Quality Account
2018-19

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Glossary of terms
QAP: Quality account priorities
CNWL: Central and North West London NHS Foundation Trust
CPA: Care Programme Approach
CQC: Care Quality Commission
CQUIN: Commissioning for Quality and Innovation
FFT: Friends and family test
GP: General Practitioner
LD: Learning Disability services

MDT: Multi-disciplinary team
NHS: National Health Service
NICE: The National Institute for Health and Care Excellence
OSC: Overview and Scrutiny Committee
POMH: Prescribing Observatory for Mental Health
Q3: Quarter 3
YTD: Year-to-date; an aggregation of performance data over 2018-19
Part 1
Letter from our Chief Executive

I want to acknowledge all that we have achieved together this year and recommit our energy, skill and passion to the ever present need to improve the care and treatment we provide. Our priorities have been about engagement and involvement for quality of care for patients, their families and our staff, without any of whom we cannot hope to deliver the best standards of care.

We have worked hard to use feedback to make improvements and ensured that patients and families know about the changes made. We have tested this further by asking patients whether or not the care they receive helps them achieve the things that matter to them and we continue to score highly in this area.

Our staff feedback has helped us shape the way we do things. We had a focus on improving the ‘health and well-being’ of our staff right across the Trust and we’ve been accredited “excellent” for the London Healthy Workplace Charter awarded by London Mayor. In our Well Led Review, Deloittes told us that they had seldom seen a Trust providing more staff benefits and support. We are especially proud that CNWL was the only NHS Trust in the top 50 organisations in the LGBTQ equality charity Stonewall. Working with our inspiring local communities, including in prisons and the street homeless, as well as our excellent staff networks, we continue to challenge inequalities in healthcare. This remains a high priority.

We opened Lavender Walk in South Kensington, a unit for young people who require inpatient mental health care. This came out of the collaboration between West London NHS Trust other partners, families and young people themselves as part of the nationally leading North West London CAMHS New Models of Care programme.

It gives us immense satisfaction in knowing that this unit means fewer children are treated miles from home or have to wait longer for an admission. We will add to this capacity later this year with Crystal House, an adolescent inpatient unit for people with a learning disability.

Our community services have also been leading edge and hardworking. For example in Hillingdon we opened an end of life 24/7 helpline, in Milton Keynes we are working closely with the emerging Primary Care Networks to implement Integrated Community Care Support Teams and in Surrey our Integrated Contraceptive, Sexual Health and HIV Service has launched a scheme to allow residents to screen for sexually transmitted infections from the comfort of their own home. In Camden, our expanded Rapid Response/Discharge to assess service are supporting reduction in acute activity and enabling patients to leave hospital earlier. We were joined by more colleagues in Harrow and Central London providing 0-19 services. We are excited to be joined by colleagues from Ealing Community Services this year.

Many of our services right across the Trust have worked for and received independent accreditation for quality and effectiveness. Also many have been shortlisted for national awards.

At the time of writing this Quality Account we are waiting for the outcome of our recent Care Quality Commission Well Led Inspection. We told them what we are proud of, about our excellent staff, colleagues and the incredibly talented patients, carers, and partners whose support we value so much. We also told them about our challenges and areas where we want to improve and do better for our patients. I close this year’s Quality Account on behalf of our Board where I begin the coming years with celebration of what we are proud of and determination to maintain and improve quality in the year ahead.

Claire Murdoch CBE
Chief Executive
28 May 2019
INDEPENDENT AUDITOR’S REPORT TO THE COUNCIL OF GOVERNORS OF CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Central and North West London NHS Foundation Trust to perform an independent assurance engagement in respect of Central and North West London NHS Foundation Trust’s Quality Report for the year ended 31 March 2019 (the ‘Quality Report’) and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the following two national priority indicators:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral, and
- inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

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

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2018/19 (‘the Guidance’); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 3 May 2019;
- feedback from local Healthwatch organisations, dated 3 May 2019;
- feedback from Overview and Scrutiny Committee, dated 3 May 2019;
- the trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated 28 June 2018;
- the latest national patient survey, dated November 2018;
- the latest national staff survey, dated 26 February 2019;
• Careé Quality Commission Inspection, dated 18 August 2017;
• the 2018/19 Head of Internal Audit’s annual opinion over the trust’s control environment, dated 14 May 2019; and
• any other information included in our review.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Central and North West London NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Central and North West London NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

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

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

Limitations

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the 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 and the six dimensions of data quality set out in the Guidance.

KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

29 May 2019
Part 2
Our priorities for improvement and a statement of assurance from the Board

A review of our performance against our quality priorities in 2018-19;

In this section of the report, we set out to provide a summary of our achievements against our Quality Priorities. We outline our Quality Priorities for 2018-19, our improvement actions, how well we have done and how our performance this year compares with our previous year’s performance.

Our Quality Priorities for 2018-19 were:

1. Patient and carer involvement
2. Staff engagement

These two Quality Priorities have run for three years and we reported our annual performance and progress against each priority in our last two quality account reports. In this report, we focus on achievements this year and, where data is available, we benchmark our performance against last year.

We have undertaken a number of actions in relation to our two Quality Priorities and are pleased to report that we have made considerable gains in the last year. Our focus has been on embedding achievements from the previous two years and taking actions in the areas we identified as requiring further work. In the following sections, we highlight key achievements and some of the actions we have taken this year against each of the above Quality Priorities.

Quality priority 1 – patient and carer involvement

We believe that the best health services are ones that are planned, shaped and delivered by patients, carers and staff working together. People with lived experience of health services understand what works well and what doesn’t, so our aim is to continually increase the role they have in the design, delivery and improvement of services. In CNWL we do this by involving patients and carers in both central, Trust-wide decision making processes and in local engagement initiatives. Bringing staff, patients and carers closer together to oversee and improve our services has many advantages. It encourages a collective sense of ownership and it helps shift the culture away from ‘us and them’, encouraging closer working in clinical settings and better clinical outcomes. In the 2018-19, we took a number of actions to help us achieve more partnership working and below are some highlights:

Patients and carers are overseeing CNWL services through Trust-wide and local governance groups

Patients and carers are more involved in boards, committees and working groups, including the Trust-wide Patient Involvement Forum and Carers Council, which now have new terms of reference. Patients and carers also sit on many local governance and performance committees across divisions and services, acting as ‘critical friends’ to challenge the Trust and hold us to account. This has helped increase transparency and openness and has led to more partnership working where staff, patients and carers solve problems together. We have provided training and guidance to staff on the importance of involving patients and carers in a meaningful way to make sure we avoid tokenistic involvement. We will roll out more of this training in 2019-20 as part of our new Involvement Strategy. We are also making sure that service users and carers are shaping future changes to CNWL, including our transformation work around Community Mental Health Services and changes to the Care Programme Approach.

Patients and carers are leading the way in making local changes

There are many local groups of patients and carers meeting regularly, providing innovative ideas to improve patient and carer experiences. One example is the Hillingdon Mental Health Service User and Carer Involvement Group, a group supported by the Trust but led by patients and carers, including Peer Support Workers (these are people with lived experience of a mental illness or a learning disability who are able to give support to one another). In 2018-19, this group produced the newsletter ‘Hope in Hillingdon’ as well as an information leaflet for service users about using technology apps for wellbeing. The group also co-produced a discharge information booklet ‘Staying Well when Leaving the Ward’, based on feedback about how discharge could be improved. Because groups like this are service user and carer led, they focus on what matters most to local people, directly leading to better patient experience. These initiatives show that when staff empower service users and carers to take
more of a lead in making local changes, engagement and outcomes can be improved. We will support more areas of CNWL to create user-led groups like this in 2019-20.

**Patients and carers are becoming increasingly involved in Quality Improvement (QI)**

We ran a successful project to increase the number of patients and carers involved in QI projects – in April 2018, just 17 projects had service user involvement and, at the time of writing, this number had risen to over 70 projects. To make sure that involvement has maximum impact, we coproduced guidance and training for staff and delivered user-led training for patients and carers. In recognition of our work in this area, a service user from CNWL was selected to present a plenary session at an international QI conference about the value of involving patients and carers in QI.

**Patients and carers are running local social and wellbeing groups**

We have seen an increase in the number of local groups being set up and run by service users and carers to enhance the wellbeing of individuals and communities. For example, in Kensington and Chelsea, a service user set up a garden propagation group with the Westway Gardeners Yard Volunteer group, teaching gardening skills to other patients and carers. Other areas of the Trust are setting up similar allotment groups, as well as craft, cultural, theatre and sporting groups. These activities are based on the interests of local patients and carers and play an important role in achieving our mission of ‘wellbeing for all’. Not only can these groups help improve people’s physical, emotional and mental health; they also strengthen relations between staff, patients, carers and communities, helping to break down barriers and engage people in services. This is an exciting and important cultural shift and one which we will develop further in the coming year.

**More service users are being trained to use their experience to inspire and support others**

We have a growing number of Peer Support Workers who have been trained to use their lived experience of recovery to support the delivery of Recovery and Wellbeing College courses and clinical work. The Recovery College provides a range of educational courses, workshops and resources for people who use CNWL services or have been discharged from these services in the previous 12 months, their supporters (friends, family or carers) and CNWL staff. As a Trust we have been recognised for our innovative work in this area and presented at various national conferences and meetings over the past year. CNWL Peer Support Workers have specialist skills, qualities and competencies and play a key role in improving partnership working between staff, patients and carers. In the coming year we plan to add to our numbers of Peer Support Workers. We will also expand our use of volunteers, including volunteers with lived experience of using services. One clinical work example is where Peer Support Workers on acute mental health wards orientate newly admitted patients to the ward and provide support to them.

**Patients and carers are helping us recruit compassionate, respectful staff**

In 2018-19 a record number of patients and carers were involved in recruiting CNWL staff, including to some of the most senior positions in the organisation. Across the Trust, patients and carers sat on stakeholder groups and interview panels, helping write interview questions and making decisions about who should be offered the job. This helped make sure that we only recruit staff who can demonstrate they meet Trust values. As one consultant said, “Service users play a vital role in recruiting staff and we will only select a candidate if patients and carers are happy with the decision.” When selecting service users and carers to attend interview panels, we look for a diverse mix of experiences and backgrounds.

**Patient and carer stories are being used to influence practice**

Patient narratives or stories are accounts told in a person’s own words and are described by the King’s Fund as “highly effective when it comes to influencing, because they have real power to change hearts and motivate people”. At CNWL we have involved more patients and carers than ever in telling their stories – at training conferences for staff, divisional festivals, local and Trust-wide workshops and events.

A patient story is presented at the beginning of every Board meeting. We have developed more short films to communicate these stories to a wider audience across and beyond the Trust. A service user was also supported by staff for her Media course at college to make a film about stigma in mental health.
The tree below displays some of our other highlights from 2018-19;

Our approach has been to support patient and carer involvement with local services as this is where key interactions take place. In the following section, we present examples of patient and carer involvement at Speciality, Service and/or Borough level.

A snapshot of some patient and carer involvement activities in different localities is presented in Table 1 (this list is not exhaustive):

Table 1: Examples of involvement across Trust Services

<table>
<thead>
<tr>
<th>Area of CNWL</th>
<th>Examples of involvement</th>
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<tr>
<td>Addictions Services</td>
<td>There are monthly Strategic Service User Group meetings where service users lead on audits and QI projects. The Addictions Service also ran another successful, service-user-led conference in 2018. Attended by 110 people, the day included many examples of how service users, staff and families can work together to overcome addiction. Described as ‘truly inspirational’ and ‘a deeply touching’ event, this is an excellent example of how user-led events can inspire other patients and staff.</td>
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<td>Brent Mental Health Services</td>
<td>Brent hosts the co-designed Enrich (Enhanced discharge from inpatient to community mental health care) project. This project brings together staff, Peer Support Workers and service users to help reduce unnecessary inpatient admissions, improve recovery-focused outcomes and empower individuals to have an increased say in how they engage with services. The Hendon Football Club (FC) Mental Health Project, run jointly by CNWL’s Brent Early Intervention Service and Hendon FC, received the award for Community Project of the Year.</td>
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<td>Camden Community Services</td>
<td>A baby Hub was set up by the Health Visiting team to provide parents with more opportunities to talk about their child’s physical, social and emotional development; a good example of how creating an informal environment can encourage parents to ask questions and engage with treatment. In Children’s Services, staff and families jointly produced a multi-disciplinary team (MDT) report template.</td>
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<tr>
<td>Children and Adolescents Mental Health Services (CAMHS) and Eating Disorder (ED) London</td>
<td>Young people, parents and families were heavily involved in the design of the new inpatient unit, Lavender Walk, and were also involved in making changes to the CAMHS clinic in Hillingdon. In CAMHS, a welcome event was also held to engage parents. Carers of people using ED services are involved in local Clinical Quality Group (CQG) meetings, helping to advise on and shape services.</td>
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<td>Community Independence Services (CIS)</td>
<td>Patients are included in the staff induction programme, in addition to being involved in the design of a new leaflet and reablement videos that are being used across the Trust.</td>
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<tr>
<td>Harrow Mental Health Services</td>
<td>A carer and service user co-production forum has been developed and supported by the Head Occupational Therapist. The group makes suggestions to the Community Mental Health Teams (CMHT) on what could be improved. The Carer Leads have also produced a local carer’s support leaflet.</td>
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<td>Hillingdon Community Services</td>
<td>The District Nursing Service has carer representatives attending the End of Life strategy group, who provide valuable input into the service redesign, which is having a direct impact on patient and carer experience.</td>
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<tr>
<td>Hillingdon Mental Health Services</td>
<td>A particular achievement is the breadth and consistency of involvement. All staff recruitment now includes service user or carer input. The number of Peer Support Workers has increased with at least one on each ward and in all Community Mental Health Services, including the Early Intervention in Psychosis Team.</td>
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<td>Learning Disability Services</td>
<td>Quarterly Service User and Carer Events occur in the Kingswood Centre. Bespoke training sessions also take place, including a session on how service users and carers can help keep themselves safe – a good example of empowering service users to develop greater awareness and positive behaviours skills. Service users also planned a carnival and various religious festivals, bringing together staff and service users, enabling people to use their organisational and creative skills.</td>
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<tr>
<td>Milton Keynes Community Services</td>
<td>In response to a patient consultation exercise, the District Nursing service introduced a single point of access. In Dental Services, photo boards, with Makaton symbols and ‘easy read’ leaflets have been developed.</td>
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<tr>
<td>Milton Keynes Mental Health</td>
<td>The use of Peer Workers has grown and this is having a direct impact on patient experience, with Peer Workers transforming the programme of activities available on inpatient wards. Peer Workers have also been involved in the design and delivery of an on-site Recovery and Wellbeing College. Locally, service user, patient and carer involvement is increasingly embedded across services, strengthening links between staff, service users and the community. The Directorate successfully engaged with Black, Asian, and Ethnic Minority (BAME) communities through invitations to local community group meetings.</td>
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<tr>
<td>Offender Care Services</td>
<td>Service user representatives have been appointed across the service, with many projects underway, including at Her Majesty’s Young Offender Institution (HMYOI) Cookham Wood, where young people designed a work of art. The project helped improve the environment of the Health and Wellbeing Team’s appointment rooms and encouraged young people to engage with services. The young people involved had restricted access to a standard prison regime because of risk to themselves or others, however, staff found innovative ways for them to participate in the art project. Several young people are now engaging more with the health service, and specifically Art Therapy. This has demonstrated how staff overcame barriers and engaged patients in their own wellbeing.</td>
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Perinatal Services

In preceptorship nurse training (this is a period to guiding and supporting newly qualified practitioners to make the transition from student to develop their practice further), three days are dedicated to patient experience, where service users and carers share powerful personal accounts of journeys and experiences of services, resulting in greater staff awareness of patient needs. Perinatal services have also engaged with the local Maternity Voices group. This has helped with the co-production of service information and links are being made with Cocoon, a user-led organisation and NHS England, to discuss a pan-London approach to involving women in shaping perinatal services.

The Royal Borough of Kensington and Chelsea Mental Health Services

Highlights include the design of the new service user led café and the many co-produced creative activities taking place, including play reading, theatre visits and re-decorating the ward environment. These are good examples of partnership working, innovative thinking and local enthusiasm for connecting service users with their community. Joint working with local organisations is strong, including the CONNECT project run with the local Mind service, which is helping to improve people’s experience of transitioning between secondary and primary care services.

Rehabilitation Services (Mental Health)

In Rehabilitation services, training continues to be provided to service users on various topics, for example Basic Life Support. Outings are also arranged to help people engage with the local community. Rehabilitation teams also work closely with Employment Services, empowering people to develop skills and find work, an important part of the recovery journey.

Sexual Health Services

In Surrey there is now a refreshed Service User Strategy and group and closer links with the community. The work of the peer-led ‘Bloomsbury Network’ continues – each year they help many people newly diagnosed with HIV access confidential peer support and advocacy. They also produced a user-led short film to tackle perceptions of HIV and encourage others to live proudly.

Westminster Mental Health Services

Service users and carers are involved in the Older Adults Service User Group and the business meetings at the Waterview Centre. Several social and creative events have taken place across the Borough and service user presence on staff recruitment panels has increased.

Measuring and tracking our progress based on patient feedback; how did we do against our indicators for patient and care involvement. Table 2 compares this years’ performance with last years.

Table 2: Comparison of Patient and Carer Indicators 2018-19 and 2017-18

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2018-19</th>
<th>2017-18</th>
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<tbody>
<tr>
<td>Patients report feeling involved in their care or treatment (definitely and to some extent)</td>
<td>Q1 18-19: 85%</td>
<td>Q1 17-18: 95%</td>
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<tr>
<td></td>
<td>Q2 18-19: 96%</td>
<td>Q2 17-18: 96%</td>
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<td></td>
<td>Q3 18-19: 96%</td>
<td>Q3 17-18: 95%</td>
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<tr>
<td></td>
<td>Q4 18-19: 95%</td>
<td>Q4 17-18: 95%</td>
</tr>
<tr>
<td>Patients report their care or treatment helped them achieve what mattered to them</td>
<td>Q1 18-19: 95%</td>
<td>Q1 17-18: 94%</td>
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<tr>
<td></td>
<td>Q2 18-19: 97%</td>
<td>Q2 17-18: 95%</td>
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<td>Q3 18-19: 96%</td>
<td>Q3 17-18: 95%</td>
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<tr>
<td></td>
<td>Q4 18-19: 96%</td>
<td>Q4 17-18: 95%</td>
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</table>

As illustrated above in table 21, we have seen an increase in the number of people giving us feedback this year compared to last year. Our response rate has also improved from 2.5% last year to 3.1% this year. We continue to analyse all of the feedback broken down to borough and service level, which helps staff to prioritise...
improvements locally. We continue to encourage more use of the Friend and Family Test (FFT) cards. A new monthly newsletter has been developed which gives the FFT headlines for the Trust including an overview of who is using the system and celebration of good practice. We have trained more staff in analysing FFT responses and new ways of collecting FFT data are being trialled including the use of tablets.

We have seen increased use of the ‘You Said. We Did.’ boards across the Trust this year, demonstrating that action is being taken. Our Patient Feedback and Complaints Service provided training to all divisions on how to respond well to complaints and we will continue this into 2019-20. Our emphasis for next year will be on supporting patients, carers and staff to work together to resolve concerns locally and quickly. We will encourage more dialogue and closer partnership working between patients, families and staff. We believe this will result in better services and increased patient experience resulting in fewer concerns and complaints.

**Next steps: the aims of our refreshed patient and carer involvement strategy**

Between 2019 and 2023 and in line with national NHS policy, we will develop, support and expand a partnership approach between staff, patients and carers across CNWL services. We will increase partnership working opportunities for staff, patients and carers and put involvement at the heart of the way we design, improve and deliver services. The CNWL Patient and Carer Involvement Team, Carers Council and Patient Involvement Forum will work with other staff, patients, carers and local community organisations to deliver a partnership approach. The diversity of our involvement work is very important to us and we plan to build on this in 2019-20. We are recruiting more people with physical health conditions to our patient and carer involvement groups to make sure their voices are heard. We are producing guidance for local services on involving patients and carers from often overlooked and underrepresented groups to help them identify and break down barriers to involvement. We will also encourage our services to work more closely with local charities and third sector organisations.

Our ultimate aim is to improve engagement and create more opportunities for people to work together as equal partners. Some examples of best practice and different levels of working are shown:

**Quality priority 2 – Staff engagement**

Staff engagement is central to delivering a quality service. We undertook a number of actions to ensure our staff feel well supported, trained, committed and engaged. To understand whether our actions were having the desired impact, we sought feedback from staff using the Staff Friends and Family Test. We also monitored our staff turnover. In the following section, we highlight some of the work undertaken and what our measures tell us.

**Reducing turnover on band 5 clinical staff:** We focused our efforts on reducing the turnover of band 5 clinical staff from 25% turnover to at least the average turnover of 16% within two years; To enable us achieve this, we have created new roles of retention facilitators based in each of our divisions which offer ongoing preceptorship support, one-to-one personal support and professional development. We continued to broaden our accommodation offer and support to new starters as well as promoting our staff benefits offer which is all part of our retention programme. We have developed relationships with accommodation providers e.g. Catalyst, Geneisha, Peabody and have gained nomination rights to give our staff access on a preferential basis as key workers. We have also contracted with Benivo an external organisation which gives boarding support and can provide staff with advances to cover “key in hand loans” as well as information about suitable places to live conveniently close to Trust services.

We have expanded our benefits offer including salary sacrifice, online hub, training and development opportunities. We’re also improving our wellbeing...
offer to support staff at work and improve retention. We are launching a new online wellbeing portal called POWR, which will support staff who are looking to improve their wellbeing. Staff will evaluate areas of their wellbeing such as: work, mind, active, food, life and sleep, and set targets to make improvements. Other initiatives include offering subsidised Slimming World membership to help staff with weight management, offering Headspace to teach staff mindfulness and meditation techniques and PhysioMed which educates staff on body conditions/injuries and rehabilitation with the hope of reducing time off work.'

**Staff engagement events:** We ran more Trust-wide staff engagement and listening events in partnership with staff side to enable staff to provide clear feedback on their experiences at work and to ensure that there is a structure for considering issues and responding to them in a timely fashion. Our quarterly corporate engagement events were designed and delivered in partnership with Trade Unions, with positive feedback from staff attending and from the London Partnership Forum which reviews initiatives across London. Listening events have been run across the divisions, and feedback from these events considered by divisional management teams who then communicate back on the feedback provided and what is planned to be done to address concerns raised. In addition, the Trust has launched Team Brief to support staff in team meetings to discuss the business of the Trust, for managers to consider what issues are being raised by teams in response and to provide feedback back on this to the Executive Team with the feedback then being included in the next brief along with details of actions taken.

**Staff wellbeing:** We promoted a holistic approach to health and wellbeing, ensuring that the Recovery College is promoted as a resource for both service users and staff. We also promoted our Occupational Health service and Employee Assistance Programme and have achieved a take up rate much higher than the industry average. In the last year we were accredited as “excellence” for the London Healthy Workplace Charter awarded by the Mayor of London.

Our Stress Pathway was designed in response to employee’s needs, making use of Health and Safety Executive’s management standards and making them as accessible as possible as resources for both managers and employees. We run a series of roadshows to promote Staying Well at Work, and the Stress Pathway. We have also launched a number of exercise campaigns e.g. steps to the moon, climbing Kilimanjaro, as a good way of encouraging competition between teams. We are working on ensuring that all of the vending machines around the Trust will become healthy ones. Furthermore, we ensured that there is good visibility of senior management to demonstrate both role-modelling and senior buy-in. We have engaged with line managers within the organisation, conducting a survey on attitudes towards and barriers for flexible working. Taking this feedback into account, we have reviewed our Flexible Working Policy, ensuring that any flexible working requests that are refused have a review conducted by a senior manager.

**Quality Improvement (QI) Training:** We held a number of Trust-wide QI Learning Events to engage staff in QI; with two events at Trust Headquarters in April 2018 and September 2018. Both events were booked to capacity and attended by staff, service users and carers. These provided an opportunity for group learning and sharing of QI across the Trust. Additionally, we delivered a QI Training and Development Programme for staff to increase their QI capacity and capability. The online QI training is available to all staff through the Institute for Healthcare Improvement Open School. In 2018-19, 487 courses were completed. In addition to online training, the QI Programme held a number of centrally organised training events over 2018-19, these included:

- Bitesize QI launched in June 2018. This monthly half day training course provides a brief introduction to the Trust’s chosen QI methodology. The course has 20 places available on a monthly basis.

- Two waves of Improvement Science in Action with 83 attendees in May 2018 and 90 attendees in September 2018. This is a four-month professional development program is specially designed for people actively involved in health care improvement projects. Over the duration of the course staff are guided to run a QI project with support and training from Institute for Healthcare Improvement (IHI) – our QI partners.

- The first wave of Improvement Coach Development programme. This six month development programme was attended by 30 staff. This programme provides formal training in coaching and facilitating improvement teams in order to coach staff and employees in how to apply improvement concepts, methods, and tools to daily work, help teams gather ideas and carry out an improvement project, help coach and advise people to develop measures and analyse data for improvement projects.
Some of the highlights are presented below;

**Nov 2017**
- QI Programme launched
- 7 QI projects registered on Life QI.

**Dec 2017**
- IHI Open School launched
- 518 modules completed (Feb 17 – Nov 18)
- Divisional Clinical QI Lead, Programme Lead and Programme Manager in post.

**Jan 2018**
- QI at Trust Induction.

**APR 2018**
- 68 staff, service users and carers attend the first QI Learning Event.

**Feb 2018**
- QI Microsite launched
- Average 2018 views per month (Feb 17 – Nov 18).

**May 2018**
- Improvement Science in Action Wave 1 – 83 staff join the improvement programme.
- 63 QI projects initiated
- Board reports start to move to Statistical Process Control charts (SPC).

**Jun 2018**
- Bitesize QI training launched
- Over 100 staff trained in 6 months since launch (June 18 – Nov 18)
- Senior Leaders QI Coaching starts (19.06.18).

**Sept 2018**
- 58 staff attend second QI Learning Event
- Wave 1 of Improvement Coach Development Programme starts – 6 month development programme
- 30 QI coaches attend
- QI Training and Toolkit for Service Users and Carers Involvement launched.

**Nov 2018**
- Improvement Science in action Wave 2 – 90 staff attend. 40 QI projects initiated
- QI celebrates its first birthday.

**Dec 2018**
- 316 QI projects registered on Life QI.

**Jan 2019**
- 27 Coaches completed Improvement Coach Development Programme.
Freedom to speak up: Raising Concerns (Whistle Blowing): We are committed to enabling a culture of openness and honesty where staff feel they can constructively challenge practices they think fall below an acceptable standard. We have a policy in place which explains mechanisms for raising concerns, including whistle blowing. We hold a central record of concerns received and dates when we have given feedback on actions taken to address the issues raised. The Trust has Speak Up Guardians in place to help facilitate this process and their details are listed within the weekly “Three Minute Read” (a communication that is sent out to all staff on a weekly basis).

Measuring and tracking our progress based on staff feedback: how did we do against our indicators for Staff engagement. Table 2 compares this years’ performance with last years.

<table>
<thead>
<tr>
<th>Quality Account Priorities</th>
<th>2018-19</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Staff recommending the Trust as a place to receive treatment</td>
<td>70%</td>
<td>73.1%</td>
</tr>
<tr>
<td></td>
<td>n897</td>
<td>n866</td>
</tr>
<tr>
<td>Staff recommending the Trust as a place to work</td>
<td>70%</td>
<td>58.0%</td>
</tr>
<tr>
<td></td>
<td>n897</td>
<td>n866</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>15%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

This is based on the national Staff Survey.

We have made progress on staff turnover, and note that this improvement has been sustained. However, our scores on staff recommending CNWL as a place to receive treatment and work remain lower than we would like; albeit that this year we had our highest quarterly scores of the last two years. Staff engagement, while not one of the Quality Priorities next year, remains of the highest importance for the Trust. We are finalising our new People Strategy and associated actions that will primarily be aimed at improving staff engagement.
Part 2.1 – Quality Priority Plans for 2019-20

In developing our priorities for the year ahead, we are guided by four principles; we want to focus on what matters most, we want to deliver improvement as part of business as usual, we want to align our quality priorities across all our services and we want to ensure that improvement is sustained.

With these principles in mind, we consulted widely with our stakeholders (both internally and externally) and held a consultation event on the 1 March 2019. Together, we agreed to focus on the following Quality Priorities for the year ahead:

1. Reducing Falls
2. Improving the Management of the deteriorating patient
3. Reducing violence and aggression for staff and patients
4. Improving the quality of supervision

We also agreed to plan how we aim to meet these priorities over three years to ensure we sustain improvements in the above four areas, while continuing the conversation with our stakeholders so they remain sighted on our progress.

In Tables 4 to 7, we provide our rationale for selecting these priorities and state our action/s and how we will monitor our progress.

### Table 4: Quality Priority 1: Reducing Falls

#### Why are we doing this?

Falls are responsible for premature deaths and have an adverse impact on patients’ and carers’ quality of life and health. They are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the United Kingdom. NHS organisations are required to take action to prevent falls and reduce the resultant fractures and other conditions associated with falls.

#### What do we want to achieve?

For all inpatients over 65 undertake a multifactorial assessment which identifies the patient’s individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay.

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We will use an audit of current falls risk assessment practice to inform a “Falls Risk Assessment” QI programmes.</td>
</tr>
<tr>
<td>2</td>
<td>The programme will be managed by the CNWL Falls Board and it will have oversight of the relevant division-specific QI Projects. The aim of the programme will be to improve completion of Falls Risk Assessment on admission to 85% by March 2021. The Falls QI programme will aim to improve the quality of interventions delivered to those at risk of falls</td>
</tr>
<tr>
<td>3</td>
<td>The Falls QI programme will extend its remit to include completion of falls risk assessment by CNWL staff working in Integrated Community Services.</td>
</tr>
</tbody>
</table>

#### Monitoring Progress

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>We will monitor completion rates of falls risk assessment on admission. Progress will be reported quarterly to the Quality and Performance Committee</td>
</tr>
<tr>
<td>Year 2 &amp; 3</td>
<td>will be informed by learning from Year 1</td>
</tr>
</tbody>
</table>
### Table 5: Quality Priority 2: Improving the management of deteriorating patient

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We will roll out of NEWS2 – the early warning tool to detect signs of deteriorating physical health and ensure appropriate prompt action is taken. This involves a training programme. We will review and update our policy, procedures and training on emergency responses.</td>
</tr>
<tr>
<td>2</td>
<td>We will roll out a revised approach to management of emergency responses and ensure the structure and resources are fit for purpose. We will ensure competencies are in all new job descriptions (JD’s) for staff joining the Trust.</td>
</tr>
<tr>
<td>3</td>
<td>Review and amend the standards and procedures in light of the current national guidance. We will ensure there is an internal reporting framework to help monitor progress in managing our most unwell patients so we can measure the progress of our three year plan.</td>
</tr>
</tbody>
</table>

**Monitoring Progress**

- **Year 1**: We will monitor compliance with Physical Health Training and use of NEWS2. We will aim to achieve 95% compliance in the relevant staff groups. Progress will be reported quarterly to the Quality and Performance Committee.
- **Year 2 and 3**: Will be informed by learning from Year 1.

### Table 6: Quality Priority 3: Reducing Violence and Aggression

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We will co-produce (at Ward, Service and Trust levels) vision/ownership and a structure and strategy for Violence Reduction using a QI Approach. We will build capability and capacity for QI for Safety Improvement.</td>
</tr>
<tr>
<td>2</td>
<td>Review progress at early adoption sites. Develop spread to other services where improvement is required. Build capability and capacity for QI for Safety Improvement.</td>
</tr>
<tr>
<td>3</td>
<td>We will review progress of improvement work at Ward and Service levels using the descriptive statistics and tools for measurement like run charts. We will identify areas of achievement and success. Build capability and capacity for QI for Safety Improvement.</td>
</tr>
</tbody>
</table>

**Monitoring Progress**

- **Year 1**: The Quality and Performance Committee will receive quarterly reports which will include data showing incident reporting trends.
- **Year 2 and 3**: Will be informed by learning from Year 1.
Table 7: Quality Priority 4: Improving the Quality of Supervision

Why are we doing this?

Supervision* is an important part of staff support and professional development. It provides an opportunity for staff to reflect on and review their practice, discuss individual cases in depth, change or modify their practice and identify training and ongoing development needs. Supervision underpins the very essence of good care.

People who use our services will experience safe, effective treatment and care because all staff are supported to carry out their roles through high-quality supervision.

*This term is used throughout to describe all forms of supervision to which each staff member is entitled, including managerial, clinical, professional and safeguarding supervision.

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions</th>
</tr>
</thead>
</table>
| 1    | We will;  
Review and re-issue our Policy Standards for Supervision, providing clear definitions of clinical supervision.  
We will clarify individual responsibilities in relation to Supervision and reinforce the importance of reflective learning in improving the quality of care.  
We will pilot the use of the CNWL Learning & Development Zone LDZ to support managers in recording and tracking supervision.  
Concurrently we will re-evaluate current arrangements in all Divisions in order to identify best practice and any gaps.  
Review current provision of Supervision training and establish a consistent Trust-wide programme. |
| 2    | We will:  
Complete QI supervision projects in each Division. These will be based on a priority set in Year 1.  
Hold a Supervision Best Practice Summit to share learning and celebrate best-practice and progress.  
Develop supervision to ensure it takes an developmental approach to staff wellbeing.  
We will survey staff on their experiences of supervision and use that learning as part of our year 3 review and continuous improvement. |
| 3    | We will:  
Re-evaluate supervision-arrangements in all Divisions to check that all staff are receiving Supervision which meets their needs, in-line with Trust and professional standards |

Monitoring Progress

Year 1 The Quality and Performance Committee will receive quarterly reports on progress being made in driving actions listed above.

Year 2 and 3 will be informed by learning from Year 1
2.1.2 Monitoring and sharing how we perform

Measuring and monitoring of the clinical safety, effectiveness and experience of our patients, carers and staff is a top priority. The quality, safety, effectiveness and patient experience of our services is overseen by the Trust Quality and Performance Committee (chaired by a Non Executive Director, and made up of Executive and other Non Executive Directors), who in turn provide assurance and recommendations to the Board of Directors.

CNWL services are governed locally by three divisions: Jameson, Goodall and Diggory. These divisions are locality and specialist service based, which means better accountability and closer local relationships with our local public, commissioners, local authorities, Healthwatch and other local health and social care partners. Divisions have the responsibility to monitor and report on their key quality and performance indicators and put in place improvement actions where necessary. This is overseen by monthly Divisional Boards, which report to the Executive Board. The Quality and Performance Committee and Divisions have a variety of tools and information streams to effectively triangulate intelligence to and facilitate monitoring of safe and high quality services. For example:

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

Benchmarking

CNWL is part of the NHS Benchmarking Network and takes part in the annual national mental health inpatient and community, CAMHS, learning disabilities, community health, bespoke eating disorder, perinatal and secure services benchmarking projects. The Trust also utilises benchmarking information published on the London Mental Health Dashboard, CQC Mental Health insight report as well as NHS Improvement’s Model Hospital Dashboard for comparative and insight purposes. The Trust’s business intelligence tool (Tableau) has enabled the Trust to more effectively utilise data published nationally by NHS digital to develop internal benchmarking dashboards that allow us to compare ourselves with our peers, as well as enable benchmarking within the Trust by facilitating comparisons across services, localities and teams.

Part 2.2 – Statements of assurance from the Board

Review of services

During 2018-19 CNWL provided and/or sub-contracted seven healthcare services.

These included:

- Mental health (including adult, older adult, CAMHS, and forensic services)
- Offender care services
- Sexual health/HIV Services
- Community physical health services
- Eating disorder services
- Learning disabilities services
- Addiction services

CNWL has reviewed all the data available on the quality of care in all of these healthcare services. The income generated by the NHS services reviewed in 2018-19 represents 100% of the total income generated from the provision of NHS services by CNWL for 2018-19.

Participation in Clinical Audit

During 2018-19, CNWL participated in 16 National Audits and one National Confidential Enquiry which covered health services that Central and North West London provides.

During that period, CNWL participated in 93.8% (15-16) of the National Clinical Audits and 100% (1/1) of the National Confidential Enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that CNWL was eligible to participate in during 2018-19 are as follows:

- National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England
The National Clinical Audits and National Confidential Enquiries that CNWL participated in during 2018-19 are;

• National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England – all eligible cases were submitted

• Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF) – data collection from January 2019, no eligible cases thus far

• Learning Disability Mortality Review Programme

• National Audit of Care at the End of Life (NACEL)

• National Audit of Intermediate Care

• National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)

• National Clinical Audit of Anxiety and Depression (NCAAD)

• NCAAD Psychological Therapies Spotlight Audit

• National Asthma and COPD Audit Programme (NACAP)

• National Diabetes Audit – Diabetic Foot Care Audit

• POMH-UK: 16b Rapid tranquilisation

• POMH-UK: 18a Prescribing clozapine

• POMH-UK: 7f Monitoring of patients prescribed lithium

• Sentinel Stroke National Audit Programme (SSNAP)

We did not take part in (POMH-UK: 6d Assessment of the side effects of depot antipsychotics) because the audit cycle came relatively close to the 2018 NCAP report which covered similar items. This decision was taken with advice from our pharmacy team.

The National Clinical Audits and National Confidential Enquiries that CNWL participated in, and for which data collection was completed during 2018-19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

• National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England – all eligible cases were submitted

• Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF) – data collection from January 2019, no eligible cases thus far

• Learning Disability Mortality Review Programme – 19 cases between April 2018 and March 2019 inclusive

• National Audit of Care at the End of Life (NACEL) – all 23 relevant units submitted organisational audit forms. No eligible patients were identified for the clinical audit phase

• National Audit of Intermediate Care – two of the three services eligible to participate did so, the third withdrew due to ongoing service transformation. Of those participating, the returns were as follows:

  • Home based services – Service User Questionnaires: 377/480 (78.5%)

  • Home based services – Patient Reported Experience Measures: 97/480 (20.2%)

  • Bed based services – Service User Questionnaires: 161/200 (80.5%)
- Bed based services – Patient Reported Experience Measures: 67/200 (33.5%)
- Re-ablement services – Service User Questionnaires: 297/400 (74.3%)
- Re-ablement services – Patient Reported Experience Measures: 70/400 (17.5%)
- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) – Four cases submitted by the Hillingdon Service. No eligible cases for MK Service or Camden Service
- National Clinical Audit of Anxiety and Depression (NCAAD) – 100% of cases
- NCAAD Psychological Therapies Spotlight Audit – 100% of cases
- NCAP – EIP Spotlight Audit – 100% of cases
- National Diabetes Audit – Diabetic Foot Care Audit – Data is submitted to the partner Acute Trust for each CNWL service and becomes part of their submission. The Hillingdon Service has submitted 57 cases via their partner Acute Trust. The Camden Service has submitted 67 cases via their partner Acute Trust
- POMH-UK: 16b Rapid tranquilisation – 100% of cases
- POMH-UK: 18a Prescribing clozapine – Submitted data for 63 patients, from 8 clozapine clinics, meeting the audit requirement of a minimum of five patients per clinic
- Sentinel Stroke National Audit Programme (SSNAP) – A total of 69 patients were submitted to the 2017-18 audit, reported in November 2018.

The reports of 13 National Clinical Audits were reviewed by CNWL in 2018-19 and CNWL intends to take the following actions to improve the quality of healthcare provided:
- National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England: A topic-specific report from NCISH on risk assessment in Mental Health settings was published in October 2018. The key messages from this report are reflected in the interim Trustwide Clinical Risk Assessment and Safety Planning Policy. The Assessment of Clinical Risk in Mental Health Services 2018 Report findings are also reflected and referenced in the Trust’s Suicide Prevention Strategy and the Zero Suicide Ambition Plan for Mental Health Inpatient Wards, which are currently out for consultation.
- NCEPOD Child Health Clinical Outcome Review Programme – Chronic Neurodisability: NCEPOD published its report in March 2018 and following assessment by the Community Paediatrics Teams for relevance and any required actions, it was determined that the Teams are compliant with all but two recommendations. Partial compliance was declared for recommendations relating to coding for children with a neurodisabling condition, and regarding transition from children’s to adult’s services, as the pathway is currently being finalised. Draft transition guidance will be made available whilst the co-production of a Transition Policy is undertaken. Completion of the Policy is anticipated by the end of 2019.
- National Audit of Cardiac Rehabilitation: In response to the 2018 Report, the service is trying to increase uptake of cardiac rehabilitation with women by offering more home exercise programmes and exercise DVDs. To improve attendance rate, text message reminders for exercise classes have been introduced. The service is working closely with and meeting other services in a multidisciplinary team approach, to meet with the certification standards.
- National Audit of Intermediate Care: Reports were received in Q3. Both Hillingdon and Camden Services have drawn up local implementation action plans which will be monitored during 2019.
- National Clinical Audit of Psychosis: Findings have been presented to Operations Board and QPC in separate reports, and actions are integrated into a larger programme of work steered by the Physical Health Steering Group. A monthly report on physical health is now instituted and is taken to the Quality and Performance Committee. Actions relating to aspects other than physical health, such as access to psychological therapies, medicines, and recovery, have been addressed by relevant work streams.
- Early Intervention in Psychosis Audit: The final reports for each of the four Early Intervention Services in CNWL were published in May 2018 by the Royal College of Psychiatrists and reported in the Clinical Audit Annual Report 2017-18. The reports were further reviewed by the respective services and the Physical Health Steering Group, with an additional focus on the ‘domains of care’, for which the four EIP Teams achieved the same results:
• Timely access – top performing (level 4)
• Effective treatment – needs improvement (level 2)
• Well-managed service – greatest need for improvement (level 1)
• Overall assessment – needs improvement (level 2)
• National Asthma and COPD Audit Programme: Reports were published in April 2018. For Camden, eight of 10 standards were achieved. For the two not achieved, the service is not commissioned to provide these services. A business case had been put to Camden CCG in 2016 but was not funded. This is to be re-considered.
• National Diabetes Audit – Diabetic Foot Care Audit; A review of the Third Annual Report by Camden Podiatry Services demonstrated the effective management of diabetes patients, including pathways into the local acute Trust and access to specialist care within 24 hours, for a more complex caseload than the national average. In Hillingdon, an action plan has been formulated and is in the process of being implemented. The purchase of an infrared thermometer has supported patient assessment at high risk clinics by CNWL skilled technicians. It should be noted that CNWL doesn’t contribute to this national audit in its own right, but provides data to partner acute secondary care trusts for inclusion in their submissions.
• POMH-UK: 15b Prescribing valproate for bipolar disorder

**Recommendations**

• Improve documentation of monitoring of physical health parameters throughout treatment.
• Fully implement the MHRA recommendations regarding the safe use of valproate in women of child bearing potential, including documentation of provision of advice to women of childbearing age about the potential risks of the use of valproate in pregnancy, and contraception advice (as part of the ongoing programme of work via the Safety Team, this practice is now better supported by the templates in the clinical systems).
• All patients should be offered written medicines information, preferably prior to commencing treatment; women of childbearing potential should be offered the MHRA approved Patient Guide and Card as part of the Pregnancy Prevention Programme.
• POMH-UK: 16b Rapid tranquillisation; the audit report was received and reviewed at Medicines Management Group in February 2019. Overall CNWL’s practice was better than the national picture, and in some areas was notably good, but in other areas there are some concerns as practice varied between wards. Recommendations being taken forward include to improve the recording of monitoring of physical health parameters, and patient refusals, and that ECGs should be conducted wherever possible prior to administering IM haloperidol.
• POMH-UK: 18a Prescribing clozapine.

**Recommendations**

• All clinics should monitor and record patients’ lipids and glycaemia control.
• All patients should have an annual physical examination.
• All patients should be reviewed at least annually by a senior clinician to assess their response to clozapine and optimise its efficacy.
• CNWL prescribers and clozapine clinic staff should advise GPs to add clozapine to the patients’ Summary Care Record for a full and safe understanding of prescribing.
• Work towards consistency in operational practices across the trusts clozapine clinics, overseen by the clozapine forum.
• Sentinel Stroke National Audit Programme (SSNAP): The SSNAP data is monitored at Unit level by the Clinical Lead, who also receives detailed local analysis, enabling targeted actions and implementation of change where indicated.
• UK Parkinson’s Audit: Since this audit, Milton Keynes has obtained key equipment, improved written patient information and is currently modifying documentation templates to include all domains of Parkinson’s assessment. In Hillingdon, a Parkinson’s Education and Exercise programme called ‘Get Up and Go’ is being promoted, and screening for osteoporosis is being introduced alongside education for patients on bone health. A self-management course, following on from ‘Get Up and Go’ and running bi-monthly, is also being developed. Multidisciplinary team meetings have been established within the team. Advanced care planning with regards to end of life care requirements is being developed.
Trustwide audits

The Trust undertook a number of Trust-wide audit programmes. These audits included the following:

- Quarterly Controlled Drugs Audit
- Quarterly Antimicrobial Audit
- Safe and Secure Handling of Medicines
- F10 prescriptions Audit
- Hand Hygiene audits
- Physical health check monitoring following administration of rapid tranquillisation
- Compliance with the Valproate Patient Safety Alert
- Covert Administration of Medicines
- High Dose Antipsychotics Therapy for MH Rehab Services
- Prescribing of Benzodiazepines

Outcomes from all of these audits are reported and monitored at the divisional boards and action plans are agreed, implemented and monitored as appropriate. Learning from clinical audit is shared in a variety of ways including Clinical Messages of the Week.

Goals agreed by commissioners: A proportion of CNWL income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between CNWL and other bodies in a contract, agreement or arrangement with the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. In 2017-18, CNWL’s CQUIN income equated to approximately £5,970k and CNWL achieved 98%. For 2018-19 CNWL’s CQUIN income equates to approximately £6,082k.

Research

The number of patients receiving relevant health services provided or sub-contracted by CNWL in 2018-19 that were recruited during that period to participate in research approved by a research ethics committee was 1,122 participants.

CQC Reviews of Compliance

CNWL is required to register with the Care Quality Commission (CQC) and our current registration status is ‘unconditional registration’. CNWL has no conditions on its registration. The CQC has not taken enforcement action against CNWL during 2018-19 and CNWL has not participated in any special reviews or investigations this year.

In January and February 2019, the CQC carried out inspections in our Community Mental Health Services, our Older Adult Wards and Acute Wards for Adults of working age. At the time of writing this report the outcome of these inspections had not been published. The CQC carried out a series of inspections in our Offender Care and Specialist services across the year and feedback has been positive overall. Where recommendations have been made, there are actions in place to address these.

CNWL’s rating based on the latest published inspections is presented below;

Data quality

NHS number and General Medical Practice Code Validity

CNWL submitted records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:

- 96% for admitted patient care;
- 99% for out-patient care; and
- N/A for accident and emergency care.

The percentage of records in the published data which included the patient’s valid General Medical Practice code was:

- 97% for admitted patient care;
- 100% for outpatient care; and
- N/A for accident and emergency care.
Information Governance Toolkit attainment level

CNWL information Governance Assessment Report overall score for all mandatory assertions for the 2018-19 CNWL Data Security & Protection Toolkit were confirmed as satisfactory.

Clinical coding error rate; CNWL was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission

CNWL is taking the following actions to maintain and improve data quality: Data standards are set through consistent definitions of data items which are in line with national standards and we have a care records audit in place. Additionally, We have developed a Data Quality Improvement Plan which is clear on strategic oversight with a short term and long term plan; below are some of the key point of this plan;

Strategic oversight
- Focused Operations Board oversight and scrutiny;
- Executive accountability for delivery of improvement plans;
- Building strong data quality leadership at all levels within the Trust
- Extensive staff engagement
- A rigorous Quality Improvement (QI) approach throughout the organisation
- Supported Programme and specific Project management
- Support for staff, and work with all elements of and contributors to the data entry process
- An evidence based and systematic monitoring, feedback and improvement process

Medium term – April to end 2019
- Review Data Quality Policy
- Review Data Quality Improvement Program progress over first 2 months
- Identify Data Quality delivery issues across system configuration, training, staff actions and reporting processes and requirements
- Identify and agree key performance indicators (KPI’s) for sustained monitoring and delivery
- Establish Data Quality Forum with identified Executive, Divisional and Service leads
- Consolidate and update Data Quality issues metrics to be tracked, and update targets
- Identify and deliver system optimisation requirements and improved data entry processes
- Scope Care pathways standardisation and optimisation requirements

Long-term – Data Quality Improvement and Maintenance Plan:
- Establish and Develop Care Pathways review process
- Consolidate and standardise care pathway delivery across the Trust, with associated system functionality
- Consolidate the importance of mandatory Data Quality awareness in face to face and online Training, and at Induction
- Continue to optimise the clinical system to best support clinicians and other staff in high quality data entry and reporting
- Ensure Data Quality is reported regularly at Divisional and Operations Boards, with responsible leads owning Data Quality

Learning from Deaths
CNWL established its Mortality Review Group in January 2016 following which a number of improvements have been made to our systems. As a provider of Mental Health, Learning Disability and Community Physical Healthcare Services, including End of Life community based services, our systems reflect the variation in these services and have been designed in a way that complement our incident and serious incident arrangements. All deaths where a person has been under the care of a CNWL Mental Health or Learning Disability service are reported and investigated. In addition we undertake mortality reviews every quarter for a number of cases within our Community Health Services each quarter.
Table 8 shows the number of death and case reviews in 2018-19

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data source</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of patients who have died during the reporting period,</td>
<td>Community Health Services – 785, Mental Health and Specialty Services – 97</td>
<td>Q1: 785, Q2: 707,</td>
</tr>
<tr>
<td>including a quarterly breakdown of the annual figure.</td>
<td></td>
<td>Q3: 790, Q4: 93</td>
</tr>
<tr>
<td>2. The number of deaths included in Number 1 above which were</td>
<td>Datix / Clinical Systems</td>
<td></td>
</tr>
<tr>
<td>subjected to a case record review or an investigation to determine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>what problems (if any) there were in the care provided to the patient,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>including a quarterly breakdown of the annual figure.</td>
<td>184, 222, 208, 220</td>
<td></td>
</tr>
<tr>
<td>3. An estimate of the number of deaths during the reporting period</td>
<td>CESDi Grade 3: 0, 0, 0, 0, 0</td>
<td>CESDi Grade 3: 0,</td>
</tr>
<tr>
<td>included in number 2 above for which a case record review or</td>
<td>CESDi Grade 2: 2, 4</td>
<td>0, 0, 0</td>
</tr>
<tr>
<td>investigation has been carried out which is judged as a result of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>review or investigation were more likely than not to have been due to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>problems in the care provided to the patient (including a quarterly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>breakdown), with an explanation of the methods used to assess this.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The number of case record reviews or investigations finished in</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>the reporting period which related to deaths during the previous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>reporting period but were not included in item number 2 (above) in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the relevant document for that previous reporting period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. An estimate of the number of deaths included in Number 4 (above)</td>
<td>CESDi Grade 3: 0, 0, 0, 0, 0</td>
<td>CESDi Grade 3: 0,</td>
</tr>
<tr>
<td>which the Trust judges as a result of the review or investigation were</td>
<td>CESDi Grade 2: 1</td>
<td>0, 0, 0</td>
</tr>
<tr>
<td>more likely than not to have been due to problems in the care provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to the patient, with an explanation of the methods used to assess this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. A revised estimate of the number of deaths during the previous</td>
<td>CESDi Grade 3: 0, 0, 0, 0, 0</td>
<td>CESDi Grade 3: 0,</td>
</tr>
<tr>
<td>reporting period stated in item 3 (above) of the relevant document for</td>
<td>CESDi Grade 2: 1</td>
<td>0, 0, 0</td>
</tr>
<tr>
<td>that previous reporting period, taking account of the deaths referred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to in item 5 (above).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During 2018-19 a total of 3,108 CNWL patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 882 in the first quarter;
- 788 in the second quarter;
- 883 in the third quarter;
- 555 in fourth quarter

During 2018-19, 847 case record reviews and 459 investigations have been carried out in relation to 3,108 of the deaths included in number 1 in the above table. In 433 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 187 in the first quarter;
- 230 in the second quarter;
- 235 in the third quarter;
- 220 in the fourth quarter;

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

These numbers have been estimated using the CESDI framework and Trust serious incident policy. In writing this report we have understood the NHS Improvement definition of “those deaths which were judged as a result of the review or investigation to more likely than not to have been due to problems in the care provided” as equivalent CESDI Grade 3.

Our review process shows no CESDI Grade 3; to aid transparency we have also presented the number of cases where we believe that the death might have been as a result of problems in the care provided i.e. CESDI Grade 2 and the data below reflects this.

In relation to each quarter, this consisted of:

- 2 representing 0.2% for the first quarter;
- 4 representing 0.5% for the second quarter;
- 2 representing 0.2% for the third quarter;
- 1 representing 0.2% for the fourth quarter;

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

<table>
<thead>
<tr>
<th>CESDI GRADES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0 – Unavoidable death, no suboptimal care</td>
</tr>
<tr>
<td>Grade 1 – Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome</td>
</tr>
<tr>
<td>Grade 2 – Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)</td>
</tr>
<tr>
<td>Grade 3 – Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)</td>
</tr>
</tbody>
</table>

Learning from case record reviews and investigations this year: Investigations and mortality reviews shows that the Trust will continue to focus on our previously identified areas for improvement, Physical Healthcare within Mental Health and Learning Disability Services and the need to reduce instances where the death of a person is suspected to be suicide.

During this period the following actions being taken:

- A review of deaths reported by Learning Disability Services during 2017-18 was completed by the Clinical Director for Learning Disability Services; this was presented at the Trust Mortality Review Group in June 2018 and highlighted both areas of good practice and improvement opportunities
- A further review of the 18 cases reported during 2018-19 is scheduled to be presented to the Mortality Review Group in July 2019. This will also provide an update on the outcome of work completed during 2018-19 including improvements around information sharing and physical healthcare
- The Trust held a Bereavement Conference which was attended by multi-professional staff across all Divisions and was co-created by bereaved relatives
- Our case note reviews for Community Physical Health Services continue to be completed each quarter and we have extended the sample size completed to increase the opportunity for learning
- A Quality Improvement Project within a Community Mental Health Team was undertaken, this has supported improvements in this locality whilst also providing learning for wider changes to the clinical system and policy
- Based on the above, alongside the launch of SystmOne – our new Clinical System, the Trust has
reviewed and implemented a revised Clinical Risk Assessment and Safety Planning Policy taking into account feedback from service users and carers who were involved in the above project

- We have developed our Suicide Prevention Strategy and have a draft plan for Zero Suicides on Inpatient Wards (this is scheduled for sign off in March 2019)
- A new Task and Finish Group to oversee both risk assessment and suicide prevention has been established and will also be used to ensure that system wide changes are considered and made where required
- Our Strategy for Physical Health in Mental Health has been agreed with work streams and leads set up.
- There are clear monitoring arrangements in place with tracking and reporting to the Quality and Performance Committee.

An assessment of the impact of the actions described

Our work to improve physical health care across our learning disability and mental health services has shown demonstrable improvements in the monitoring and recording of assessment and interventions for cardio metabolic rates and tobacco and alcohol use. In addition our recording of Body Mass Index (BMI), blood pressure, glucose and blood sugar levels has also improved significantly.

Following the CNWL Bereavement Conference, the Trust’s Nurse Consultant in Palliative Care Services has produced a Policy for Compassionate Care after Death, this Trustwide policy was developed with the support of ten bereaved relatives whose family members passed away whilst in receipt of care from a CNWL service.

Our arrangements to improve risk assessment and safety planning means that our approach to managing risk is now fully aligned to best practice. An example of this is that we do not use “assessment tools or a scale designed to give crude indication of risk” NHS Resolution – Learning from Suicide Related Claims, September 2018.

As part of our plan for Zero Suicide on Inpatient Wards the Trust has undertaken an extensive review of its policy for the identification and management of ligature suspension points. As part of this we have increased the frequency of our audits and assessments whilst simultaneously strengthening the governance arrangements for this important environmental work.

Part 3 – Reporting against Core Indicators

The following section describes how we have performed against core indicators required by NHS England, NHS Improvement (our regulator) and our current and previous years’ Quality Priorities. The indicators are grouped in tables as per the three care quality dimensions of patient safety, clinical effectiveness and patient and carer experience.

Our national priorities and Quality Priorities (current and historical) performance tables.
Table 9: Patient Safety:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
<th>2018-19</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
<th>Benchmark (where available): National average; and highest and lowest scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.CPA 7-day follow-up</td>
<td>Clinical systems</td>
<td>95%</td>
<td>93.9%</td>
<td>98%</td>
<td>97.6%</td>
<td>96.7%</td>
<td>National Average: 97%</td>
</tr>
<tr>
<td>2.Infection control</td>
<td>Internal database</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Not available</td>
</tr>
<tr>
<td>The number of cases of MRSA (MRSA bacteraemia) annually (YTD M12)</td>
<td>Internal database</td>
<td>N/A</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>Not available</td>
</tr>
<tr>
<td>The number of cases of Clostridium Difficile annually</td>
<td>Internal database</td>
<td>N/A</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>Not available</td>
</tr>
<tr>
<td>3.Incidents</td>
<td>Datix</td>
<td>N/A</td>
<td>20,058</td>
<td>20,148</td>
<td>18,556</td>
<td>16,635</td>
<td>335,828 (based on the most recent OPSIR NRLS reports from NHSI)</td>
</tr>
<tr>
<td>Number of patient safety incidents for the reporting period</td>
<td>Datix</td>
<td>N/A</td>
<td>125 (0.62%)</td>
<td>141 (0.70%)</td>
<td>157 (0.85%)</td>
<td>141 (0.85%)</td>
<td>3734 (1.11%)</td>
</tr>
<tr>
<td>Percentage of patient safety incidents that resulted in severe harm or death</td>
<td>Datix</td>
<td>N/A</td>
<td>125 (0.62%)</td>
<td>141 (0.70%)</td>
<td>157 (0.85%)</td>
<td>141 (0.85%)</td>
<td>3734 (1.11%)</td>
</tr>
</tbody>
</table>

**Measure 1 CPA 7-day follow up:** Evidence suggests that people with mental health problems are particularly vulnerable in the period immediately after they have been discharged from a mental health inpatient ward. This measure is in place to ensure our patients remain safe and have their needs cared for after discharge from hospital to community care, and reduce risk of relapse or incident. During 2018-19, 93.9% of CPA patients received a follow-up contact within seven days of discharge, narrowly missing the target.

CNWL considers that this percentage is as described for the following reasons: On January 28 2019, our London MH services started to use a new system to record clinical information. This was a significant change in both data capture and recording processes and it presented a new way of working for our wards and community teams. The impact of this is that whilst staff get used of using the system, we have seen some recording and reporting errors which has resulted in a drop in performance in February and March. We carried out a case by case investigation on this and have identified that this is not a true reflection of actual performance and we did in fact achieve the 95% target. We are expecting that performance reporting will be back in line with pre-go live standards by the end of Quarter 1 2019-20.

**Measure 2 Infection control:** We have a duty of care to ensure that our patients do not get any avoidable healthcare associated infections (HCAI’s) while in our services. Year to date, we are pleased to report that we did not have any MRSA bacteraemia cases. Three cases of Clostridium difficile (C.diff/CDI) across the year. This is a reduction of 5 from the previous year. Lapse in care was not identified following the undertaking of RCAs for the c.diff cases.
Each CDI case is discussed at meetings with the relevant clinical teams. Aspects of care are explored to see what could have been done differently which might have led to a different outcome. In the cases identified, RCA’s were undertaken, Lessons learnt were shared with the team and shared at the divisional subgroup meetings, quality governance meetings and at the IPCC. The rationale is to continuously improve patient safety.

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

- Cleaning and clinical environmental audits
- Essential Steps audit tool: Our services monitor their own practice and provide assurance against the fundamental principles of infection control, for example, hand hygiene, safe disposal of sharps and appropriate use of personal protective equipment
- Antimicrobial auditing and stewardship monitoring
- Alert Organism Surveillance
- Outbreak management investigation
- All IPC polices are reviewed and updated accordingly with best practice and national guidelines

- Mandatory IPC training programme for staff is yearly for clinical staff and three yearly for non-clinical staff.
- Quarterly IPC Link Practitioner meetings are held across all Divisions. The rationale being to encourage best IPC practice locally across CNWL
- Quarterly newsletters are published across all Divisions, to inform staff of recent IPC issues and national updates on IPC surveillance, upcoming events and practical application of best practice in IPC.

**Measure 3 Incidents:** A decrease in the number of incidents relating to severe harm and death is noted year to date. CNWL considers that this data is as described for the following reasons; there are robust governance arrangements within each Division. This has led to a greater depth of analysis and understanding in relation to severity grading, enabling teams and services to identify where severity has been graded incorrectly. Where it is clear that care and service delivery has not contributed to the incident, the severity is decreased; this then correctly reflects the incident grading. Additionally, the Trust’s Mortality Review Group (MRG), led by the Medical Director has clinical oversight of all deaths, which have occurred across the Trust. This includes the identification of themes, trends and where indicated the development of key work streams to support learning to enhance patient safety.

### Table 10: Clinical Effectiveness:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target Data Source</th>
<th>2018-19</th>
<th>2017-18</th>
<th>2016-17</th>
<th>2015-16</th>
<th>Benchmark (where available): National average; and highest and Lowest Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.Crisis Resolution Team gate keeping</td>
<td>Clinical system</td>
<td>95%</td>
<td>95.6%</td>
<td>100%</td>
<td>99.3%</td>
<td>98.9%</td>
<td>National Average: 100%</td>
</tr>
<tr>
<td>5.Re-admission rates</td>
<td>Clinical system</td>
<td>&lt;8.1%</td>
<td>6.9%</td>
<td>5.5%</td>
<td>4.6%</td>
<td>5%</td>
<td>Source NHS Digital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. For patients aged 0 – 15</td>
<td></td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.2%</td>
<td>1.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. For patients aged 16 or over</td>
<td>6.8%</td>
<td>5.6%</td>
<td>4.7%</td>
<td>5.1%</td>
<td>Not available</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>---------------</td>
</tr>
<tr>
<td>6. Early intervention in psychosis (EIP)</td>
<td>% of people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral</td>
<td>50%</td>
<td>86.5%</td>
<td>87.2%</td>
<td>72%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Improving access to psychological therapies (IAPT):</td>
<td>Proportion of patients completing treatment who move to recovery (From IAPT minimum data set)</td>
<td>IAPTUS</td>
<td>N/A</td>
<td>54.3%</td>
<td>54%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>% of people with common mental health conditions referred to the IAPT programme treated within 6 weeks of referral</td>
<td>75%</td>
<td>96.5%</td>
<td>93%</td>
<td>94%</td>
<td>N/A</td>
<td>National Average: 60.7% (MHSDS)</td>
</tr>
<tr>
<td></td>
<td>% People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral</td>
<td>95%</td>
<td>99.7%</td>
<td>100%</td>
<td>99.9%</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
| 8. Routine delivery of Cardio metabolic assessment and treatment for people with psychosis | In patient services | NCAP and EIP National Audit | Awaiting report | 45.1% | N/A  | N/A  | N/A           | a) National Average: 49.9%  
b) min: 23%  
c) max: 86%  |
|                                                                 | EIP Services                                         | 29.8%                           | N/A   | N/A   |      |      |               |
|                                                                 | Community Mental health services                     | Awaiting report                  |       |       |      |      | a) National Average: 89.7%  
b) min: 38%, max: 100%  
Source: NHS Digital | 30.3% | N/A | N/A | a) National Average: 98.8%  
b) min: 67%, max: 100%  
Source: NHS Digital |
Measure 4 – Crisis resolution teams gatekeeping: Our crisis resolution teams assess patients when they are in crisis to quickly determine if they are suitable for home treatment rather than being admitted to hospital. It is important to treat our patients in the most appropriate settings to ensure their safety and that they receive the effective treatment. Our performance against this indicator was 95.6% achieving the target of 95%. CNWL considers that these percentages are as described for the following reasons; Performance is monitored daily via the Trust’s Business Intelligence Systems which identifies all admissions and associated gate-keeping information. The Crisis Resolution Team (CRT) policy is published and shared with all staff to support operational delivery of gate-keeping activity and the business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. CNWL has taken the following actions to improve this number, and so the quality of its services, by: Where this target is not met results are discussed and reviewed at local care quality groups, senior management team meetings or the Divisional Board. The CRT Operational Policy clearly indicates the procedure for gate-keeping is widely circulated and published on our staff Intranet. There are clear Business Rules, which are published ensuring accurate data recording across all Trust teams. This measure is also reported monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Performance of this indicator is monitored on a weekly basis by the operational ward teams, using the appropriate business intelligence reports. Where a patient has been re-admitted within 28 days, the local team investigates the causes, looking across the patient pathway and shares lessons learnt at quality and operational management meetings. Exceptions are also reported monthly to the Trust board and quality and performance committee. The Trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

Measure 6 – Early interventions in psychosis (EIP): this national target measure ensures that patients with a suspected first episode of psychosis commence treatment with a nice approved care package within 2 weeks of referral. Performance was above 86.5% against a 50% target. Performance is monitored daily via the Trust’s Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings.

Measure 7 – Improving access to psychological therapies (IAPT): This measure monitors the percentage of people with common mental health conditions referred to the IAPT programme treated within six weeks of referral and those treated within 18 weeks of referral. CNWL considers that these percentages are as described for the following reasons; Performance is monitored via the Trust’s Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Performance of this indicator is monitored on a weekly basis by the operational ward teams, using the appropriate business intelligence reports. Where a patient has been re-admitted within 28 days, the local team investigates the causes, looking across the patient pathway and shares lessons learnt at quality and operational management meetings. Exceptions are also reported monthly to the Trust board and quality and performance committee. The Trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

Measure 5 – Readmission rates: Readmission rates describe how many patients get readmitted to hospital within 28 days post their discharge. It is important to monitor this as action is required if it indicates patients are being discharged before they are ready or not given the appropriate support in the community. We are pleased to report that our readmission rates are below the 8.1% target at 6.9%. CNWL considers that these percentages are as described for the following reasons; Performance is monitored locally via the Trust’s Business Intelligence Systems which identifies all patients who were re-admitted. The business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. This indicator is also published monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Performance
Table 11: Patient, carer and staff experience:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
<th>Target</th>
<th>2018-19</th>
<th>2017-18</th>
<th>2016-17</th>
<th>Benchmark (where available): National average; and highest and lowest scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to adult facilities of patients under 16 years old</td>
<td>Datix</td>
<td>N/A</td>
<td>3</td>
<td>0</td>
<td>N/A</td>
<td>National Average: 1.7 Upper Quartile: 2.0 Lower Quartile: 1.0 benchmarking</td>
</tr>
<tr>
<td>The Trust’s ‘Patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.</td>
<td>National survey results</td>
<td>N/A</td>
<td>^</td>
<td>71.2%</td>
<td>86%</td>
<td>N/A</td>
</tr>
<tr>
<td>Were you given enough time to discuss your needs and treatment?</td>
<td>N/A</td>
<td>^</td>
<td>67.6%</td>
<td>83%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Did the person or people you saw understand how your mental health needs affect other areas of your life?</td>
<td>N/A</td>
<td>^</td>
<td>79.8%</td>
<td>89%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel that you were treated with respect and dignity by NHS mental health services?</td>
<td>N/A</td>
<td>^</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of area placements</td>
<td>Inappropriate out of area placements</td>
<td>N/A</td>
<td>790</td>
<td>217</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Care/treatment plans</td>
<td>Quality Account Priority 2018-19: Patients report that they were involved as much as they wanted to be in decisions about their care/treatment (definitely and some extent) n= 21819</td>
<td>Local systems</td>
<td>85%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Quality Account Priority 2018-19: Patient report that their care or treatment helped them to achieve what mattered to them (Yes, definitely + Yes, to some extent ) n=20988</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients report that they were treated with dignity and respect n=16840</td>
<td>95%</td>
<td>98%</td>
<td>97%</td>
<td>98%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Service satisfaction/ Friends and Family Test</td>
<td>Patient FFT: Patients report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment n=23823)</td>
<td>Optimum Meridian</td>
<td>90%</td>
<td>MH 87%</td>
<td>MH 86%</td>
<td>MH 86%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CH 95%</td>
<td>CH 96%</td>
<td>CH 95%</td>
<td>National Avg CH: 96%</td>
</tr>
<tr>
<td>Staff FFT (internal survey +national survey): Staff report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment ( n=5746)</td>
<td>Internal system</td>
<td>70%</td>
<td>68.7%</td>
<td>74%</td>
<td>65%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>
### Staff FFT (national survey)
Staff report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment (score reported out of 5, with 10/10 being the maximum possible)

| Staff Survey | 10 | 6.9 | 3.69 | 3.74 | National Average: 7 |

### Staff recommending the Trust as a place to work
n=5746

| Staff Survey | 70% | 59.5% | 57% | 60% | 57.3% |

### Key

^: Data has not been published

N/A; Not Applicable

CH; Community Health

MH; Mental Health

#### Admission to adult facilities of patients under 16 years old:
1 child under 16 was admitted to an adult ward in the reporting period. We work proactively in trying to reduce the number of admissions to an adult ward. An adult ward is only used as a last place of safety when all other options have been explored.

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

#### Care/treatment plans:

- Patients report that they were involved as much as they wanted to be in decisions about their care/treatment (definitely and some extent) this was Quality Account Priority for 2018-19 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.

- Patient report that their care or treatment helped them to achieve what mattered to them (Yes, definitely + Yes, to some extent: This was a Quality Account Priority for 2018-19 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.

- Dignity and respect: This indicator forms one of our core patient reported outcome measures which we include on all questionnaires as it provides
assurance that our patients are being treated with professionalism at all times, and would provide an early warning to where service improvement is needed. We are pleased to report that overall we have achieved 98%.

Service satisfaction/Friends and Family Test: We monitor whether patients and staff would recommend our services to family or friends if they needed similar care or treatment (known as the ‘Friends and Family Test’ or FFT) and the reasons that they gave for this. This gives us a good indication of what needs improvement, and a key source of intelligence for the setting of our Quality Account Priorities for the forthcoming year.

Patient FFT results: As at Q3 results show that 92% of our patients would be likely or extremely likely to recommend Trust services, achieving our target.

Staff FFT results: Our staff survey showed that 68% of our staff would be likely or extremely likely to recommend Trust services as a place to receive treatment. This is against our target of 70%.

Table 12: Local performance against our patient reportable indicators (Patient and Carer involvements) 2018-19

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mental Health Services</th>
<th>Specialist services</th>
<th>Community physical Health services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients report feeling involved in care &amp; treatment (definitely and to some extent)</td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1711 1815</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients report their care &amp; treatment helped them achieve what matters to them (definitely &amp; to some extent)</td>
<td>85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1644 1750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients who report being treated with dignity and respect (Yes always + yes sometimes)</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1769 1832</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient FFT: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment? (extremely likely likely)</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1613 1860</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Our commissioners

Harrow CCG (North West London collaboration of eight CCGs)

The North West London Collaboration of eight CCGs (NWL CCGs) has welcomed the opportunity to review your Quality Accounts Report for 2018-19. We are pleased that the Trust has made the effort to take on board the relevant comments requested by the NWL CCGs and incorporated these in the final version of the report.

We confirm that we have reviewed the information contained within the Account and it is compliant with the Quality Account guidance for NHS Trusts as set out by the Department of Health and NHS Improvement. The purpose of the Quality Account is that it provides a balanced report on the quality of services which identifies the areas in which the Trust has achieved success and where there needs to be improvements.

We acknowledge the work that the Trust has completed arising from the two quality priorities identified in the previous years. Furthermore, we fully endorse the approach taken by the Trust to consult with the CCGs and the other stakeholders in developing the quality priorities for 2019-20.

We are pleased that the Trust has embraced the value of patients and carers by involving them in a variety of different initiatives to help shape current and future services such as involvement in local governance groups, helping the Trust recruit compassionate and respectful staff and running local social and wellbeing groups. It has been pleasing to see good examples of engagement across the NWL and wider boroughs, involving community and mental health teams. We are encouraged by the approach taken to increase the number of quality improvement projects involving patients and carers. We welcome the Trusts efforts in increasing the number of Peer Support workers to support the delivery of Recovery and Wellbeing College courses and clinical work.

In last year’s quality accounts, the NWL CCGs requested information on individual borough performance and is pleased that the Trust has provided this information through the Clinical Quality Group meetings (CQG). The NWL CCGs look forward to seeing CNWL's continued and sustained involvement by patients and carers Trust-wide in the coming years. We are pleased that the Trust will continue to develop, support and expand a partnership approach between staff, patients and carers across all their services between 2019 and 2023.

The NWL CCGs is supportive of the work the Trust is doing to improve staff engagement to ensure that they feel well supported, trained, committed and engaged. We are pleased that more listening and engagement events for staff have been held Trustwide in the past year. We note that the Trust has improved staff turnover through specific strands of work and that it has had a focus on improving the health and well-being of their staff. The NWL CCGs wish to congratulate the Trust on the accreditation received of “excellent” for the London Healthy Workplace Charter awarded by London Mayor.

Whilst there has been continued improvement in the percentage of staff recommending CNWL as a place to work, over the past two years, we note that this is still short of the 70% target that has been set. We welcome the continued effort by the Trust to make improvements in this area and look forward to seeing the impact of the actions of the new People Strategy.

The NWL CCGs is pleased with the efforts of the Trust in opening Lavender Walk, a unit for young people who require inpatient mental health care. We acknowledge the work achieved through collaboration in nationally leading North West London CAMHS New Models of Care programme. We look forward to the opening of Crystal House, an adolescent inpatient unit for children with a learning disability. We share the Trust's view that these units will mean that fewer children will be treated miles from home or have to wait longer for an admission.

The Trust has identified four quality priorities over the next three years.

• Reducing Falls
• Improving the Management of the deteriorating patient
• Reducing violence and aggression for staff and patients
• Improving the quality of supervision

The NWL CCGs support the above quality priorities and the Trust’s plan over the next three years to ensure that they sustain improvements in these important areas. We believe that these quality priorities will improve the safety and the quality of care for our patients. We are looking forward to continued work with the Trust to monitor progress against the set
priorities for 2019-20 through the CQG meetings. This will help the NWL CCGs gain assurance of continuous quality improvement of mental health services provided across the North West London Population.

Milton Keynes CCG
Thank you for forwarding a copy of the Quality Account for Central and North West London (CNWL) NHS Foundation Trust to the Milton Keynes Clinical Commissioning Group (CCG) which has been read with interest. CNWL – Diggory division has continued to work alongside MKCCG to sustain and further improve the quality of services provided.

The content of the report is well structured and presented, with a good balance between quantitative and qualitative data and information. Although Milton Keynes services are not specifically mentioned in detail, the report does focus on where the organisation has achieved its quality goals overall and acknowledges where further improvements could be made.

The review of quality improvements in 2018-19 documents achievements in relation to a number of quality indicators. This includes a range of examples of how service users’ and carers have been involved in Trustwide and local governance groups. Good examples of how peer support workers are helping service users on their own journeys, offering first hand insight and understanding. This has helped to ensure in addition the organisation has once again sustained an excellent approach to infection prevention and control, which has enabled the continuation of zero cases of Clostridium difficile and zero cases of MRSA across Milton Keynes.

Considerable effort and commitment from both individuals and teams has taken place throughout the year in order to improve quality and patient experience. The teams within CNWL have worked collaboratively with the CCG to achieve quality outcomes and shared learning. The CCG commends and supports CNWL in its commitment to implement integrated community care and support via close working with emerging primary care networks. The CCG endorses the 2019-20 priorities for improvement set out in the Quality account.

The CCG are pleased to see falls prevention and care of the deteriorating patients amongst these priorities. Both aimed at improving patient safety and in line with National CQUIN’s and the drive to improve Sepsis management. The importance of staff wellbeing and development is also included with the inclusion of quality of supervision and reduction in violence and aggression.

MKCCG can confirm, to the best of our knowledge, that the Quality Account contains accurate and transparent information in relation to the range of services provided, and the quality of services that CNWL provides. The information provides both positive achievements and opportunities for improvement. During 2017-18 the MKCCG looks forward to working collaboratively with CNWL to continually develop quality services for the residents of Milton Keynes.

NHS Camden CCG
As a co-ordinating commissioner NHS Camden Clinical Commissioning Group (Camden CCG) has welcomed the opportunity to provide this statement for the Central North West London NHS Foundation (CNWL) Trust Quality Account 2018-19.

Camden CCG has worked collaboratively with the Trust clinicians and managers during 2018-19, ensuring that patient outcomes and experiences remain a fundamental part of best practice. The quality and performance of these services are monitored through the Clinical Quality Review Group and Contract Review Group meetings.

It is positive to note the work undertaken by the Trust to proactively engage with patients and carers, ensuring that they are involved in boards, committees and working groups, including the Trust-wide Patient Involvement Forum and Carers Council. CNWL have provided training and guidance to staff on the importance of involving patients and carers in a meaningful way to make sure we avoid tokenistic involvement, which is positive.

Camden CCG were invited to take part in a stakeholder event in March 2019 to reflect on the Trust priorities delivered during 2018-19. CNWL used this opportunity to consider with the stakeholders the priorities to be taken forward as part of the Trust Clinical and Quality Strategy over the next three years. We are pleased to see that CNWL’s chosen priorities include expanding on the work already undertaken to improve the quality of services. The Trust are committed to supporting their workforce and are using Quality Improvement (QI) methodology to empower staff to feel engaged and motivated to take improvement initiatives at a local level. CNWL have focused on developing a number of Quality Improvements throughout the year, some of this work includes Pressure Ulcers, Falls, managing the Deteriorating Patient and Reducing Violence and Aggression for staff and patients.
We recognise the challenges faced by the NHS to recruit and retain a high quality workforce especially within London. We anticipate the Trust will continue with their efforts to improve recruitment and retention and the work they have carried out including, running a number of Trust-wide staff engagement and listening events. CNWL Operational Managers are engaging in CCG hosted sessions to support the development of integrated working for adults.

We hope the Trust will work with us to align Quality Improvement approaches across primary and community services and to deliver our priorities for Quality, Innovation, Productivity and Prevention which include falls, rapid response and neighbourhood level integrated care.

Overall we are pleased with the Trusts achievements against the Quality Account priorities for 2018-19 and the selected priorities for 2019-20. Camden CCG will continue to work collaboratively with CNWL, to ensure that quality, safety and positive patient experience remain a fundamental component of services commissioned and delivered by the Trust.

Our local Healthwatch

Healthwatch Central West London

Healthwatch Central West London (HWCWL) welcomes the opportunity to provide this statement on the draft Central and North West London (CNWL) NHS Foundation Trust Quality Account for 2018-19, and to comment on the quality of the services commissioned locally to meet the needs of residents in Kensington & Chelsea (K&C) and in Westminster (W).

General comments

In general, our members felt that the Quality Account does not give enough detail on the very broad range of services that CNWL provides over a very wide geographical area. HWCWL are only able to comment on the services which CNWL provides in Kensington & Chelsea and in Westminster, which are the ones that our members have experience of. They include:

- Community Independence Service (KCW)
- Sexual Health Service (KCW)
- Schools Service (KCW)
- Community Mental Health Forensic Service (offender care) (KCW)
- IAPTS Talking Therapies
- Primary Care Clinical Mental Health Services
- Inpatient, secondary care community and specialist MH services (KCW)

Our members were disappointed with how little information the Quality Account contained on these services. This was also a request from our members for CNWL's Quality Account report 2017-18.

Urgent (Crisis) Care Pathways Coproduction workshops

In our statement for CNWL’s Quality Account report 2017-18 we said that our members were looking forward to upcoming local coproduction workshops on the Urgent (Crisis) Care Pathway that will incorporate the ‘alternatives to hospital admission workstream’. We are disappointed that these failed to materialise.

Community Mental Health Teams

We are aware that there has been a high level CNWL steering group working towards a reconfiguration of the Trust’s CMHT’s. Our members would like information on when there will be a public consultation on this for input from local residents, service users/carers and voluntary and community groups.

Mental Health Transformation

A recent mental health transformation stakeholder engagement event in Westminster set out the way in which mental health services are likely to change across the five London boroughs where CNWL hold mental health contracts. This included removing the boundary between primary care and developing a community offer centred around Primary Care Networks, and ultimately around the needs and aspirations of the patient. The overall mental health model is still a work in progress and will need further stakeholder engagement.

However, as this develops our members would like CNWL to be mindful that feedback from service users suggests that the focus needs to be on interventions and treatment rather than repeated assessment. There should also less focus on process measures and more focus on patient outcomes, with flexible support available around needs.

Family and Friends Support Group

From our comments in 2017-18 Quality Account, our members are disappointed that after a whole year the proposed fortnightly CNWL facilitated evening support group for family and friends at St Charles Kensington Inpatient unit is yet to be implemented.
**CNWL Quality Priorities for 2018-19**

**Patient involvement**

Our members stated that the statistics showing satisfaction ratings or involvement for patients is very high at 97%, 96% etc. The Table setting out responses to whether patients report feeling involved in their care or treatment rolled two responses ‘definitely’ and ‘to some extent’ into one statistic. Our members suggested that it would be more helpful and would give richer data to understand how involved patients did feel, for the Quality Account to report on this by separating out these answers. If a high percentage of respondents had stated that they felt involved ‘to some extent’, this suggests that there is still improvements to be made in this area.

**Quality Improvement**

Our members recognise that there has been increased involvement of service users and Carers in various areas, including involvement in Quality Improvement projects, of which there seem to be about 300 such projects across the Trust mostly at the local level. It would be useful to hear how these projects are connected to each other and using shared learning to develop service user and patient involvement further.

HWCWL would like to receive information on how our members and other interested local residents, service users and patients can get involved in the Quality Improvement projects.

**Personalised Care**

Our members note that personalised care, that includes care plans being co-produced with patients is still a ‘work in progress’ and hope to see this developed further over the coming year.

**Carers Conference and Service User Conference**

Our members note that the two Carer Conferences that have been held to date have been very successful and they are pleased that a Service User Conference is to be planned for next year. This was something that we had suggested in our statement for 2017-18 and our members are pleased to see this being taken forward.

**Staff engagement**

**Staff engagement and training**

Our members acknowledge that there have been several initiatives to improve staff engagement and training, leading to better staff satisfaction and performance.

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**CNWL Quality Priorities for 2019-20**

Our members were interested to know whether Quality Improvement projects will be set up to cover each of the four new priority areas:

1) Reducing Falls
2) Improving the management of deteriorating patients
3) Reducing violence and aggression for staff and patients
4) Improving the quality of supervision

**Finance**

Our members are aware of the reduction in finance to CNWL’s Mental Health contracts across KCW in the last few years and would like to receive information about how this may affect services in the two boroughs. As stated in our statement for CNWL’s Quality Account report last year, we also want to know what patient impact assessments will be undertaken and how this will be communicated to local people.

**Looking forward**

HW CWL and our members would like to arrange regular liaison meetings with CNWL and commissioners around services transformation and any proposed changes in the coming year.

**Healthwatch Central West London**

info@healthwatchcentralwestlondon.org

**Healthwatch Hillingdon**

Healthwatch Hillingdon wishes to thank the Central and North West London NHS Foundation Trust (the Trust) for the opportunity to comment on the Trust’s Quality Accounts for the year 2018-19.

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

Questioning the effectiveness of the Quality Accounts to reflect local quality, in a meaningful way for the public, is a position Healthwatch Hillingdon has taken since the inception of the Quality Accounts.

Healthwatch Hillingdon is pleased to see the increase in the numbers of patients and carers involved in projects. Healthwatch Hillingdon strongly agrees with
CNWL, ‘that when staff empower service users and carers to take more of the lead in making local changes, engagement and outcomes can be improved’.

CNWL provide over 30 services in Hillingdon; community health care; mental health services for both adults and children; and adult addiction services. Healthwatch Hillingdon maintains that for the Quality Account to give the public assurances of the quality of Hillingdon services and drive local quality improvement, it requires a Hillingdon specific section. This should include quality priorities set against local improvement needs and should outline how improvement will be achieved and reported. This would also be an opportunity to celebrate the quality of provision provided by CNWL to the Hillingdon public. Healthwatch Hillingdon does not feel that the CNWL Quality Account 2018-19 provides this. This is a point that Healthwatch Hillingdon has raised for a number of years and it was, therefore, extremely pleasing to see CNWL produce a Hillingdon Services Annual Report for 2016-17. This initiative provided a combined report of all the CNWL services delivered in the Borough and went a long way to providing the Hillingdon public with the assurances that, in the view of Healthwatch Hillingdon, the 2018-19 Quality Account fails to provide. It is therefore, sad to see that the initiative has not continued.

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

Should the Trust require any further information or clarification on the content of this response please contact Mr Turkay Mahmoud, Interim Chief Executive Officer.

**Healthwatch Milton Keynes**


Healthwatch Milton Keynes (HWMK) would like to thank CNWL NHS Foundation Trust for inviting us to comment on the Quality Account 2018-19.

In 2018-19 HWMK were pleased to see that CNWL’s Primary Care Plus service was rolled out across GP Practices in Milton Keynes. HWMK conducted a patient review of the pilot service and the extension of the programme reflected the positive experiences of patients receiving services through the PCP pilot, and patient views on the service being more widely available. HWMK were also pleased to be invited by CNWL during the 2018-19 period to undertake an Enter and View visit of the Windsor Intermediate Care Unit. The WICU team took appropriate actions against all our recommendations from the visit.

HWMK would like to note the local leadership of CNWL across all elements of service always positively engage with Healthwatch Milton Keynes and are very responsive to the queries and concerns we hear from patients and service users.

We consider that the Quality Account provides a comprehensive and well-balanced review of the range of CNWL’s services, and that it is well ordered and clearly presented. There is a coherent philosophy and ethos across CNWL’s activities reflected in the report.

We recognise that CNWL has a dispersed clientele, and acknowledge that it is difficult to produce a Quality Account which is specific to its individual stakeholders. We feel that it is clearer in the Quality Account this year to see where specific developments have taken place in Milton Keynes, with some clear examples of improvements to district nursing and dental services. We are particularly pleased to see how the involvement of Peer Workers is having an impact on patient experience locally, and how they have been involved in the design and delivery of the Recovery and Wellbeing College. We also note the successful engagement with Black, Asian, and Ethnic minority (BAME) communities as a positive outcome. The ‘Learning from Deaths’ section was a little difficult to follow in terms of the statistical data, but both the actions, and the assessment of those actions was clear and generally easy to read. Also, where data highlights that activities and outcomes have fallen short of targets, such as CPA 7-day follow up care, there are explanations for variances. However, in the case of the CPA 7-day follow up care target and similar areas, we would like to see more detailed responses where variance against targets are on a continued downward trend.

In Table 12: Local performance against our patient reportable indicators (Patient and Carer involvements) 2018-19 we would like to note how positive it is to see the markedly higher numbers of patients responding to questions about their care in Milton Keynes and note the higher levels of satisfaction in comparison to other areas of CNWL’s services.
In our response to the first draft, HWMK noted an understanding that CNWL has a broad range of activities and operates on multiple sites which makes it difficult for CNWL to produce a single, general report which does justice to a single location. However, we have raised in previous years that at HWMK we are focussed on issues and achievements within our unitary authority, and we feel that it should be possible, within that general report, to provide a more focussed record of CNWL's work in the borough. As it stands there are relatively few references to Milton Keynes, and those which are included are either in a comparative table or cited as particular examples. We would welcome something more holistic, and more analytical, to which our residents can relate more easily, possibly in the form of an annex. Quality Accounts are a good opportunity for services such as CNWL to demonstrate their achievements and quality of care to patients, for patients to read.

In our review of the final draft, we must note that our previous comments still stand. To enable the public to better understand the impact of CNWL locally, and how quality and safety and patient experience have been improved in Milton Keynes we make two recommendations: Consider the addition of an overall executive summary, in easy read, for public-facing purposes; and a brief annex summarising the Milton Keynes experience, which is generally very positive judging by the data presented in the Quality Account.

Healthwatch Milton Keynes thanks CNWL for presenting their Quality Accounts for 2018-19 and look forward to continuing our collaborative and positive relationship with CNWL in the year ahead.

Healthwatch Camden

Healthwatch Camden thanks the Trust for the opportunity to comment on your Quality Accounts. We were pleased to work with the Trust in gathering feedback on community health services relating to admissions avoidance and smoother hospital discharge. However, we are not making a formal comment on Quality Accounts this year. This decision should not be seen as any lack of interest in or support for your work. Pressure of other work in the context of falling core income and increased complexity in the local NHS means that we do not have the human resources to consider Quality Accounts in the detail that they deserve this year. We look forward to commenting in future years.

Healthwatch Surrey

As the independent consumer champion for health and social care, Healthwatch Surrey is committed to ensuring the people of Surrey have a voice to improve, shape and get the best from their health and social care services by empowering individuals and communities.

This year we have decided that we will not get involved in commenting on the Quality Accounts. With limited resources we do not believe this is the best way to use our time to make a difference for the people of Surrey. We have chosen to concentrate this year on ensuring we feedback what we’ve heard on NHS and social care services to commissioners on a regular basis; and that we have the processes and relationships in place to escalate any cases of particular concern to the providers involved and seek outcomes.

Over the past year we feel we have had a collaborative relationship with the Trust. We have shared experiences from the public with them where necessary, and we have collaborated in holding Listening Events and talking to patients as part of our ongoing engagement and project work. The Trust have been receptive to our insight and feedback.

Our Overview and Scrutiny Committees

The Royal Borough of Kensington and Chelsea

We welcome the opportunity to respond to the CNWL Quality Account for 2018-19. We recognise that the Quality Account is a key tool in ensuring that healthcare providers review their services objectively and identify their shortfalls and successes. It is therefore right that the Quality Account should record achievements and also discuss areas where the Trust could improve.

Priorities for Improvement 2018-19

We share the Trust's aspiration of involving and putting patients and carers at the heart of service development and delivery at every stage and making services more patient focused and personalised, both for NHS services and social care. We, therefore, welcome the co-production approach that CNWL has taken to empower partnership with patients, to ensure quality and to increase patient responsibility in shaping their own care. We particularly welcome the involvement of young people in the development of Lavender Walk and the opening of the Café at St Charles.
We welcome the emphasis given to recruitment and retention of staff and in particular the progress made in the Community Independence Service (CIS). When the CIS was taken over by CNWL vacancies in the service were at a high level. We understand that CNWL has made real progress with staff retention and that staff turnover, whilst above the Trust average, is on a steady decline.

Achievements and Concerns

We wish to express our appreciation for the work that CNWL, as the lead NHS provider, has carried out for Care for Grenfell. This has made and continues to make a real difference to the community in North Kensington. We welcome the good performance of CNWL in speed of access to the Improving Access to Psychological Therapies (IAPT) programme.

Last year we expressed concern about the lack of information on CNWL’s performance and progress in reducing Delayed Transfers of Care (DToCs). This issue is discussed in the Quality Account this year, but we would expect to see how CNWL, as our provider of mental health services, is embracing and implementing the new Department of Health Guidance and the measures put in place to deliver local targets.

This year in RBKC, the Mental Health DToC numbers have reduced significantly, but overall in Bi-Borough CNWL’s performance is poor, due to the high number of nonacute Mental Health DToCs mainly in Gordon Hospital and this could impact on the availability of beds for emergency admissions from Kensington and Chelsea. We have funded a consultant to work with CNWL to identify gaps and put in place processes and pathways to minimise delayed discharges. This has helped, but more needs to be done to embrace the new processes and reduce further DToCs. Elected Members in Kensington and Chelsea have been concerned about emergency placements of patients at a great distance from their home. We note with concern the substantial increase in the number of out of area placements. We request that CNWL give high priority to reducing the number of out of area placements.

Targets for 2019-20:

The targets for 2019-20 are
1. Reducing Falls;
2. Managing deteriorating patients;
3. Reducing violence and aggression against staff and patients;
4. Improving the quality of supervision

We welcome these targets but we should like to see more emphasis in next year’s Quality Account on reducing DToCs and out of area placements, in particular placements a long way from the patient’s home.

Westminster Family and People Services Policy and Scrutiny Committee

Introduction

The Westminster Family and People Services Policy and Scrutiny Committee welcomes the opportunity to comment on the Central and North West London NHS Foundation Trust’s (CNWL) Quality Account 2018-19.

We would like to congratulate you on your achievements in 2018-19, particularly
- Being accredited “excellent” for the London Healthy Workplace Charter awarded by London Mayor.
- Being included in the LGBT+ equality charity Stonewall’s the top 50 organisations.
- Having services receiving independent accreditation for quality and effectiveness and being shortlisted for national awards.

Quality progress 2018-19

Overall, we are pleased the Trust was rated as ‘good’ overall by the Care Quality Commission (CQC) in its most recently published inspection report (18 August 2017) and look forward to the outcome of inspections that took place in 2018-19. We congratulate the Trust on being rated outstanding for ‘caring’. We note that the Trust was rated as ‘requires improvement’ for ‘safe’ and hope that action that has been taken sees this rating improve when the findings of the most recent inspection are published.

We are pleased to see the long list of actions the Trust has carried out to improve quality.
Quality Priority 1: Patient and Carer Involvement

We are pleased that:

• Patients and carers are being more involved in boards, committees and working groups. Patient and carer involvement in local governance and performance committees is welcomed.
  • There has been a rise in the number of projects that had service user involvement from 17 to over 70.
  • Service users and carers have been involved in the Older Adults Service User Group and the business meetings at the Waterview Centre.

We note that:

• In Q4 2018-19 96% of patients reported feeling involved in their care or treatment, an improvement on Q4 2017-18 and above target.
• In Q4 2018-19 96% of patients reported that their care or treatment helped them achieve what mattered to them, an improvement on Q4 2017-18 and above target.

Quality Priority 2: Staff Engagement

We are concerned that:

• The proportion of staff recommending CNWL as a place work was 60% in Q4 2018-19. This is below target (70%) and lower than the highest quarterly score in 2017-18.
• The proportion of staff recommending the Trust as a place to receive treatment is lower than hoped, although at 73% it is above target (70%) in Q4 2018-19.

The quality account states that ‘scores on staff recommending CNWL as a place to receive treatment and work remain lower than we would like; albeit that this year we had our highest quarterly scores of the last two years’. The data supplied (Table 3) shows that quarterly scores in 2018-19 were not the highest over the last two years, this should be clarified.

We note a great deal of work has been undertaken to reduce staff turnover, increase staff engagement and improve staff wellbeing. However, the results of this work have not been detailed so its effectiveness cannot be judged.

We hope that, despite not being a quality priority for 2019-20, staff engagement remains a key issue for the Trust.

Clinical audits

It is difficult to comment on the clinical audits without knowing if recommendations from completed audits have been enacted or not. We ask future quality account to focus on any recommendations that have been failed to be enacted and provide the reasons.

Priorities for 2019-20

We note the priorities set for 2019-20. Thank you for the invitation to the Quality Priorities 2019-20 Consultation Event on 1 March, we hope that this approach to engagement with stakeholders continues in future years.

Targets should be quantifiable with clear outcomes, wherever possible, so they lend themselves to be comprehensively assessed. It is often difficult to see improvements when the Trust includes statements such as ‘a new programme’. We would welcome more detail in the quality account citing quantifiable evidence of improvements made across the priority areas. Priority areas should also be clear about not only what action will be taken but what outcomes are hoped for. For example, ‘Quality Priority 4: Improving the Quality of Supervision’ states that progress will be monitored against actions taken rather than outcomes achieved.

We note the comments around monitoring and sharing information about how the Trust performs. We would also encourage the Trust to ensure that monitoring reports are accessible as possible so that patients and users can understand the information presented.

Core Indicators

We note that performance against core indicators is generally good.

We are concerned that:

• The percentage of patients who are on Care Programme Approach that were contacted within seven days of leaving hospital has fallen to 93.9% compared to 98% in 2017-18. This is also below the target (95%) and national average (97%). We note the change in recording systems that the Trust considers the reason behind the data. We hope to see improved performance in 2019-20 reporting.

The number of inappropriate out of area placements has significantly increased from 217 in 2017-18 to
790 in 2019-20. We note the increased demand for acute inpatient admissions. We also note the programmes and processes that have been put in place to ensure effective management of out of area placements and hope that these are successful.

**Conclusion**

Overall, the progress that the Trust has made over the last year is welcomed.

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**Annex 2 – 2018-19 Statement of Directors’ responsibilities in respect of the Quality Account**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2018-19 and supporting guidance detailed requirements for quality reports 2018-19
- The content of the quality report is not inconsistent with internal and external sources of information including: – board minutes and papers for the period April 2018 to March 2019
- Papers relating to quality reported to the board over the period April 2018 to March 2019
- Feedback from commissioners dated 3 May 2019
- Feedback from local Health watch organisations dated 3 May 2019
- Feedback from overview and scrutiny committee dated 3 May 2019
- the Trust’s complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28 June 2018
- The [latest] national patient survey November 2018
- The [latest] national staff survey 26/02/2019
- The Draft Head of Internal Audit’s annual opinion of the trust’s control environment dated 1 March 2019 (The final report was not available at the time of writing this section)
- CQC inspection report dated 18/08/2017
• The quality report presents a balanced picture of the NHS foundation trust’s performance over the period covered

• The performance information reported in the quality report is reliable and accurate

• There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

• The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

• The quality report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board.

Professor Dorothy Griffiths OBE, FCGI
Chair
28 May 2019

Claire Murdoch CBE
Chief Executive
28 May 2019