This is CNWL 2015-17
In this booklet we set out what we’ve done over the last year and our plans for the coming year.

Tell us what you think!

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There’s more detail than this booklet provides on our website in our Annual Report. www.cnwl.nhs.uk/about-cnwl/planning-performance

Our Chief Executive, Claire Murdoch, was appointed as NHS England’s Director of Mental Health this year – a job she will conduct while continuing as our Chief Executive and was named as one of the Health Service Journal’s 2016 Top 50 Chief Executives.
CNWL – Central and North West London NHS Foundation Trust – provides health and social care services for a population of around three million people living in the South East of England, including London, Milton Keynes, Surrey and Buckinghamshire.

Our services are mostly provided in the community – in people’s own homes, community clinics and schools. We also have a number of specialist units for inpatients when intensive treatment is needed. In 2015-16 we provided healthcare in a number of secure settings including prisons, young offender institutions, immigration removal centres, and low secure and community forensic teams, but in April this year we ended our time at Wormwood Scrubs, while HMP Holloway closed in the Summer of 2016.

We are an NHS Foundation Trust, which means local residents, patients and carers can join the Trust to help shape services and future developments.

We have three divisions. These are named after the first NHS patient Sylvia Diggory; the first general secretary of the RCN Frances Goodall; and the Chief Medical Officer at the time the NHS was formed in 1948 - Sir Wilson Jameson.

Vision and values

Our vision and values underpin everything we do.

Our vision

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

Our values

Compassion
Respect
Empowerment
Partnership
Services in the south of England

Hackney

Services across London

Barnet

Hounslow

Richmond

HMP Holloway closed in the Summer of 2016.

Contract ended in April 2016.

Contract ended in April 2016.

Contract ended in March 2016.

Hammersmith & Fulham

Contract ended in April 2016.

Contract ended in March 2016.

SH
Sexual health services
(walk-in services)

LD
Learning disabilities services
(Inpatient service accepts national referrals)

A
Addictions
(Some services accept national referrals)

CH
Community physical health services
(Buckinghamshire: dentistry only)

MH
Mental health services

ED
Eating disorder services
(Services accept national referrals)

O
Prison healthcare and offender care services
285,459 patients treated in the community

78,379 mental health patients
- 7,825 Children (under 18 years)
- 59,381 Adults
- 11,173 Older adults (over 65 years)

82,780 sexual health patients

119,586 physical health patients
- 47,983 Children (under 18 years)
- 40,672 Adults
- 30,931 Older adults (over 65 years)

- 2,901 Addictions patients
- 297 Eating disorders patients
- 1,239 Learning disability patients
- 277 Offender care patients
4,949 patients treated in hospital

3,455 mental health inpatients
- 107 CAMHS (under 18 years)
- 2,938 Adults
- 410 Older adults (over 65 years)

1,092 physical health inpatients
- 108 Adults
- 984 Older adults (over 65 years)

54 Eating disorders patients

50 Learning disability patients
We have 6,406 staff across a range of disciplines...

- 2,027 nurses
- 490 medical and dental staff
- 1,128 clinical support staff
- 685 scientific and technical staff
- 35 students
- 80 social care staff
- 70 estates support staff
- 1,333 admin and clerical staff
- 539 allied health professionals (therapists, dietitians, podiatrists)

We have 19 staff classified as ‘senior manager’. This means they report directly to an executive director.
We have a diverse staff...

- **57.4%** White
- **21.0%** Black or Black British
- **11.7%** Asian or Asian British
- **2.7%** Mixed
- **2.8%** Other
- **4.4%** Not stated

- **3.1%** are recorded as disabled
- **76%** are female
In this year’s staff survey we ranked as one of the best places for staff engagement, which demonstrates strong morale at CNWL, despite the tough climate.

The report highlights what our staff say are the best improvements at CNWL: ‘staff appraisal’, ‘staff motivation at work’ and a fall in staff ‘suffering work related stress’.

The percentage of staff agreeing that their role ‘makes a difference to patients’ is at 91 per cent, and only two per cent behind the highest in the country.

A total of 75 per cent say ‘care of patients is my organisation’s top priority’. This is up from 70 per cent last year and higher than the national average of 71 per cent.

CNWL’s best five ranking scores are the fall in the number of staff facing physical violence from patients or relatives, effective use of patient feedback, fairness when staff report errors and incidents, a fall in those facing harassment from patients or relatives and good communication between senior managers and staff.

CNWL’s five bottom ranking scores (none below the national average) are for ‘staff working extra hours’ (no change), ‘staff reporting discrimination’ (15 per cent), ‘staff satisfied with flexible working’, ‘staff who experienced violence and reported it’ (83 per cent - should be higher) and ‘acting on health and wellbeing’ (an aggregated score of 3.62 out of five, which is average).
Our people

Trust psychiatrists’ work shown at Madrid conference

A group of CNWL Trust psychiatrists presented their work at the 24th European Congress of Psychiatry held in Madrid.

The event was run by the European Psychiatry Association who represent over 78,000 psychiatrists in 88 countries, and who seek to improve psychiatry and mental healthcare across Europe.

The posters promoted the uptake of voting rights amongst those with mental illness; an area of social inclusion that CNWL has taken a national lead on in the UK.

The team involved in the voting rights group included: Dr Masum Khwaja and Dr Maria Clarke (pictured), Dr Vikki Argent, Dr Lara De Ridder and Dr Tom McClaren. Also Dr Jennifer Townell, and Dr Shridar Shanmunagham.

CNWL’s China interests

Senior CNWL staff – Chief Executive Claire Murdoch, Medical Director Dr Con Kelly and Divisional Medical Director Dr Pramod Prabhakaran – visited China during the year as part of an effort to support healthcare partnerships between the UK and overseas healthcare providers.

Claire and Dr Kelly visited in January as part of a delegation of NHS Trusts to China organised by the Department of Health and Healthcare UK.

Dr Prabhakaran spoke about Integrated Community Care during a conference in Beijing in March called ‘Integrating acute health services with care services for the elderly’.
CNWL celebrates World Poetry Day with Wendy Cope

CNWL celebrated World Poetry Day by hosting an event with one of Britain’s best loved poets, Wendy Cope (pictured below left). The event celebrated the power of poetry and its ability to help people experiencing mental illness to explore and express their feelings.

Community services ‘excellent’ for patient experience

Patients highly rated our adult community health services in Camden, Hillingdon and Milton Keynes.

As part of the Trust Annual Community Adult Patient Experience Survey 2015, 94 per cent of people responding said their overall experience of our services was ‘excellent’, ‘very good’ or ‘good’.

This was an increase of two percentage points across community services in Camden, Hillingdon and Milton Keynes.

Home Office minister visits west London clinic to find out more about ‘legal highs’

Home Office minister Karen Bradley (pictured below with Dr Owen Bowden-Jones, Consultant Psychiatrist) paid a visit to the Earls Court-based Club Drug Clinic in January ahead of the Psychoactive Substances Bill gaining Royal Assent and becoming law.

The Club Drug Clinic, run by CNWL offers support and advice to people who’ve developed problems with recreational drugs such as ecstasy, methamphetamine and GHB/GBL known as ‘club drugs’. The team includes specialist addiction doctors, psychologists, nurses, counsellors and peer mentors with ‘lived experience’.
New York award for an excellent nurse

RCN president and CNWL Sexual Health Services Nurse Cecilia Anim (pictured below) was presented with a prestigious African Women of Excellence Award in recognition of her work in the health sector and in social activism across Europe and Africa. She received it during a ceremonial banquet at the Waldorf Astoria Hotel in New York.

The award ceremony was hosted by the African Union and the Diaspora African Forum in collaboration with UN Women – a United Nations body that works for gender equality and the empowerment of women.

From Africa to London – Tanzanian mental health professionals bring their experience to CNWL

Two mental health workers from Mirembe Hospital in Tanzania spent two weeks observing CNWL’s substance misuse services as part of the Trust’s Tanzania Link.

Occupational Therapist Haidary Makungwe (pictured below left) and Psychiatrist Dr Innocent Mwombeki (pictured below right) looked at the Trust’s practices and facilities and took part in some observational clinical work and group work sessions with clients.
Liaison psychiatry team rewarded for quality improvements

Last year, CNWL’s Liaison Psychiatry team at Northwick Park and Central Middlesex Hospital was formally accredited by a national quality improvement initiative.

Recognition into the Psychiatric Liaison Accreditation Network (PLAN) means the team was able to prove to an external peer review team, as well as through a self-review process, that they could meet a number of standards relating to quality, efficiency, patient care and safety.

Musculoskeletal Assessment Team shortlisted for award

CNWL’s Milton Keynes Musculoskeletal Assessment Service (MSAS) was shortlisted for a Nursing Times’ Patient Safety Award as part of a wider group, which has been working to improve musculoskeletal (MSK) services for patients living in Milton Keynes.

The nomination recognised Milton Keynes Clinical Commissioning Group (CCG), along with other local providers including CNWL, for their collective work over the past two years.

Mental Health Triage project in running for HSJ

An innovative project in Milton Keynes that sees police and mental health professionals working together to ensure people get appropriate care at the earliest possible opportunity was shortlisted in the Innovation in Mental Health category of the Health Service Journal Awards 2015.

Under the Mental Health Street Triage Service, which is run jointly by Thames Valley Police and CNWL, there have been far fewer people detained under Section 136 of the Mental Health Act, suggesting more appropriate use of powers.
CNWL in the news

This has been a year when CNWL’s hard work has been picked up to a greater extent than ever before by local, national and international media.

Our Chief Executive Claire Murdoch talked about agency staffing with the BBC’s health editor Hugh Pym and also appeared on the Victoria Derbyshire show to discuss the same issue while our new Single Point of Access service was covered by The Guardian.

Dr Mags Portman, our Consultant for Sexual Health and HIV at Mortimer Market Centre, has a regular media column with Boyz Magazine – a publication for gay men in Soho and Greater London.

Among topics she has reminded readers that STIs do matter and taking steps to prevent transmission is the considerate thing to do.

In December, our Milton Keynes High Impact Team was filmed by BBC Look East.

The team works with local care homes to reduce the need for residents to go into hospital as ‘unplanned’ emergency admissions by proactively managing their health and care needs and focusing on prevention.

The service was piloted in Milton Keynes and saw a 31 per cent drop in older people being admitted to hospital from care homes. It is now being rolled out to 28 care homes in the area, covering 1,165 residents.

Locally we’ve been in the news about transforming sexual health services and our decision to provide these services across two main sites – Archway Centre and Mortimer Market Centre – which means moving out of the Margaret Pyke Centre.
Dr Henrietta Bowden-Jones, (pictured) Consultant Psychiatrist and Director of our National Problem Gambling Clinic, was interviewed about the need for the UK’s first centre for internet disorders amid fears that too many children and adults are addicted to the internet after becoming obsessed with gaming, pornography and social media.

Speaking to the Evening Standard she said that an increasing number are believed to be compulsive web users, with parents of children as young as 14 seeking help and that she wanted to create the UK’s first centre for internet disorders in Fulham after a successful pilot project.

CNWL was also in the news when we lost the contract to provide healthcare services to HMP Wormwood Scrubs.

In a press release sent out to all London media Divisional Medical Director Dr Farrukh Alam looked back at the 13 years we spent in delivering services to prisoners.
Improving services

The Care Quality Commission inspected the Trust in February 2015 and found that it Required Improvement though rated it as Outstanding for caring and Sexual Health Services as Outstanding overall.

What we did

We accepted what the CQC said and got to work on their points.

All ‘must do’ actions were completed by December 2015.

We currently await a re-inspection.

Among bed management improvements on the acute wards:

- We stopped admission of adults to older adult wards
- We set up centrally-led bed management meetings three times a week to provide greater oversight of bed occupancy levels
- We worked with commissioners to secure extra funding to expand the hours and remit of our home treatment teams.

For issues surrounding community recovery teams:

- We redesigned our community mental health services. The new teams started operating from January 2016
- We reminded staff of the importance of thorough, detailed and updated risk assessments and also of the importance of regular physical health checks for patients.

Among improvements on Redwood Ward:

- Staffing numbers were increased to reflect the level of clinical activity
- Ward staff were retrained in basic physical health interventions.
In our fifth and final progress report to the CQC a number of additional achievements were also noted, namely:

- Completion of 72 per cent of ‘should do’ actions.

- A continued improvement in bed occupancy rates with an overall December rate of 100 per cent (113 per cent in March 2015).

- We continue to achieve our target in the use of prone restraint across our mental health services (currently 52, down from 93 in January).

- The use of prone restraint remains below our trajectory target and is on track to be met.
Key issues and risks

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

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

• Not achieving financial balance. Achieved this in 2015-16, but we need to make further savings of five per cent or more in 2016-17.

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

• ‘Redesign process will not deliver the level of change we need’. We test any proposed change for its potential impact on quality required including cost and quality.

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

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

The new CNWL Single Point of Access, a one-stop entry point into adult secondary community mental health services for patients living in the North West London boroughs of Brent, Harrow, Hillingdon, Kensington and Chelsea, and Westminster, launched in November last year.

It replaced all existing referral points to offer mental health triage for routine, urgent and emergency referrals, plus information and advice 24 hours a day, seven days a week, 365 days per year.

In Milton Keynes, a new Rapid Response Service has been set up to support and monitor patients in their homes during acute phases of illness or with long term conditions.

The service represents the merging of the existing Community Matron Service with the Rapid Access Intervention Team nurses.

Since its launch in August 2015, our new addiction service in Hillingdon has supported numerous service users to enter treatment.

The service - ARCH (Addiction Recovery Community Hillingdon) - is a recovery orientated service in partnership between CNWL, Hillingdon Borough Council, Blenheim CDP, Westminster Drug Project (WDP) and service user peer led charity Build on Belief (BOB).
The Addiction Recovery and Clinical Centre (ARCC) in Brent is another example of joining up care. It is aimed at helping people in Brent who want to break a cycle of addiction to substances such as heroin, club drugs, other types of stimulants or long term alcohol addiction.

It represents the bringing together of a variety of services under one roof to provide a better service to service users.

The Brent Mental Health Accommodation Project Team was crowned Team of the Year at the annual Brent Staff Achievement Awards. They also won an Efficiency Award at the event which celebrates the passion and professionalism that staff demonstrate every day.

The project, a partnership between CNWL and Brent Council, aimed to improve the lives of those with mental health difficulties by providing good quality accommodation and support to help people move from residential care into independent living.
New services

Recovery Day Programme

Now a year old, the Recovery Day Programme in Brent has a 100 per cent record of success in helping treat people recovering from severe drink and drug problems.

Funded by Brent Council Public Health, the programme uses the latest proven psychological interventions to help patients overcome their addictions.

The 12-week programme is an example of co-production with service users and an excellent example of partnership with the commissioners who have consistently shown unfailing support and belief in the model of care.

It is one part of the services offered through the Addiction Recovery and Clinical Centre (ARCC) in Brent.

Care Connection Team

A new team of community healthcare professionals was unveiled to the public.

The Care Connection Team works with patients from four GP practices in Hillingdon to help keep people out of hospital, giving them the care they need in the community and in their own homes.

Initially launched as a six-week pilot, the partnership between CNWL, Hillingdon Hospitals NHS Foundation Trust, MetroHealth GP Network and Hillingdon 4 All (a group of third sector organisations that collectively provide health and social care services) proved so successful this was extended.
Milton Keynes Specialist Memory Service

In Milton Keynes, the Specialist Memory Service piloted a service for patients with dementia that helps to capture and record some of their earliest memories.

It offered reminiscence therapy on a one-to-one basis to patients diagnosed with dementia who can’t access the normal group memory sessions.

This is either because the times are inappropriate or because they feel unable to cope with a group situation.

Home ward Ealing

Home ward Ealing, a consultant-led health and social care service launched last year to provide safe and flexible out-of-hospital care to people requiring short-term intensive support at home either after a stay in hospital or to prevent unnecessary admission.

The service is provided by a partnership of NHS providers, led by West London Mental Health Trust and including CNWL. Ealing Clinical Commissioning Group and the London Borough of Ealing are jointly funding the service.

Immunisation Service

CNWL won a three-year contract to provide an immunisation service to school-aged children in six boroughs across London starting in October 2015.

The service provides vaccines to over 7,000 secondary school-aged children within 83 schools across Hillingdon, Brent and Ealing, and almost 15,000 secondary school-aged children within 68 schools across Hammersmith and Fulham,
Kensington and Chelsea, and Westminster.

**Offender Care in Surrey**

CNWL welcomed over 20 new members of staff as part of a three-year contract to provide mental health services to four prisons in Surrey.

The contract, which started on 1 May 2015, means CNWL provide mental health services at HMP High Down, HMP Send, HMP Coldingley and HMP Downview.

**Camden Integrated Children’s Service**

The Camden Integrated Children’s Service brought together the London Borough of Camden and NHS organisations across Camden to provide a safer and more efficient service for children, young people with additional needs and their families.

The integrated service means that all Camden staff working with children and young people with developmental concerns and disabilities now use one system to record children and young people’s notes and there is a single point of referral to access services including community paediatrics, speech and language therapy, occupational therapy, physiotherapy and MOSAIC.

**Patient Support Service**

Another new service was our Patient Support Service, which offers a single point of contact for patients, and their carers and families, to provide a range of feedback; compliments, comments, enquiries and complaints.

This replaced our previous Complaints Service and Patient Advice and Liaison Service (PALS).

**Accountable Care Partnership**

And in Hillingdon we’ve created an ACP - an accountable care partnership - with the Clinical Commissioning Group (CCG), Hillingdon hospital, the voluntary sector and the GP federation. We’ve been making plans together and will run some care pathways for older people’s care in 2017.
Finance

Income £471.5m from...
Clinical Commissioning Groups (CCGs) £277.4m
NHS England £84m
Local authorities £56.3m
Non-NHS organisations £22.9m
NHS Foundation Trusts £14.2m
Education £13.1m
Research and development £3.6m

Expenditure £460.8m from...
Staff £316.9m
Clinical supplies £40.2m
Buildings £35.4m
Other £18.5m
Depreciation and impairments £14.4m
Non NHS healthcare £11.4m
General supplies £9.8m
NHS services £7.6m
Establishment £5.9m
Education and training £0.7m

Note: We ended the year with a surplus of £2.9m (after finance costs of £7.8m were deducted).
Spending on our buildings

This year we spent £9.83m on modernising our buildings.

Schemes included rationalising the Harrow community services estate by combining the community teams from three separate buildings into a single purpose designed community ‘hub’ at Bentley House.

We also modernised our Westminster CAMHS service by relocating from an old and functionally unsuitable building into purpose-designed and modern accommodation at Woodfield Road.

We also redesigned and modernised our Westminster Community Team accommodation at Vauxhall Bridge Road.

Work to maintain the inpatient environment has continued with a number of improvement projects completed, including bringing our Section 136 suites up to current standards and a programme of works to reduce ligature risk points and other essential health and safety priorities.
Every year we set priorities for improving service quality.

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

In 2015 we set one priority with three indicators to show it has been achieved. Having listened to our stakeholders, we said that by involving patients, helping them achieve the outcomes that matter to them and by including carers in partnerships we would aspire to deliver ‘Effective care and treatment planning’.

Overall, we achieved our three indicators.

Over the next few pages we provide a brief overview of the priority and the indicators for 2015-16. A detailed description of the results and plans to address them going forward are included in the full Quality Account on our website: www.cnwl.nhs.uk/about-cnwl/planning-performance.
Quality indicator one
Patients tell us that they felt involved in their care or treatment.

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

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

This year we increased the target from 65 per cent to 75 per cent. At year end, 82 per cent of patients told us that they felt ‘definitely’ involved in their care or treatment; a slight improvement on our performance in 2014-15.
Quality indicator two
Patients received the care or treatment that helped them achieve what mattered to them.

This was a new indicator for us, but it helped us understand whether the care or treatment planned was effective from the patient’s point of view. We finished the year at 91 per cent exceeding our target.

One initiative to meet this indicator included:

- The High Impact Team, from Milton Keynes Community Health Services, is successfully working with local care homes to reduce the need for residents to go into hospital as ‘unplanned’ emergency admissions by managing their health and care needs and focusing on prevention. The service saw a 31 per cent drop in older people being admitted to hospital from care homes. It is now being rolled out to 28 care homes.
Quality indicator three
Supporting carers to be involved in care or treatment, and to have the information they need to best support their loved one.

Our Carers’ Council has done much work this year to achieve this. We have listened to our carers and we know there is a long way to go, but we are committed to getting it right. The issues raised by our carers have led to key developments in the areas of involvement and information provision over the last year:

Carers wanted more of a voice within the Trust
The Carers’ Council co-produced a Carers’ Survey that we use to gather the views and experiences of carers, and our council members outreach to carer groups and organisations.

We have increased the frequency of our Carers’ Council meetings this year to make sure we are sharing and acting on this feedback more effectively.

Carers need more information to support them in their role
We have co-produced a Carers’ Information Leaflet with our carers. The leaflet contains information requested by our carers as well as support and resources available locally.

Carers want more support
A number of local carer forums have been established in our local services including in community, mental health and learning disabilities services. Many of our services now have carers leads identified and we will continue to roll this out. We are training our Council members to guide and support them in their role as peer leads.
Patient and carer experience

Involvement is not just limited to patients’ care or treatment planning. We have also carried out a lot of work to engage and involve our patients and carers across the organisation.

• We have trained patient and carer interviewers involved in the recruitment, assessment and interviewing of a wide range of staff including administrative staff, clinicians including consultants, team leaders, service managers and directors.

• A diverse team of patient interviewers conduct regular peer-to-peer telephone surveys across the Trust.

• The End of Life Care Service in Camden has involved patients in ‘Discovery Interviews’, designed to improve patient care by listening to their experiences as a way of gaining insight into their needs.

• Sexual Health Services pioneered the quick feedback cards and we receive more than 1,000 every quarter. In response to patient feedback, early morning appointments are available four days a week at Mortimer Market Centre and a Saturday GUM clinic at the Archway Centre is being piloted to improve access for patients.

• The redesign of our mental health services began with the launch of our new Single Point of Access (SPA). The SPA User and Carer Reference Group involved patients in the development and launch of the new service and co-produced a service leaflet.
The learning culture – continuous learning

Last year a theme for action from our consultations was to focus on strengthening our learning culture.

Here are some of the things we did:

- We launched our Learning and Improvement Guide in September 2015. This guide describes how we expect learning to take place throughout the organisation from team to board and across services.

- Our Listen, Learn and Act quarterly newsletter shares learning from patient, carer and staff feedback and incidents, and our performance against standards.

- We have signed up to the national ‘Sign up to Safety’ campaign, and our five pledges include the topics of violence and aggression, medication omissions, suicide and self harm, falls and pressure ulcers.

- Divisions have set up programmes of ‘learning walks’ through which groups of staff from one service review another’s, so creating a culture of shared learning. Next year we will focus on rolling this out across all teams.

- We set up a Trust-wide internal Quality Inspection in November 2015. This included both corporate and clinical staff, patients, carers, commissioners and Healthwatch. Outcomes from the Quality Inspection were fed back to staff in a large engagement event earlier this year.
Our priority programmes 2016-17

This year’s operational plan is set within the context of significant challenge in 2016-17.

This includes maintaining and improving quality and safety in an environment of financial pressure, availability of workforce, and the gaps identified in the Five Year Forward View (FYFV).

CNWL ended 2015-16 meeting our financial savings target, but this has included non-recurrent savings, and there is a great deal more to do to address underlying costs in the coming year. To tackle this, we have identified five demanding operational priorities for 2016-17.

CNWL’s operational priorities for 2016-17 are measured against our vision, values and strategic objectives and have been reviewed by our Board and Council of Governors and found to be a true expression of our strategic intentions.

Pressures on funding in the NHS are compounded by reductions to local authority funding. For CNWL this will impact on availability of services for vulnerable groups – including children – which is putting a further squeeze on available services.

Our operational plan is the first year of three five-year Sustainability and Transformation Plans (STPs) in which CNWL is a partner. These cover the footprints of North West London, North Central London and Milton Keynes, Bedfordshire and Luton.
Operational priority one

Partnership and communication

Creating a clear vision of future organisational form with clear, easy to understand, impactful narrative and brand and positioning the Trust as an important and valued partner across our broad and disparate landscape.

This will involve clarifying CNWL’s role as a system enabler and our offer as it rolls out five-year Sustainability and Transformation Plans (STP).

It will also involve establishing, developing and setting up integrated care systems called Accountable Care Organisations (ACOs) or Accountable Care Partnerships (ACPs) with NHS partners across areas in which we work as well as overseas partnerships.

ACOs and ACPs are integrated care systems bringing together all providers of care end-to-end across the whole health system usually within a specified geography.

It will involve moving to formal partnership and analysing our capacity to support more integrated working in terms of HR, finance and ICT.
Operational priority two

Transformation and redesign

Ensuring that CNWL has a redesign process which assures modern, values-based, effective care at competitive cost.

In cooperation with patients, public and commissioners, CNWL will ensure that it has clear plans for service redesign, which assures modern values-based, effective care at competitive cost and that approaches to tariff and payment support delivery of cost effective integrated care.

We will revise the Care Programme Approach.

Operational priority three

Workforce

Ensuring that the Trust has an able workforce who feel valued and are available in sufficient numbers.

This will involve reviewing our medical workforce to ensure we have the right skills to match our new models of care and to review the leadership and management for all non-medical groups.

We will continue with our ambition to reduce agency usage in a bid to save money and to recruit more permanent and bank staff through the use of incentivisation schemes, apprentice pathway; and a staff wellbeing strategy.
We will continue to develop the skills of our staff through more training and development programmes as well as the leaders of tomorrow. We will roll out E-rostering, which will allow us to get a better handle on costs.

Operational priority four

**ICT**

Having a revised ICT strategy and an effective plan to meet the five-year forward vision and digital vision for 2020.

This will involve completing the rollout of SystmOne, our new clinical system, and reviewing the Care Programme Approach as well as examining how we can become paper free at the point of care.

Operational priority five

**Finance**

Driving clearer, more effective financial performance.

Among issues there will be ongoing contract renewal and renegotiation including new partnerships and ACOs/ACPs as well as tenders for a variety of new contracts for services.
Quality Account priorities 2016-17

We have been considering the things that make the biggest difference to patient health and care.

We reviewed all the sources of information available to us over the year – from our incidents, complaints, survey feedback, and outcomes from our internal learning walks or inspections – and agreed two Quality Priority measures on what keeps patients safe, effectively cared for and treated with dignity and respect.

Last year our focus was on patients and carers. This year we are making quality all about our staff, patients and carers in partnership.

We have just two priorities this year

• Patient and carer involvement
• Staff engagement
Priority one
Patient and carer involvement

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

There is a growing body of evidence, which supports the model of the Triangle of Care – that when patients, carers and staff work together to plan care and treatment, we are more likely to see better recovery and health outcomes for our patients.

We know that there are additional benefits to focusing on the involvement of our patients and carers: that they are more likely to be treated with dignity and respect, and experience better overall satisfaction with their care and treatment.

Examples of our plans for the year include:

This year our main focus will be to begin the roll-out of the #hellomynameis campaign to our services. This national initiative was founded in 2013 by Kate Granger, a doctor with terminal cancer. During her care she observed that many staff looking after her did not introduce themselves before delivering care. Kate decided to start the campaign to encourage and remind healthcare staff about the importance of introductions in healthcare, and went on to write a book about her experiences, ‘The Other Side’.

We will redesign our approach to care planning for adult mental health patients in community services to ensure that the processes and systems we use enable better engagement and involvement and create for patients and their carers a better sense of personalisation, empowerment and ownership.
Priority two
Staff engagement

Our aim is to achieve a workforce, which feels engaged, motivated and valued, to give their best or go the extra mile for colleagues, patients and carers; thinks and acts in a positive way about their work, the people they work with and serve; and adopts a supportive, inclusive leadership style and demonstrates the Trust’s values of compassion, respect, empowerment and partnership.

We are doing this because we’ve heard from our staff the impact that change and resourcing across the NHS is having on front line care. We know that we like many other NHS trusts face significant recruitment and retention challenges. We want to be the employer of choice for new recruits and we want our present staff to feel that they have much to give and gain from working at CNWL.

We want to encourage and nurture our talent, promote leadership at all levels, and continue our open and inclusive approach to communication and dialogue. We want our staff to feel they have a stake in the future of the Trust and we want to include them in big decision making.

This is because a valued, engaged workforce in turn promotes greater motivation, empathy and compassion in staff behaviour, whether they are clinical or non-clinical.
Examples of our plans for the year:

This year we are focusing on:

- Refreshing our Workforce Strategy and Implementation Plan. This includes staff engagement.
- Developing our Health and Wellbeing Plan in line with the National Institute for Health and Care Excellence (NICE) guidance.
- Building on our work to include and develop staff from black and minority ethnic groups. We want to improve our ratings on the national Workforce Race Equality standards.
- We have set aside budget specifically for the use of improving our staff environments.
- We will work with our commissioners to delivering the national incentive scheme called Commissioning for Quality and Innovation (CQUIN) on health and wellbeing.
Talk to us

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

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

Our membership includes anyone who:

• Has used our services
• Has cared for someone who has used our services
• Is a member of the public interested in our work
• Works for the Trust.

Breakdown of our membership (March 2016)

Patients and carers: 2,370
Public: 6,692
Staff: 6,494

Tell us, we’re listening

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