60%^</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>7. HIV services</td>
<td>Internal audit</td>
<td>70%</td>
<td>78%</td>
<td>72%</td>
<td>Not measured</td>
<td>Not measured</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>8. HCH falls</td>
<td>Datix scan</td>
<td>10% decrease in number of falls at Northwood and Pinner Community Unit on 2009/10 performance** (YTD)</td>
<td>32</td>
<td>49</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>9. HCH medication errors</td>
<td>Datix scan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>10. Incidents</td>
<td>Datix scan</td>
<td>N/A</td>
<td>11,622</td>
<td>10,924</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>11. Incidents</td>
<td>Datix scan</td>
<td>N/A</td>
<td>6.46 per 100,000</td>
<td>5.72 per 100,000</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

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- ^ Population data taken from ONS 2011 Census for the main six boroughs we serve.

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Population data taken from ONS 2011 Census for the main six boroughs we serve.
MEASURE 1: CPA seven day follow up: This measure is in place to ensure our service users remain safe and have their needs cared for after discharge from hospital to community care. We are pleased to report that, year-to-date, 97% of CPA cases received a follow-up contact within seven days of discharge, achieving the target. CNWL considers that this percentage is as described for the following reasons: performance is monitored locally each week via the Trust’s business intelligence system (QIS) which identifies discharges and follow-ups, and enables our business managers to alert clinicians and take focused, informed action. There is a CPA Policy to support this operationally, and the business rules are published and shared across the Trust to ensure we are acting on and recording this information correctly. This indicator is also tracked monthly via an integrated dashboard which is reported to the Quality and Performance Committee. CNWL has taken these actions to improve this percentage, and so the quality of its services, and will continue to do so through the coming year.

MEASURE 2: Risk assessment and management: This measure aims to ensure that a risk assessment has been completed, and that any issues highlighted are directly addressed in the service user’s care plan. This is to ensure the service user’s ongoing safety and management of any risk issues. This was achieved in 92% of cases for quarter four. Our service lines have received this data and are working on action plans to ensure this is improved for quarter four.

MEASURE 3: Infection control: We have a duty to ensure that our service users do not get any healthcare acquired infections whilst in contact with our services. At year end we are pleased to report that we achieved our targets with no MRSA or Clostridium Difficile cases reported this year.

MEASURE 4: Service user safety: It is important to understand our service users’ sense of safety on the ward. This impacts on their care experience and satisfaction of our services. Where we identify wards where inpatients are not feeling safe we take action to further investigate this and make changes to improve patients’ sense of security during their stay. We have consistently achieved this target throughout this year. While we are proud of our performance in this area, we will continue to focus on this measure to drive it up further.

MEASURE 5: Medication reconciliation: It is important, that when a patient is admitted to our services, we check against two other sources to be certain of what medication the patient is currently on, to prescribe safely and appropriately while under our care. This year we increased our target from 75% to 90%, and achieved a quarter four position of 97%. This has been due to the hard and on-going work by our pharmacy teams throughout the Trust. As we have performed consistently well with this measure over the past two years, it will not be reported on next year.

MEASURE 6: Access in a crisis: We want to monitor that our community services users have a phone number to call in a crisis to ensure they get help when they need it most. We exceeded our target at quarter four, with 75% of service users reporting that they have a crisis access number. This had been due to our drive in developing and distributing our crisis cards to all our patients. For 2013/14 we have developed a single crisis line, and new crisis contact cards are being distributed to both service users and carers. As such we will continue to monitor and report on this measure next year.

MEASURE 7: HIV services: These two measures are in place to ensure patients are receiving the safest possible care for their HIV. It aims to ensure open communication and information sharing with the patient’s GP, so all practitioners involved are aware of the patient’s condition(s) and current medications. We are pleased to report that we have achieved both our targets for these measures. The importance of involving GPs is raised by the clinician at each consultation, and there is great focus on this at patient workshops, especially around drug interactions with HIV and other medications. While the service will continue to report on both of these measures locally, next year we will only report on 7b which has a focus on, where patient GP’s have been disclosed to the service, that they are updated at least once a year on the patient’s progress.

MEASURE 8: HCH falls: This indicator monitors the number of falls at our Northwood and Pinner Community Unit and aims to achieve a 10% reduction for each year it is measured. We are pleased to report that we achieved this target for the last two years and will continue to focus on reducing this figure internally, but not report this in future Quality Accounts.

MEASURE 9: HCH medication errors: This measure relates to our communities services in Hillingdon. Serious medication errors can harm our service users and so it is vital that none occur. Strict systems, processes and staff training are in place to ensure medicines are stored, prescribed and administered correctly. We are pleased to report that no serious/red medication incidents occurred in the last two years. While this will continue to be monitored closely internally, this will not be reported next year.

MEASURE 10: Incidents: We take reported incidents very seriously at CNWL. We have an electronic reporting system to support this and over the last few years we have developed a positive reporting culture within the organisation. Incidents are graded, analysed and, where required, undergo a root cause analysis investigation to inform actions, recommendations and learning.

Incident data is reported on a quarterly basis to the Trust’s Incidents and Serious Incidents Group. Incidents are also reviewed at our service line quarterly review meetings. Analysis of this data is considered by our Organisational Learning Group to inform our organisational learning themes which are reported to the Board.

This measure indicates the total number of safety incidents reported during 2012/13 and, of these, what number and proportion resulted in severe harm or death. CNWL considers that this number is as described for the following reasons: the Trust provides a broad range of services, and supports the reporting of all incidents whether related to service users, staff or other parties. As such, the Trust has a positive reporting culture which supports a culture of learning. The data included within the report relates to all safety incidents and includes incidents which have been graded as resulting in no harm, low harm, moderate harm, severe harm and death.

CNWL has taken the following actions to improve this number, and thus the quality of its services. It has strengthened its arrangements for ensuring learning is shared across the Trust and developed its systems for monitoring the implementation of actions following root cause analysis investigations. Further to this, the Trust is looking to optimise its use of technology to strengthen the initial reporting of serious incidents during the 2013/14 reporting period. An additional action that the Trust has recently approved is the provision of a central root cause analysis investigation team. This central resource will not only strengthen the current arrangements for investigation, but support wider learning through the close links they will establish with our operational services.

The following is a list of those service user safety indicators which were retired from last year. The reason for this, is that the indicators either reflected a discreet piece of work which had reached completion, or where CNWL was found to be performing consistently well against the target.

- Number of medication errors by Health Care Professionals (HCP/Staff (10% reduction per annum)
- 90% of patients happy with their HCP’s attention to hand hygiene
- CPS syringe drivers: to have completed all actions required in response to the safety alert before 16/12/11; to identify a preferred new model ambulatory syringe driver to be used in CPs; and to revise the syringe driver policy, training programme and competency assessments for safe operation.
Clinical effectiveness

### Measure

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
<th>2012/13</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
<th>Benchmark (where available: National and Trust scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Readmission rates</strong></td>
<td>JADE scan</td>
<td>&lt;11%</td>
<td>5.3%</td>
<td>4.1%</td>
<td>5%</td>
<td>5.7%</td>
<td>Not available</td>
</tr>
<tr>
<td>a. For patients aged 0-14:</td>
<td></td>
<td>a. 0; b. 5.3%</td>
<td>Not measured</td>
<td>Not measured</td>
<td>Not available</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>b. For patients aged 15 or over:</td>
<td></td>
<td>Not measured</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Crisis Resolution Team gate-keeping</strong></td>
<td>JADE scan</td>
<td>90%</td>
<td>99.4%</td>
<td>98%</td>
<td>95%</td>
<td>94.5%</td>
<td>National avg: 98.2%; National max: 100.0%; Min = 88.4%</td>
</tr>
<tr>
<td>3. <strong>Crisis resolution home treatment episodes</strong></td>
<td>JADE scan</td>
<td>5</td>
<td>5/5</td>
<td>5/5</td>
<td>5/5</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>4. <strong>Early Intervention Teams</strong></td>
<td>JADE scan</td>
<td>95%</td>
<td>100%</td>
<td>99.5%</td>
<td>100%</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>5. <strong>Mental Health Minimum Data Set (data completeness)</strong></td>
<td>JADE scan</td>
<td>99%</td>
<td>99.1%</td>
<td>99.1%</td>
<td>99%</td>
<td>99.6%</td>
<td>99.1%</td>
</tr>
<tr>
<td>a. Identifiers (YTD)</td>
<td>IADU scan</td>
<td>99%</td>
<td>99.1%</td>
<td>99.1%</td>
<td>99%</td>
<td>99.6%</td>
<td>99.1%</td>
</tr>
<tr>
<td>b. Outcomes (YTD)</td>
<td>IADU scan</td>
<td>50%</td>
<td>97.6%</td>
<td>97.2%</td>
<td>87.5%</td>
<td>59.6%</td>
<td>55.1%</td>
</tr>
<tr>
<td>6. <strong>Physical health checks</strong></td>
<td>Internal audit</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>a. Inpatient service users with physical health assessment after admission (nursing)** (YTD)</td>
<td>Internal audit</td>
<td>95%</td>
<td>89%</td>
<td>80%</td>
<td>89%</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>b. Inpatient service users with physical health assessment after admission (medical)** (YTD)</td>
<td>Internal audit</td>
<td>95%</td>
<td>89%</td>
<td>80%</td>
<td>89%</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>7. <strong>HCH Edinburgh Post Natal Mood Assessment</strong></td>
<td>RIA scan</td>
<td>90%</td>
<td>90%</td>
<td>92%</td>
<td>90%</td>
<td>78%</td>
<td>Not available</td>
</tr>
<tr>
<td>8. <strong>HCH wheelchair assessment waiting time</strong></td>
<td>RIA scan</td>
<td>13 weeks</td>
<td>8</td>
<td>24</td>
<td>11</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Key:
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- # This was a quality priority for 2011/12

1 Source: Health and Social Care Information Centre
2 Source: Mental Health Minimum Data Set Q4 2012/13

**MEASURE 1:** Readmission rates: Readmission rates describe how many service users get readmitted to hospital post discharge within a given timescale. It is important for us to monitor this, as it may warrant investigation into whether our service users are being discharged before they are ready, or not given the appropriate support in the community. We are pleased to report that our readmission rates within 28 days of discharge are below 11% target at 5.3%. CNWL considers that these percentages are as described for the following reasons: performance is monitored locally each week via the Trust’s business intelligence system (QIS) which identifies patients that were readmitted. There are published and shared business rules across the Trust to ensure we are acting on and recording this information correctly. This indicator is also tracked monthly via an integrated dashboard which is reported to the Quality and Performance Committee and the associated service line care quality meetings.

CNWL has taken the following actions to improve this number, and so the quality of its services, by the development and introduction of a supported discharge protocol and process for service users who have been discharged to primary care. Also, CNWL has introduced a new triage model of care which is supported by proactive discharge planning, and this measure is monitored closely by our acute service line to ensure our care pathway is working.

**MEASURE 2:** Crisis resolution gate-keeping: Our crisis resolution teams assess service users 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 service users in the most appropriate settings to ensure their safety and that they receive the most effective treatment. We are proud that we have done well on this measure for two years running, achieving 99.4% against our 90% target. CNWL considers that these percentages are as described for the following reasons: Performance is monitored locally each week via the Trust’s business intelligence system (QIS) which identifies admissions and gate-keeping, which informs actions as required. The Crisis Resolution Team policy and business rules are published and shared with all staff via our intranet to ensure we are acting on and recording this information correctly. This indicator is also tracked monthly via an integrated dashboard which is reported to the Quality and Performance Committee.

CNWL has taken the following actions to improve this number, and so the quality of its services, by reviewing, updating and distributing the Crisis Resolution Team Policy this year, as well as providing weekly reports to local business managers for action planning. This is also reviewed at local care quality management groups or senior management team meetings within the appropriate service line.

**MEASURE 3:** Crisis resolution home treatment episodes: This indicator is a way in which we measure that we can offer 24 hour services to people in crisis. Our local commissioners set the targets and are based on how they have resource these services and the size of the local population. At year end five out of five boroughs (Brent, Harrow, Hillingdon, Kensington and Chelsea and Westminster) met their locally set targets.

**MEASURE 4** Early intervention teams: This indicator assesses whether we have met our commitments, set by our commissioners, to serve new cases of first episode psychosis. We are pleased to report that we achieved 100% against a 95% target.

**MEASURE 5:** Mental health minimum data set: This information is important for us to collect as it helps ensure that we are delivering services that meet the needs of our population, and so we can plan and re-design services appropriately. We have exceeded our targets again this year for completeness of our outcomes and identifier data set. As these are Trust-level indicators we do not present performance by borough.

**MEASURE 6:** Physical health checks: Measure 6a and b indicate the percent of service users who have received nursing and medical physical assessments respectively after their admission to an inpatient service. The results for quarter four indicate that there is still work to do in this area, specifically around medical staff completing physical health checks, and that these are correctly recorded on the electronic system. Action plans are in place to address this.
In focus

**Stroke REDS** Last year, the Stroke REDS (Rapid Early Supported Discharge Service) in Camden worked with the Stroke Network to set targets for a community non-acute care unit, this work has continued through 2012/13. This on-going work has informed Stroke Network standards. As a result, over 2012/13, measures have changed and the service currently reports a number of measures both internally, and to the Stroke Network which are now more in line with commissioned service provision. Long term monitoring of these has indicated stable results.

**Care Integration Awards** The Care Integration Awards celebrate partnership working across agencies to improve patient care and are presented by the Health Service Journal (HSJ) and Nursing Times. From a pool of 60 nominations, the Stroke REDS was awarded a Care Integration Award in July 2012. This team is part of the newly formed Integrated Stroke and Neurology Service. The team won this award not only for their joined up working with acute hospitals, community teams and social services but also the efficiency and cost saving to the NHS that having an integrated early supported discharge team can make. Early supported discharge helps to prevent unnecessary hospital admission or long-stays in inpatient facilities.

The team based at St Pancras Hospital, work with patients in their homes to ensure they receive the specialist care and support that they would have received on a stroke unit. This involves rehabilitation and aftercare for approximately six weeks after returning home. The service is integrated with acute hospital stroke units across London, and is a conduit between acute and community health, social and preventative services to ensure those patients and carers, receive the best care and support possible. Following the success of the service, this early supported discharge framework has been expanded to other neurological conditions.

### Service user and carer experience

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>Target</th>
<th>2012/13</th>
<th>2011/12</th>
<th>2010/11</th>
<th>2009/10</th>
<th>Benchmark (where available and highest and lowest scores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Delayed transfers of care</td>
<td>JADE scan</td>
<td>&lt;7.5%</td>
<td>6.3%</td>
<td>3.1%</td>
<td>2.8%</td>
<td>4.4%</td>
<td>Not available</td>
</tr>
<tr>
<td>2. CPA 12 month review</td>
<td>JADE scan</td>
<td>95%</td>
<td>95.9%</td>
<td>95.6%</td>
<td>95%</td>
<td>99% (Jan-Jun 2010 audit)</td>
<td>National avg 80.2%; National max: 98.1%; Min: 52.2%</td>
</tr>
<tr>
<td>3. Care plans</td>
<td>Internal audit</td>
<td>95%</td>
<td>71%</td>
<td>88%</td>
<td>88%</td>
<td>90%</td>
<td>Not available</td>
</tr>
<tr>
<td>4. Access for people with a learning disability</td>
<td>Internal database</td>
<td>7/7</td>
<td>7/7</td>
<td>7/7</td>
<td>6/6</td>
<td>Not measured</td>
<td>Not available</td>
</tr>
<tr>
<td>5. Carer identification and assessments</td>
<td>Internal audit</td>
<td>55%</td>
<td>75%</td>
<td>78%</td>
<td>Not measured</td>
<td>Not measured</td>
<td></td>
</tr>
<tr>
<td>6. CPS telephone responsiveness</td>
<td>Mystery shopping</td>
<td>80%</td>
<td>75%</td>
<td>94%</td>
<td>Not measured</td>
<td>Not measured</td>
<td></td>
</tr>
<tr>
<td>7. HCH referral to treatment</td>
<td>RGJ scan</td>
<td>95%</td>
<td>100%</td>
<td>99.9%</td>
<td>100%</td>
<td>99.8%</td>
<td>Not available</td>
</tr>
<tr>
<td>8. HCH service users feedback</td>
<td>Annual HCH patient survey</td>
<td>60%</td>
<td>63%</td>
<td>56%</td>
<td>62%</td>
<td>TBC</td>
<td>Not available</td>
</tr>
</tbody>
</table>

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- * This was a quality priority for 2009/10
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- # This was a quality priority for 2011/12
- ❄ Source: Health and Social Care Information Centre
- ^ Source: CQC National Community Service User Survey 2012
MEASURE 1: Delayed transfers of care: This measure assesses the percentage of inpatient beds that are being used by those who should have been discharged to our partner agencies, but are being delayed. We work closely with our local authority partners to ensure discharges take place at the right time, to ensure service user satisfaction of services, and that our beds are kept free for those who need them most. We have seen good performance in this area so far, achieving our <7.5% target.

MEASURE 2: CPA 12 month review: This indicator monitors whether those on CPA receive a full CPA review at least once a year. This enables service provision to be updated as per the service user’s changing needs, to ensure they are receiving the most effective care. We are pleased to report that we are achieving our target for this measure.

MEASURE 3: Care plans: This target is fundamental to involving and developing a partnership with our service users in their care journey. The first measure checks our service user’s file to see if we have logged that we have given or offered the service user a copy of their care plan. The second measure asks community service users if they were offered or received a copy of their care plan. We did not perform as well as we would have liked at quarter four and, as this forms a fundamental part of our recovery and involvement focus, this measure will be rolled forward as a priority for 2013/14, and extended to our community providers in Camden and Hillingdon.

MEASURE 4: Access for people with a learning disability: This measure assesses whether those with a learning disability have the same access to care rights as those who don’t, to ensure they are not disadvantaged and are receiving the care they need. The assessment is against seven questions based on the recommendations set out in ‘Healthcare for All’ (2008), the independent inquiry into access to healthcare for people with learning disabilities. We are proud to report that we achieved the maximum score (seven out of seven) at year end for this measure.

MEASURE 5: Carer identification and assessments: Identifying ‘carer status’ means logging on our system whether a service user has a carer or not. Identifying carers is the first step to getting them the information, support and services they need to support them in their caring role. We exceeded our target, achieving 75% at quarter four. This year we reviewed the methods of recording carer assessment data across services, working to ensure consistency across them. We have performed well against this target since our baseline performance, and so this will not be reported on next year.

MEASURE 6: Community services in Camden’s telephone responsiveness: This indicator measures the satisfaction with accessibility to our telephone services in Camden’s community services. Our most recent mystery shopper exercise indicated that 75% of calls to our key contact points were picked up within one minute. Action plans for further improvement were being developed by our business unit sub-committees at the time of this report. This measure will be monitored through 2013/14 locally and not reported in next year’s Quality Account.

MEASURE 7: Community services in Hillingdon’s referral to treatment: This indicator monitors the waiting times from referral to treatment and has been consistently achieved since 2010, with a year-to-date position of 100%. Although this indicator will be monitored closely and reported on internally, this will not feature in future Quality Accounts.

MEASURE 8: Hillingdon community service user feedback: It is important that our service users know how to compliment, or make a complaint about our services, so we can learn and share good practice, and also put things right. This measure is monitored through our annual patient experience survey and achieved 63%, a seven percent increase from last year. This measure will continue to be measured and reported locally.

The following is a list of those service user and carer experience indicators which were retired from last year.

- Service users provided with this service.
- ‘very easy’ to get through to services by phone
- Service users report that they felt safe during their most recent inpatient stay (Q4).
- Service users received practical training on handling phone calls from service users/carers
- Service users who expressed a need for interpreting support were provided with this service.

The following three tables reflect the data relevant to mental health and allied specialties from pages 42-50 broken down by borough.

### Service user safety

<table>
<thead>
<tr>
<th>Measure</th>
<th>Brent</th>
<th>Harrow</th>
<th>Hillingdon</th>
<th>Kensington and Chelsea</th>
<th>Westminster</th>
<th>CAMHS</th>
<th>Learning Disabilities</th>
<th>Eating Disorders</th>
<th>Addictions</th>
<th>Offender Care</th>
<th>Trust-wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPA seven day follow-up</td>
<td>95%</td>
<td>98%</td>
<td>95.3%</td>
<td>98.6%</td>
<td>98.7%</td>
<td>97.3%</td>
<td>91.2%</td>
<td>97.5%</td>
<td>92.3%</td>
<td>n/a</td>
<td>97%</td>
</tr>
<tr>
<td>2. Risk assessment and management</td>
<td>95%</td>
<td>93%</td>
<td>85%</td>
<td>88%</td>
<td>97%</td>
<td>88%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3. Service user safety</td>
<td>75%</td>
<td>63%</td>
<td>73%</td>
<td>86%</td>
<td>75%</td>
<td>83%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>4. Medication reconciliation</td>
<td>90%</td>
<td>92%</td>
<td>97%</td>
<td>100%</td>
<td>94%</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>5. Access in a crisis</td>
<td>65%</td>
<td>77%</td>
<td>75%</td>
<td>77%</td>
<td>78%</td>
<td>77%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>57%</td>
<td>75%</td>
</tr>
</tbody>
</table>
### Clinical effectiveness

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What percentage of service users were re-admitted to hospital within 28 days of leaving? (YTD)</td>
<td>The percentage of service users admitted to acute adult inpatient beds who were assessed as to their eligibility for home treatment prior to admission? (YTD)</td>
<td>Did we achieve the commitments (set by commissioners) to deliver new crisis resolution home treatment episodes? (YTD)</td>
<td>Did our early intervention teams meet the commitments (set by commissioners) to serve new psychosis cases? (YTD)</td>
<td>Inpatient service users with physical health assessment after admission (Nursing) (Q4)</td>
</tr>
<tr>
<td>Target</td>
<td>&gt;11%</td>
<td>90%</td>
<td>5/5</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Brent</td>
<td>8.5%</td>
<td>99.5%</td>
<td>yes</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Merseyside</td>
<td>8.2%</td>
<td>98.7%</td>
<td>yes</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Hillingdon and Chesh</td>
<td>1.7%</td>
<td>100%</td>
<td>yes</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>Westminster</td>
<td>5%</td>
<td>99%</td>
<td>yes</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>CaMhs Learning disabilities</td>
<td>5.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Trust-wide</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Offender care</td>
<td>5.3%</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### Service user and carer experience

<table>
<thead>
<tr>
<th>Measure</th>
<th>1. Delayed transfers of care</th>
<th>2. CPA 12 month review</th>
<th>3. Care plans</th>
<th>4. Carer identification and assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On average, what percentage of hospital beds are being used by service users who should have been discharged? (YTD)</td>
<td>What percentage of our service users who are on CPA received a full CPA review within the last 12 months where appropriate? (YTD)</td>
<td>What percentage of our service users have been offered a copy of their care plan? (inpatients and community) (Q4)</td>
<td>Percentage of service users who have their carer status identified (Q4)</td>
</tr>
<tr>
<td>Target</td>
<td>&lt;7.5%</td>
<td>95%</td>
<td>95%</td>
<td>55%</td>
</tr>
<tr>
<td>Brent</td>
<td>7.1%</td>
<td>96.8%</td>
<td>61%</td>
<td>76%</td>
</tr>
<tr>
<td>Merseyside</td>
<td>6.2%</td>
<td>95.6%</td>
<td>68%</td>
<td>96%</td>
</tr>
<tr>
<td>Hillingdon and Chesh</td>
<td>13.5%</td>
<td>97.1%</td>
<td>53%</td>
<td>87%</td>
</tr>
<tr>
<td>Westminster</td>
<td>4.7%</td>
<td>97.9%</td>
<td>74%</td>
<td>48%</td>
</tr>
<tr>
<td>CaMhs Learning disabilities</td>
<td>7.4%</td>
<td>96%</td>
<td>86%</td>
<td>64%</td>
</tr>
<tr>
<td>Trust-wide</td>
<td>n/a</td>
<td>74.4%</td>
<td>80%</td>
<td>n/a</td>
</tr>
<tr>
<td>Offender care</td>
<td>26.2%</td>
<td>n/a</td>
<td>100%</td>
<td>n/a</td>
</tr>
<tr>
<td>Addictions</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Trust-wide</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Offender care</td>
<td>6.3%</td>
<td>95.9%</td>
<td>71%</td>
<td>56%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>5. Physical health checks</th>
<th>6. Carer identification and assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage of service users who have their carer status identified (Q4)</td>
<td>Percentage of carers recorded as having been offered a carer assessment (Q4)</td>
</tr>
<tr>
<td>Target</td>
<td>55%</td>
<td>40%</td>
</tr>
<tr>
<td>Brent</td>
<td>76%</td>
<td>73%</td>
</tr>
<tr>
<td>Merseyside</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>Hillingdon and Chesh</td>
<td>87%</td>
<td>70%</td>
</tr>
<tr>
<td>Westminster</td>
<td>48%</td>
<td>100%</td>
</tr>
<tr>
<td>CaMhs Learning disabilities</td>
<td>64%</td>
<td>65%</td>
</tr>
<tr>
<td>Trust-wide</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Offender care</td>
<td>92%</td>
<td>n/a</td>
</tr>
<tr>
<td>Addictions</td>
<td>80%</td>
<td>n/a</td>
</tr>
<tr>
<td>Trust-wide</td>
<td>90%</td>
<td>n/a</td>
</tr>
<tr>
<td>Offender care</td>
<td>75%</td>
<td>75%</td>
</tr>
</tbody>
</table>
Other indicators of quality

Staff satisfaction
We believe that in order to deliver high quality, safe and effective services, we need a high quality workforce which is committed, engaged, trained and supported. The evidence shows that high staff engagement ratings in the NHS result in better quality services, higher patient satisfaction and less absenteeism. This is supported by the White Paper ‘Equity and Excellence’ which stated that “staff who are empowered, engaged, and well supported provide better patient care”.

One of our key measures of workforce feedback is via the annual national staff survey. We are pleased to report that in the 2012 survey overall staff engagement at CNWL was within the highest (best) 20% when compared with Trusts of a similar type.

The following table demonstrates where CNWL has performed below the national average (for similar trusts) and where improvements need to be made:

We also collect and report on further data internally on an ongoing basis and, as with last year’s Quality Account, we have included two indicators which we believe provide a valuable indication of staff well-being and engagement.

<table>
<thead>
<tr>
<th>Measure</th>
<th>CNWL performance 2012</th>
<th>CNWL performance 2011</th>
<th>National average for similar Trusts</th>
<th>Top performing Trust score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff recommendation of the Trust as a place to work or receive treatment*</td>
<td>3.75 / 5</td>
<td>3.68 / 5</td>
<td>3.54 / 5</td>
<td>4.06 / 5</td>
</tr>
<tr>
<td>Staff motivation at work</td>
<td>3.88 / 5</td>
<td>3.97 / 5</td>
<td>3.84 / 5</td>
<td>4.03 / 5</td>
</tr>
<tr>
<td>Staff feeling satisfied with the quality of work and patient care they were able to deliver</td>
<td>81%</td>
<td>80%</td>
<td>78%</td>
<td>86%</td>
</tr>
<tr>
<td>Staff ability to contribute towards improvement at work</td>
<td>72%</td>
<td>72%</td>
<td>71%</td>
<td>79%</td>
</tr>
</tbody>
</table>

*With regards to staff recommending the place to work or receive treatment, CNWL considers that this percentage is as described for the following reasons:
- There is emphasis on good management and leadership at every level of the organisation: this begins at induction for new staff where they are welcomed by the Chief Executive and our expectations and values are made clear. This is followed through with leadership, mentoring and coaching programmes for all staff and annual conferences for key professional groups. The focus is on how we continue to keep patients and their families at the centre of all we do.
- CNWL has taken, and will continue to take, the following actions to improve this indicator score, and so the quality of its services:
  - We have started ‘The Conversation’ on our values within the Trust: this means that we will continue to build our value base in partnership with our staff, and test these with our patients and public. We are continuing to build a culture of care that permeates every level of our organisation;
  - We ensure our service users are involved in recruiting to key posts within the Trust, and are rolling out Band five Nursing Assessment Centres where we ‘test’ for compassion;
  - As a diverse workforce serving the needs of a diverse population, we want to ensure all of our staff feel equally able to contribute to the work of our organisation. We launched the posts of Race awareness advisors and have trained thirteen staff so far.
  - Whilst it is good to understand where staff needs are being met, it is important to consider where they are not, in order to implement targeted action plans to improve staff experiences of the workplace.

The following table demonstrates where CNWL has performed below the national average (for similar trusts) and where improvements need to be made:

This information became available in February 2013, and at the time of printing the data was being further broken down by service and analysed to identify areas in need of improvement. Based on this analysis action plans will be developed, implemented and monitored by the relevant internal committee.

We are pleased to report that in the 2012 survey overall staff engagement at CNWL was within the highest (best) 20% when compared with Trusts of a similar type.

The evidence shows that high staff engagement ratings in the NHS result in better quality services, higher patient satisfaction and less absenteeism. This is supported by the White Paper ‘Equity and Excellence’ which stated that “staff who are empowered, engaged, and well supported provide better patient care”.

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The following table demonstrates where CNWL has performed below the national average (for similar trusts) and where improvements need to be made:

This information became available in February 2013, and at the time of printing the data was being further broken down by service and analysed to identify areas in need of improvement. Based on this analysis action plans will be developed, implemented and monitored by the relevant internal committee.
Patient experience
We value our patients’ feedback so we can better understand how we are performing against their expectations, and can focus improvement efforts. Apart from our quarterly and annual internal surveys, we also benchmark ourselves against the results from national surveys.

The table below presents the results for patient experience measures for CNWL and associated national benchmarks (national averages) from the National Community Mental Health Patient Survey for 2011 and 2012. The data relates to the NHS healthcare worker or social care worker the patients had seen most recently.

CNWL considers that these indicators are as described for the following reasons:
The results for CNWL improved between 2011 and 2012, primarily because of the attention that was given to ensuring that the care programme approach is conducted with a patient-centred focus. Training on CPA was conducted across all staff groups with service user and carer input, promoting more positive experiences for patients of involvement, and addressing care plans to the patients’ identified needs. Linked with this is the development of the Recovery College which has encouraged a dialogue between service users and staff about experiences of mental health care, and the importance of personalised care and support packages.

CNWL is taking the following actions to improve these percentages, and the quality of services, by:
- Conducting regular Trust-wide surveys using a team of trained service users to address issues of involvement and the overall level of satisfaction with services
- Conducting bespoke surveys within services using real-time feedback methodology to finely tune intelligence about user experiences
- Continuing to ensure that CPA is conducted to the highest standards through refresher training
- Establishing service user participation at management level within service lines to scrutinize and monitor the results of service user and carer feedback, with feedback to the Trust Board
- Further developing the Recovery College
- Reinforcing service user involvement as a clear priority

Complaints
We treat any formal complaints received as valuable feedback from our service users and their carers. We make sure we take the time to investigate those complaints, meet with complainants and take action where required.

During 2012/13 331 formal complaints were made to CNWL. Most of these were graded as moderate or low, and five were related to a serious incident. At the end of April, we had closed 246 complaints, 16% of which were fully upheld. The remaining complaints have a response which is being finalised, or remains under investigation.

The complaints procedure was updated during the year, and the 25-day response timeframe was reintroduced. In addition to this, more robust monitoring is to take place during 2013/14. Learning from complaints, PALS and claims are reviewed by the Organisational Learning Group throughout the year, and their findings will feed into the organisational learning themes for 2012/13.

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>2012* CNWL</th>
<th>2011* CNWL</th>
<th>2012^ national average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this person listen carefully to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes definitely</td>
<td>81%</td>
<td>76%</td>
<td>79%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>16%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Did this person take your views into account?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes definitely</td>
<td>73%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>23%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Did you have trust and confidence in this person?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes definitely</td>
<td>70%</td>
<td>70%</td>
<td>72%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>25%</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>No</td>
<td>4%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Did this person treat you with respect and dignity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes definitely</td>
<td>88%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>10%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>No</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Were you given enough time to discuss your care and treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes definitely</td>
<td>76%</td>
<td>72%</td>
<td>72%</td>
</tr>
<tr>
<td>Yes to some extent</td>
<td>20%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>No</td>
<td>3%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>Overall how would you rate the care you have received from mental health services in the last 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>30%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>Very Good</td>
<td>29%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>Good</td>
<td>21%</td>
<td>28%</td>
<td>20%</td>
</tr>
<tr>
<td>Fair</td>
<td>12%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*CNWL results supplied for 2011 and 2012 surveys by Quality Health Ltd
^ National averages as supplied by the CQC’s National Community Service User Surveys

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

In January 2013 the Trust published its second Equality Act Compliance Report. This report included references to progress against the areas identified for actions in the previous year’s report, as well as further evidence from the 12 month reporting period of how the Trust is meeting the requirements of the Equality Act 2010.

In addition, the Trust published five year equality objectives in April 2012, three of which were highlighted within last year’s Quality Account: a commitment to community engagement events with service users, carers and local communities, improving recording rates of disability, religion or belief and sexual orientation for service users, and reducing the level of violence, discrimination and harassment, bullying and abuse at work from patients/service users, their relatives or other members of the public towards staff.

We report on our progress below:

1. A minimum of one community engagement event with service users, carers and local communities takes place within each service line or borough served by the Trust each year, focusing on the top identified under-represented groups accessing services.

Given that this year saw much organisational change with the implementation of a service line structure, undertaking community engagement events was a particular challenge. However, a number of events and initiatives took place and we highlight some of these below:

- A programme of carer events including: carers focus group involving: Family members from various BME communities including, East Asian, Chinese, Kenyan Asian, Ghanaian Asian, Jamaican, Irish, British Asian; young carers events in Harrow and Brent involving carers from a range of communities; engagement events throughout the year for carers of people who have a learning disability
- Arabic speaking women’s group includes Moroccan, Lebanese, Egyptian, Iraqi and Somali women in Westminster to raise awareness of mental health services for children and adults
- Mental health first aid training, targeting members of BME communities in Westminster (Bangladeshi, Arabic and South American communities)
- Extensive programme of community engagement by sexual health services including: Outreach to members of African communities to raise awareness of HIV and access to health care; young people’s sessions at The Archway Clinic and Mortimer Market – services have been awarded the “You’re Welcome” accreditation by young ambassadors from the local council which recognises how the service has tailored itself toward the needs of young people
- Engagement events at London University campuses to meet with foreign students to raise awareness of mental health problems and services. This initiative was undertaken as part of the Trust’s recognition of World Mental Health Day

- Following on from a Tamil Well-being Conference held in partnership with West London Mental Health Trust, engagement is taking place with representatives from the Tamil community to discuss how CNWL can facilitate access to services and develop information resources for the community
- Participation in borough-wide events in Kensington and Chelsea, bringing together service users and service providers from a range of communities, providing opportunities for information sharing, signposting to services and encouragement to services users in recovery
- A new LGBT Forum is being developed in partnership with the local authority, and the voluntary sector in Harrow following on from a half-day workshop ‘Getting to know you’, which involved stakeholders from the LGBT community; a similar event has also been held in Camden helping to foster stronger links with LGBT support services and networks.
- Extensive programme of community engagement by sexual health services including: Outreach to members of African communities to raise awareness of HIV and access to health care; young people’s sessions at The Archway Clinic and Mortimer Market – services have been awarded the “You’re Welcome” accreditation by young ambassadors from the local council which recognises how the service has tailored itself toward the needs of young people


<table>
<thead>
<tr>
<th><strong>2. Improve the recording rates for new service users for religion or belief, sexual orientation and disability.</strong></th>
<th><strong>Recording rate for new service users</strong></th>
<th><strong>Recording rate for new service users</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>January to March 2012</td>
<td>October to December 2012</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>73.2%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Sexual orientation (includes ‘do not wish to disclose’)</td>
<td>51.6%</td>
<td>58.6%</td>
</tr>
<tr>
<td>Disability</td>
<td>5.7%</td>
<td>6.45%</td>
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We are encouraged to see progress in all of the above areas, however, we note the continued low recording rate of service user disability. We believe this is in part due to the current recording format, which does not allow for the entry into the Trust’s electronic service user records of multiple disabilities. We have been advised that this will be updated during the Spring of 2013, and we anticipate improved recording during the year.

The data here does not include community health and prison services. Data collection is being targeted in these areas as historically much of this data has not been routinely collected. Progress will be reported on in the Trust’s Equalities Monitoring Report (Service Delivery) 2012/13 to be published later in the year.

3. Achieve a reduction in the level of violence, discrimination and harassment, bullying and abuse at work from patients/service users, their relatives or other members of the public towards staff.

The CNWL Staff Survey 2011 indicated that CNWL staff are reporting unacceptable levels of violence, bullying and harassment, and discrimination, from patients/service users, their relatives or other members of the public towards staff, particularly, though not exclusively related to ethnicity. The Trust is alarmed that staff experience of violence, harassment, bullying and abuse has increased according to the 2012 staff survey. There has been a slight drop in discrimination.

Whilst there were some changes in the way the questions were asked between the two surveys, this cannot be taken as a cause of the increases.

As promised in last year’s report, the Trust has undertaken a survey of staff specifically addressing these experiences and the results are currently being analysed.

"I think that everything is as good as it could be, I feel as though I’m on holiday and at the day centre they are all lovely people and the staff there are too, they’re my friends."

Mental health services were
CNWL thanks those organisations who have submitted responses to our Quality Account 2012/13. We were pleased to be able to present and discuss on performance with the Harrow and Hillingdon OSCs. Based on these responses, changes have been made to improve the document wherever possible, however, to remain compliant with Quality Account guidance and regulation, some changes could unfortunately not be made.

North West London Commissioning Support Unit

The points below reflect ongoing dialogue with CNWL leads over the last few months, during which there has been positive and collaborative work between primary and secondary care clinicians, particularly in support of CQUINs.

Commissioners actively support CNWL’s commitment to improving quality, and appreciate CNWL’s efforts working in partnership with CCGs to improve and sustain service quality and patient experience. CNWL is to be congratulated upon its clear and open approach in its Quality Account 2012/13 and its proposals to continue to improve.

The document as laid out does well in reflecting upon quality across a number of complex pieces of work and disparate service lines, and distils a number of themes into clear key findings. This is very positive.

We’d recommend greater emphasis on the following in the final document with respect to 2012/13 performance:

- More focus and attention on the jointly agreed strategic approach with CCG clinical leads to improve the shift of settings of care to be as close as possible to the patient’s home, with more care transferring to primary care setting
- Narrative on ways in which partners are working together to make sure that quality is firmly incorporated into all integration initiatives
- Greater emphasis on outcomes and impact arising from good process. Commissioners request that CNWL uses its quality accounts to share more findings on the outcomes of some quality initiatives such as CQUINs, and how those developmental outcomes will be sustained over time. For example, CNWL reports on having held focus groups with carers. Commissioners would like more specific detail on what happened after themes were identified at focus groups, and what has changed as a result
- Greater attention to detail on how variance is being tackled. For instance table 2.1.2 at p.100 helpfully sets out borough mental health service performance against priority targets. Commissioners would welcome more content and narrative on what is being done to address factors to redress the situation in boroughs which are not meeting CNWL targets. For CCG commissioners responsible for CCG populations, this is essential. As you would expect, commissioners have concerns where there are shortfalls for their CCG catchment areas, and would welcome assurance on how variance is identified and addressed.

Commissioners request reports on quarterly achievement, rather than quarter four achievements, with commentary indicating performance has improved over the year. To demonstrate how and where performance has improved commissioners would welcome this, for example, graphs with quarterly performance over each quarter in 2012/13 would be helpful. Alongside content on quarterly performance, commissioners would like to know the numbers of reviews carried out each quarter. This would give a sense of relative impact and proportionality.

It would also be very useful to have commentary on how benchmarking across CNWL’s catchment area – or even more widely, perhaps across London – is being used to drive forward quality improvement.

Commissioners welcome CNWL’s efforts to show how action will be taken forward in 2013/14, so long as the overall focus remains on 2012/13 as the year under scrutiny. Commissioners recommend CNWL revisits the document and reviews commentary to ensure that focus on future plans does not eclipse actual achievement in 2012/13. For 2013/14 CCG commissioners look forward to working in partnership with CNWL to continue to make progress on this important agenda.

Submitted by:
Fiona Butler, mental health lead commissioner for NHS West London CCG/Chair North West London Mental Health Programme Board, and Elizabeth Youard, Account Director for Mental Health North West London CSU

Annex 1: Statements provided by our commissioners, Overview and Scrutiny Committees (OSC) or Healthwatch

Camden Clinical Commissioning Group

Although the CNWL Quality Account has detail of various services it delivers, there is no Quality Account in relation to the Camden Provider Services, for the community nursing element of this service (sexual health services and continuing care are the only elements covered in this Quality Account). Patients and users in Camden who look at services provided by you via http://www.camdenproviderservices.nhs.uk/our-services would find a gap in your existing report, and we have concerns about this omission. This is in contrast to the detail you have put for the Hillingdon Community Services provision.

Your involvement in our integrated care services has not been mentioned, nor is there any information provided on your performance related to it. It is good to acknowledge the achievement of Camden Stroke REDs service’s award in June 2012. There have been a number of challenges in the past 12 months in relation to blockages at the rehabilitation unit that has impacted on the local health system, and there is no mention of this.

We recognise your achievements in your GUM/HIV services. The report mentions an 11% increase in activity levels and it would be useful to know and understand the reason for this increase.

In terms of your focus for the coming year, it needs to be linked to targeted improvements/failures in the previous year, so the link to improving avoidable pressure ulcers, discharge etc should be in this account explaining why. These have been considerable challenges with your community provision for Camden, and this report fails to mention these challenges, or some of the recent improvements.

Westminster, Kensington and Chelsea OSC

Introduction
We welcome the opportunity to comment on the Central and North West London NHS Foundation Trust’s Quality Account 2012/2013. Our respective Councils have a good working relationship with CNWL.

Performance
We recognise the improvements that have taken place in many areas however issues in some areas still need to be addressed.

We are disappointed to note some of the performance against the quality priorities 2012/13:

- The Trust only scored overall 57% (Kensington and Chelsea 64% and Westminster 55%*) for ‘At least 65% of community patients report that they were ‘definitely’ involved as much as they wanted to be in decisions about their care plan.
- The Trust scored only 57% in Westminster for ‘At least 65% of patients reporting that they ‘definitely’ received the help they wanted from CNWL crisis contact points when they contacted them in a crisis.’*
- The percentage of inpatient service users who have had a risk assessment completed and linked to their care plans has fallen from 96% (2011/12) to 92% (2012/13)
- The measure ‘inpatient service users with physical health assessment after admission (Medical)’ scored 89% (target 95%)
- On care plans: 71% (target 95%) of service users were offered a copy of their care plan. 56% (target 80%) of community service users reported that they had been given/offered a copy of their care plan. We support the trust in their decision to make this a quality priority for 2012/13.
- Only 75% (target 80%) of calls to the key contact points are picked up within one minute (a drop from 94% in 2011/12). We are pleased action plans are being developed.

*Taken from “Quality Priority 2012/13 - A borough breakdown: Mental Health and allied specialties” page 15
	*Taken from “Quality Priority 2012/13 - A borough breakdown: Mental Health and allied specialties” page 15
We are disappointed to note on the performance against the national priorities and occupational quality priorities in 2012/13:

- In Westminster, 88% (target 95%) of inpatient service users have had a risk assessment completed and linked to their care plans.
- In Westminster, (a) 90% (target 95%) inpatient service users with physical health assessment after admission (Nursing); (b) 88% (target 95%) inpatient service users with physical health assessment after admission (Medical).
- On care plans: The target for the percentage of service users that have been offered a copy of their care plan (inpatients and community) was 95%. The score in Kensington and Chelsea was 53%, in Westminster 74%. The target for community service users that report that they had been given/offered a copy of their care plan was 80%. The score in Kensington and Chelsea was 54%, in Westminster 58%.
- Percentage of service users who have their carer status identified in Kensington and Chelsea was 48% (target 55%).

We are pleased to note:
- The Trust is a high performing organisation.
- CNWL met 14 of the 17 quality priority measures for 2012/13 (seven of the eight “mental health and allied specialties” quality priorities).
- The long list of actions the Trust has carried out to improve overall quality: safety, clinical effectiveness and patient experience in 2012/13.
- The launch of the recovery college.
- CNWL score 3.75 compared to Central London Community Healthcare NHS Trust at 3.66 and West London Mental Health Trust at 3.46 for “staff recommendation of the trust as a place to work or receive treatment” (Key finding 24 from NHS staff survey 2012).
- The Trust’s Board was singled out as amongst the best in England by the NHS Confederation. We believe this worth a mention in your report.

Longer-term plans

The financial outlook for NHS provider trusts in London is considered to be a matter of concern. The cash pressure could lead to cuts to patient care. It is a concern that the impact of competition on the Trust’s finances is uncertain. We hope that any concentration on promoting the most profitable services does not have any negative impact on the NHS clinical services provided.

We note CNWL is looking to expand its private mental health services and has been selected as the preferred acquirer for Milton Keynes Community Health Services. We are concerned that these developments might be a distraction from the Trust’s core work and would like reassurance that this is not likely to be case.

Public health

Public health is now a statutory local authority function but all partners need to take on their responsibility. We encourage the Trust to be fully involved in major public health campaigns and local health promoting strategies.

OCS/HealthWatch

We would be pleased if our scrutiny committee were invited to future stakeholder Quality Account events. Input from overview and scrutiny committees should be sought as early as possible.

The Trust will have to develop a constructive working relationship with the new HealthWatch organisations.

Conclusion

Overall, the progress that the Trust has made over the last year is to be welcomed, and we look forward to being informed of how the priorities outlined in the Quality Account are implemented over the course of 2013/14.

Healthwatch Hillingdon

Introduction

Although Healthwatch Hillingdon was only established under The Health and Social Care Act 2012 on 1 April 2013, it is qualified to respond to the Central and North West London NHS Foundation Trust (CNWL) Quality Account 2012/2013, due to the transfer from Hillingdon Link, its predecessor in statute, of staff and volunteers who have been involved in working with CNWL in this and the previous year’s quality accounts programme.

Healthwatch Hillingdon wish to thank CNWL for the opportunity to comment on the Trust’s Quality Accounts (QA) for the year 2012/2013, and thank CNWL for the way that they have continued to closely involve Link in the monitoring of quality, previous priorities and the setting of this year’s priorities.

Quality Account

We would like to acknowledge CNWL’s commitment to improve their Quality Account through a continuous learning process. This approach is evident by the way in which CNWL have responded to the recommendations made by Hillingdon Link in last year’s Quality Account. We welcome the actions they have taken, especially their adoption of a methodological approach of data collection and their use of qualitative methods for obtaining feedback, such as focus groups.

This learning approach is further evidenced by the improvement made in the presentation of this year’s quality account; the reporting format being much better, with clear explanations under each measure of how it was delivered and how the data was collected.

We would however ask, that the information presented under “Reducing the number of avoidable pressure ulcers” (page 17) is made clearer, as it makes an assumption that the readers understand the clinical grades/types of pressure ulcers. It will be useful to have some basic information about this for the clinical information to be understood by the lay person.

As we have previously stated, we commend CNWL on their commitment to make their Quality Account more accessible to the public, by making the document easier to read and by continuing to produce an easy read version. We still however feel that an 80 page document in this format will have a limited audience and to be truly titled “an annual report produced for the public”, more efforts are needed by all Trusts to make Quality Accounts more concise and understandable. It could be argued that pages 35 to 41 are actually not required for the purpose of the Quality Account, and would ask the Trust to reflect on this.

Quality priorities

Healthwatch Hillingdon congratulates CNWL on achieving 88% of their quality priorities set for 2012/2013 and on improving the 2011/2012 scores across all measures.

Link had always expressed a concern that the target for Measure B (page 11) was set too low at only 50%, as they saw it as crucial to the individual’s recovery that they have at least one recovery goal. We are therefore pleased to see the improvements CNWL have made, where 83% of users on CPA have a care plan which contains at least one personal recovery goal. We look forward to this figure increasing, especially with the emphasis now being put on the recovery model and the inception of the Recovery College.

Healthwatch Hillingdon welcomes the steps taken by CNWL to understand the needs of carers of mental health service users and the plans to implement some of the outcomes from the focus groups e.g. carer contact cards. It commends the work carried out within community health to improve staff awareness of carers, and that the development of guidelines and staff protocols has been completed. We look forward to this work continuing as a
Trust-wide priority in 2013, and would recommend that carer’s stories are captured for recording in next year’s Quality Account, as a measure of the success of the implementation of these initiatives.

In last year’s response, LINk highlighted that it would like to see some enhancements to the way in which borough specific quality targets were reported, and where quality did not meet the required standard, how this would be addressed in the specific borough. Healthwatch Hillingdon would suggest that there is still some work to be done by the Trust in this area. When looking at the borough breakdown on page 15, there is a large disparity between Hillingdon which failed to meet the set target for priorities four and eight, and Brent who excelled. The reporting of accumulative trust wide results does not give a true reflection of the quality in each area, and we would recommend that CNWL looks at how it will approach Quality Accounts reporting in the future.

We would like to see good practice in these measures, like that of Brent, emphasised, as much as seeing the plans to bring Hillingdon up to Brent’s standard published in the account. As it expands its operations into other parts of the country, CNWL may also need to consider producing two accounts, one for community health and one for mental health.

Hillingdon Community Health should be congratulated for exceeding all the targets set for their 2012/13 priorities. Especially the work around carers, end of life patients and in the reduction of pressure sores where the targets were set high. We would have liked to have seen a higher target set for patients with learning disabilities to have personalised care plans, but acknowledge the complexity of this area and hope that the 37% achieved will be a starting mark to build upon in the coming years.

CNWL priorities 2013/14
Healthwatch Hillingdon supports CNWL in simplifying its choice of priorities, for setting Trust wide initiatives and would commend CNWL for not including measures which are CQUINS. This does not however detract from the fact that as indicated in our response, we would like to see a concise document which outlines how the Trust has performed against it priorities across each area, acknowledging best practice and highlighting poor performance, with improvement measures.

We have acknowledged the relationship CNWL have had with LINk, which has seen a joint commitment to monitor and improve services. Healthwatch Hillingdon looks forward to continuing this relationship and working with CNWL.

Healthwatch Central West London
Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to comment on the Central and North West London NHS Foundation Trust (CNWL) Quality Accounts (QAs) 2012/13. Under the provisions of the Health and Social Care Act, Healthwatch CWL replaced the Local Involvement Network on April 1 2013. The work of the LINk has therefore informed the majority of this submission.

The Kensington and Chelsea LINk was pleased to have had the opportunity to engage with the Foundation Trust on a number of issues over the last year including:

- Quarterly QA meetings and the stakeholder event on 7 March
- Local mental health partnership meetings, chaired by our mental health lead with our CNWL Borough Director, local CNWL service line managers, voluntary sector staff, service user representatives and carers.
- The Foundation Trust has regularly attended our sub-group meetings updating local users and workers on services and service changes.

Healthwatch CWL has noticed major changes dictated by the ‘Shifting Settings of Care’ strategy. Whilst we are very much supportive of the vision, the strategy has led to the fragmentation of services in to separate ‘service lines’ with their own financial budgets, and the introduction of ‘Payment by Results’ (PbR) linked to 20 needs based clusters. It is not yet apparent how separate service lines are an advantage for users in our borough. Local anecdotal evidence suggests that people have yet to be told which cluster they have been assigned to.

It would have been helpful to include a broad overview of all of these significant cultural changes including joint working with other agencies and the voluntary sector, before focusing on priorities for improvement in the QAs.

In general terms the format, language and graphs in the QAs seem to be geared for an audience of health professionals, rather than explaining services, performance and priorities in accessible language, for its intended public audience.

The recent ‘Building Better Mental Health Care’ consultation in Kensington and Chelsea and in Westminster, resulted in a significant reduction in inpatient acute and psychiatric intensive care beds (PICU) and reduced finance to our boroughs rehabilitation service line, including the loss of further beds.

Our boroughs are braced for further significant financial shrinkage in the Kensington and Chelsea CNWL community mental health service lines in 2013/14. We will continue to be in close contact with our commissioners in the Royal Borough, Westminster, NHS West and Central London Clinical Commissioning Groups, as well as the Trust, to ensure services are building better healthcare. Priority areas for our members include physical health, effective discharge, care plans, access to primary care, support in a crisis and support for carers.

Physical health:
This measure details the monitoring of prescribed anti-psychotic medication ‘three monthly reviews’ for dementia patients. Healthwatch CWL recommends similar monitoring across the age range, including early intervention, to monitor the effectiveness of anti-psychotics, adverse effects of anti-psychotics, risk benefit ratios, informed choice and collaborative decisions.

Discharge:
Effective discharge processes and protocols to support service users who have been discharged back to primary care appear to be patchy. As the bed rate in the London Borough of Hillingdon was used as a benchmark for the reduction in acute beds under ‘Building Better Mental Health Care’, we are concerned that the Kensington and Chelsea and Westminster hospital re-admission rate is three times that of the outer borough.

Care plans:
Healthwatch CWL is disappointed to note only 53% (Table 3.1.3 sets the Trust Q4 target at 95%) of our local service users have been offered a copy of their care plan, and only 54% report to having been given/offer a copy. Performance in this area is falling. The recent Kensington and Chelsea LINk report on community services in the borough, found a majority of service users reported involvement in their care plans. The Trust has retired the measure checking user understanding of their plan.

Crisis:
The QA reported figures on crisis management are significantly higher than those reported via the Kensington and Chelsea LINk survey, and the findings of the Care Quality Commission. Further to our previous feedback on this concern, 55% of respondents in our report in late 2012 did not have a crisis card. We therefore welcome the introduction of the new out-of-hours urgent advice line to support the crisis card initiative as of February 2013.

Carers:
Members with a caring status in Westminster and in Kensington and Chelsea report poor levels of recognition and support. Healthwatch CWL is disappointed to note services in both boroughs are performing significantly behind the outer boroughs. We note the various measures being introduced to support carers and will monitor this area going forward.

We are pleased to see the continued success of the triangular learning forum in the Recovery College involving those with lived experience, carers and staff. The expansion of peer support workers and the transformation of the workforce, with psychiatrists operating as ‘coaches,’ in accordance with recovery focused service delivery are timely.

12 http://www.rbkclink.org/files/2013/01/BBMHC-Consultation-Doc1.pdf
Contingency plan
A contingency plan is included within the CPA care plan to outline the arrangements to be used to prevent a crisis from developing. Contingency planning is the process of considering what might go wrong, and pre-planning to minimise adverse or harmful outcomes.

CPA review
Care plans are reviewed at least once a year, in partnership with service users and carers wherever possible.

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

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

Local Involvement Networks (LINKs)
Local Involvement Networks (LINks) are made up of individuals and community groups, such as faith groups and residents’ associations, working together to improve health and social care services, they provide a community ‘voice’ in determining local health and social care priorities.

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

Service user
The term “service user” refers to those people receiving treatment and care.
There is also clinical judgement in the classification of an incident as “severe harm” as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change, so the figure reported could change from that shown here due to this review process.

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

By order of the Board

Annex 3: 2012/13 Statement of director’s responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

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

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2012 to 24 May 2013;
  - Papers relating to quality reported to the Board over the period April 2012 to 24 May 2013;
  - Feedback from the commissioners dated 6 May 2013 (closing date of the Quality Account 30-day consultation);
  - Feedback from governors dated 6 May 2013 (closing date of the Quality Account 30-day consultation);
  - Feedback from local Healthwatch organisations dated 6 May 2013 (closing date of the Quality Account 30-day consultation);
  - The Trust’s Annual Complaints Report (2012/13) published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- The national patient survey dated 2012;
- The national staff survey dated 2012;
- The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 28 May 2013;
- Care Quality Commission quality and risk profiles dated to March 2013;
  - The Quality Account presents a balanced picture of the NHS foundation Trust’s performance over the period covered;
  - The performance information reported in the Quality Account is reliable and accurate;
  - There are proper internal controls over the collection, and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor’s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor-nhsft.gov.uk/sites/all/modules/ckeditor/plugins/ktxbrowser/_openTKFile.php?id=3275).

We have robust processes in place to capture incidents. However there are risks at every Trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other Trusts.
“Excellent service and I was given confidence to move again after a fracture in my spine.”

Community physical health patient.