Quality account

Part 1 – Chief Executive's statement

We pride ourselves on high quality, but we can always get better…

Welcome to the Trust's first Quality Account for 2009/10. This Quality Account forms part of our Annual Report for the same period. We are committed throughout the organisation to ensure quality runs through all that we do and that the people who use our services, or come into contact with them, have a positive experience.

We are proud of our record of providing high quality services, but we recognise there is always room for improvement. The following account will tell you how we are doing against a number of measures, as well as our plans to build on these to ensure we are consistently and continuously providing the best possible care for our service users and carers.

In 2009/10 we made excellent progress against the priorities we set to improve quality performance, for example 97% of service users on Care Programme Approach were contacted within 7 days of leaving hospital and only 5.7%, well below the target of 11%, were re-admitted to hospital within 28 days of leaving. The Care Quality Commission also recognised our quality of care as 'good.' There was a small number of the national priority indicators where we did not quite meet the standard we aim for, but we have already delivered considerable improvement in relation to these key measures and are confident they will be achieved in 2010/11. In October 2009 the Trust was assessed against the NHS Litigation Authority's Risk Management Standards. The Level 2 assessment tests whether the Trust is complying with various risk management policies. The Trust passed this assessment scoring 46 out of a possible 50. Passing this assessment demonstrates a good culture of continuously assessing and managing risk.

We worked with a number of stakeholders including service users, carers, GPs, Commissioners, Local Involvement Networks and members of the Trust to identify the priorities for CNWL in 2010/11. After much consultation we agreed on three priorities for the coming year 2010/11. These priorities will build on what we have already achieved and ensure that we continue to improve the quality of service for our service users and carers.

1 Access to services when in a crisis
2 Respect and involvement
3 Physical healthcare

For each priority we have set ourselves a number of aims and a way of monitoring if we have achieved them – this is explained in more detail in the Quality Account. Inpatient services runs as a theme through all of our priorities and we have set stretching targets for improvement. We will focus on these three Trust-specific priorities throughout 2010/11 but not at the expense of everything else; these will firmly sit alongside the national priorities. We will continue to measure and monitor the quality measures we set ourselves last year so that it is evident that we are not abandoning previous priorities at the expense of those outlined this year. We will continue to build quality into the way we run our organisation. An example of this is for physical healthcare.

We have identified this as one of our quality priorities but these improvements will sit alongside a number of streams of work around physical health overseen by a steering group. We also have a workstream related to improving inpatient care and this is overseen by our Acute Care Forum.

I truly welcome this Quality Account and the opportunities it brings to involve our staff and stakeholders in the Trust's performance over the year and the ability to demonstrate real improvements.

I would like to pay particular thanks to our Primary Care Trusts, Local Involvement Networks and the Overview and Scrutiny Committees for their invaluable contribution in producing this first Quality Account. As a result we have revised the content, where necessary, to better reflect the views of our stakeholders. They rightly demand improvement and stretching targets.

Over the coming year and beyond, our focus will be to build on the achievements that have already been made and continue to embed quality at the heart of our organisation. I look forward to working closely with all of you to make this happen.

To the best of my knowledge and belief, this Quality Account is true and accurate. It will be audited by KPMG by 30 July 2010 in accordance with Monitor's audit guidelines.

Claire Murdoch
Chief Executive

The remainder of this document is split into the following sections:

Part 2: Quality improvement priorities for 2010/11

- Sets out the Trust's three priority areas for improving quality, what measures are being used to assess progress and how we will deliver improvement
- Outlines how we are delivering national priorities and building quality into how we run our organisation
- Provides messages on quality for our regulators.

Part 3: Review of quality performance for 2009/10

Provides information on how we have progressed against the priorities we set last year and against some other key targets.

Part 4: Annex

Includes statements from our consultation on this document.

Part 2 – Quality improvement priorities

We have identified three priorities so that we can keep getting better…

We will work on maintaining our position as a high quality mental health trust but will be focusing on three particular priorities during 2010/11 so that we can keep getting better. We have made sure that these align with the key principles of quality in health care: safety, clinical effectiveness and user experience.

	Safety	Clinical effectiveness	User experience
Priority 1 Access to services when in a crisis	●	●	●
Priority 2 Respect and involvement		●	●
Priority 3 Physical healthcare	●	●	●

As we explained earlier, our priorities emerged from what our service users and carers told us, and analysing all complaints and incidents that arose in the Trust. We then tested these priorities out with our PCTs, LINks, service users, carers and members by asking them whether these are important areas for us to improve. These are all areas where we are already doing fairly well but we want to do even better.

For each priority, we have set out to measure not only processes of what we do, but also the impact of these processes, in other words the "outcomes and experiences" as reported by our service users, through a patient-reported outcome measure and a patient-reported experience measure. Our aim is to ensure quality care for everyone, and to deliver this aim we have set targets for ourselves within this coming year against each of these specific measures of quality. The targets have been determined by looking at our previous performance, for example how we did according to National Survey results. From this, we decided on stretching but achievable goals. In each case we aim to be above the national average for 2009/10 and improve significantly on our own 2009/10 position. We are committing to achieving targets by establishing dedicated project teams to address each priority area. Each project team will develop a detailed project plan for improvement of quality over the next three years in relation to that particular priority area and will be required to report progress regularly.

The Trust Board of Directors will monitor how we are doing every quarter through the quality dashboard. The quality dashboard is a performance report provided to the Board of Directors which measures how well the Trust is doing against a range of quality standards. We will also feed back to our service users on our performance through our newly established User Experience Forum, a group representing the views of our service users which reports directly to the Board of Directors. For further detail of what is measured please see part 3 of this document.

The following pages give a bit more detail on these priority areas and what we are planning to do.

Priority 1:

Access to services when in a crisis – helping service users when they need it most

Why is this one of our priorities?

Service users are likely to experience an episode of crisis at some time whilst managing their condition in the community. This can be scary and disturbing for both the service user and their carer. They need to get help quickly and receive support from our services

We know that this is important through the feedback we have had from a number of different areas including national patient surveys, carer surveys, service user complaints and reports on serious untoward incidents. We carried out a mystery shopper exercise in 2009. This involved some of our staff and service users calling the emergency numbers to test the accessibility of service. It demonstrated that we need to provide better access to out-of-hours services.

Whilst our aim is to ensure all our service users are provided with the support they need in times of crisis, we have set ourselves specific targets for this year. This is based on improving our performance on the National Community Service User survey for 2009 as mentioned further below. We have put together the following targets to make sure we are providing the support that our services users need in times of crisis.

What are our targets for 2010/11?

A 90% of community service users on the Care Programme Approach (CPA)[i] have a completed crisis/contingency plan as part of their care plan

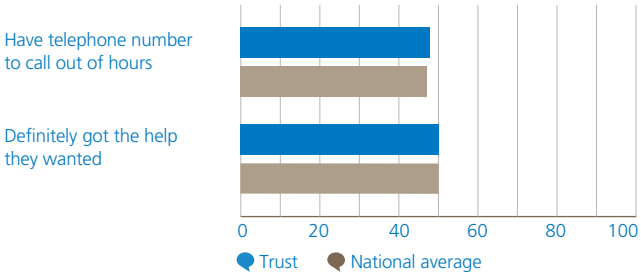
B 75% of community service users on the CPA report that they have a phone number to call in crisis

C 70% of community service users on the CPA who called the crisis number said that they definitely got the help they wanted.

How are we doing so far?

The annual survey of our community service users shows that around half of our service users report that they have a phone number to call in crisis (48%) and that when they have needed to use it they got the help they wanted (50%). This is around the national average. (Note – this survey related to all service users and not just those on the CPA.)

Community service user responses on crisis care 2009 (%)



Source: National Community Service User Survey 2009

We already use our crisis resolution and A&E liaison teams to assess whether service users need to be admitted to hospital or can be treated at home. 94.5% of all of our service users admitted to hospital were assessed as to their eligibility for home treatment prior to admission. This has exceeded our target of 90%, so while we will continue to measure this on a monthly basis, we have not included it as one of our targets.

What's next?

To help us deliver our targets in this year we are already:

- Supporting service users in getting access to services when in a crisis by providing **crisis cards** to service users on CPA and making sure they understand how to use them
- Continuing to avoid unnecessary admissions by involving the **crisis resolution and A&E liaison teams** in assessing the right setting for treatment
- Repeating the **'mystery shopper'** exercise to identity good practice and any areas for further improvement
- Ensuring carers are provided with **contact numbers** should the person they support experience an episode of crisis.

In future years we will look to ensure all other services users, those under Lead Professional Care, are provided with **crisis cards** and have a crisis or contingency plan.

How will this be monitored?

In order to measure progress against our targets we will use clinical audit, national and local patient surveys.

Progress on this priority will be overseen by the Clinical Safety Group reporting to the Quality Committee.

Priority 2

Respect and involvement – respecting and involving people who use our services

Why is this one of our priorities?

The Care Quality Commission has set as one of their five priorities over the next five years, *"making sure that care is centred on people's needs and protects their rights"* [ii]. This reflects the core values and principles of CNWL. We pay attention not just to what services we provide but also to the way in which we provide them. We aim to be sensitive to the beliefs and cultures of our service users and carers and make sure we provide services which are appropriate.

Our service users told us that feeling that they, their families and their carers are treated with respect is important. Analysis completed within the Trust on service user complaints highlighted that staff attitude is important. The annual staff survey showed that staff members also consider these issues as a priority.

Our aim is that all of our staff members treat service users and carers in a way that reflects the Trust's core values and principles, so are working towards this by setting the following targets.

What are our targets for 2010/11?

A 80% of staff working with service users and carers have attended customer care training

B 60% of service users on CPA report definitely understanding what is in their care plan

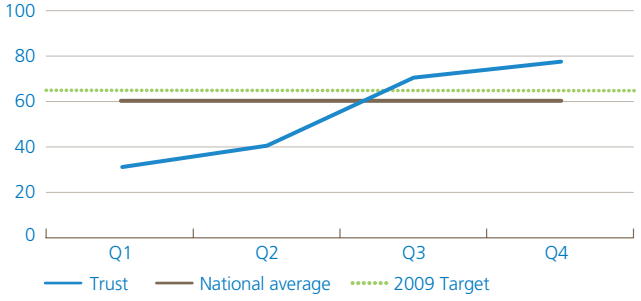
C 50% of service users on CPA report they have definitely had enough say in decisions about their care.

Targets B and C are set by our PCTs under the CQUIN framework, linked to how we receive a proportion of our income. Further detail is provided at the end of part 2.

How are we doing so far?

The percentage of ward staff who attended customer care training has increased and we met our 65% target, achieving 77% by the end of the year.

Ward staff who have attended customer care training 2009 (%)



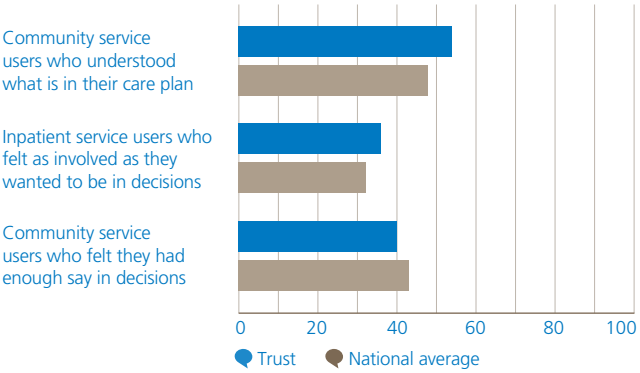
Source: Trust – AT Learning database, National Staff Survey, 2008

In 2009, 54% of our community service users surveyed said that they understood what was in their care plan. This was well above the national average. We have not previously measured this for our inpatient service users.

For service users feeling involved in their care, we were ahead of the national average in 2009 for inpatients at 36% and slightly behind for community at 40%.

(Note – these surveys related to all service users and not just those on the CPA.)

Service user responses on involvement 2009 (%)



Source: National Inpatient Service User Survey 2009, National Community Service User Survey 2009

What's next?

Feedback we had from our service users means that this year we want to focus on:

- Delivering comprehensive **training for staff** about the CPA. Service users will be part of the training team presenting their perspectives on good practice
- Increasing **customer care staff training**. Last year we met our target of 65% for customer care training. This year we are upping the target to 80% to make sure we continue to improve
- **Measuring respect** from a service user perspective. We are currently using a tool from the 'Essence of Care'[1iii] toolkit to do this in older adult wards but we aim to adapt the tool and use it across our other adult inpatient wards
- **Working in partnership with carers** by identifying and recognising the caring role and promoting carer involvement.

How will this be monitored?

In order to measure progress against our targets we will use Trust IT systems, local and national surveys.

This priority will be overseen by the User Experience Forum reporting to the Quality Committee.

1 Essence of Care is a nationally developed benchmarking and audit tool. It includes indicators that have been developed by service users and professionals.

Priority 3

Physical healthcare – taking care of physical health as well as mental health

Why is this one of our priorities?

Mental well-being is associated with physical health. In a recent paper the Department of Health said, *"People with diagnoses of severe and enduring mental illnesses… are at increased risk for a range of physical illnesses and conditions, including coronary heart disease, diabetes, infections, respiratory disease and greater levels of obesity."*[iv]

We also know through feedback from our service users that when they feel better physically it helps them to feel better mentally. At CNWL our aim is to make sure that we provide holistic care to all our service users and this includes looking after their physical health. So, we have set ourselves targets to work towards this aim.

What are our targets for 2010/11?

A 95% of inpatient service users have had a physical health assessment after admission

B 55% of inpatient service users said that they got enough care for their physical health

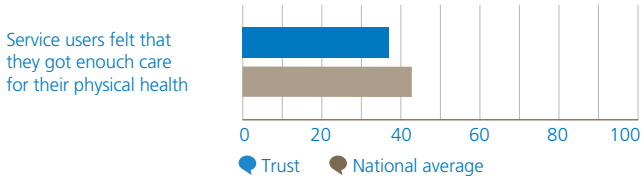
C Establish a baseline for community service users (% of service users who said that mental health services gave them enough support in getting help for any physical health needs they had).

How are we doing so far?

Our Physical Health Care Audit in February 2009 found that 97% of inpatients had a nursing physical assessment form in their file. We want to maintain or improve this standard.

37% of our service users felt that they got enough care for their physical health, which is below the national average.

Inpatient service user responses on physical health 2009 (%)



Source: National Inpatient Service User Survey 2009

What's next?

We have a variety of Trust-wide initiatives to tackle priority health needs including:

- Working with GPs to **improve access** to physical health checks and **sharing information** about physical health. This was agreed with our PCTs under the CQUIN framework, linked to how we receive a proportion of our income. Further detail is provided at the end of part 2
- Developing a standard tool for **physical assessment** of community patients
- A well established **medicines helpline** where service users and carers can discuss any questions they have regarding their medication including advice on any physical side-effects of medication. A medicines information service is also provided for our staff where they can get medicines information and advice to support individual patients
- Developing tailored exercise programmes for service users to help tackle **obesity**
- **Smoking** cessation training for staff
- Specialist advice and treatment for service users with **substance misuse** and mental health conditions
- Links to local voluntary support groups to provide support in relation to reducing **alcohol** dependency
- Offering screening for **sexually transmitted infections**.

In parallel, we are putting in place initiatives in each borough to tackle **local physical health needs**. For example; we are establishing a centre in Hillingdon dedicated to **well-being** which will offer all of CNWL services as well as dedicated housing and employment advice.

We will continue to raise awareness of carer well-being, in line with New Horizons[v] and the Cross-Government Carer Strategy through our partnerships with GPs, the community sector and independent carer organisations.

How will this be monitored?

In order to measure progress against our targets we will use clinical audit and local and national service user surveys.

This priority will be overseen by the Clinical Effectiveness Group reporting to the Quality Committee.

We are also delivering national priorities…

As well as our three Trust-specific priority areas we are making sure that we don't lose sight of national priorities.

Health care associated infections

We have had a decrease in the number of MRSA cases and have had no outbreaks of Clostridium Difficile in 2009/10.

Keeping adults and children safe and well

CNWL supports PCTs and our Local Authority partners in improving health and reducing inequalities. We pay special attention to children and vulnerable adults. We do this by training our staff to recognise those who are most at risk and provide appropriate packages of care, whether it is a package of support involving other agencies or specific treatment.

Improving service user and carer experience

Improving service user experience is one of the national priorities set by the Care Quality Commission and in New Horizons. The priorities we have set for this year focus on improving the experience of our service users and carers. We are also making sure that collecting and acting on service user feedback is an integral part of how we run our organisation. Our User Experience Forum will also ensure that the Board of Directors takes into account the experience of our users and carers in making decisions.

Emergency planning

In August 2009 we recruited a new full-time emergency planning officer who is reviewing our emergency planning processes for major incidents and business continuity. Our staff regularly attend learning exercises and have been involved in a number of these on pandemic flu recently. We also had success in putting our processes into practice when we successfully dealt with a swine flu outbreak on one of our units in the summer of 2009.

…and we have built quality into the way we run our organisation

To make sure we continue to improve quality it is embedded into the way we run our organisation.

We review and audit our services

We regularly look for opportunities for quality improvement by reviewing our services and conducting audits. The most recent periodic review carried out by the CQC rated CNWL as 'Good' for Quality of Service. However we didn't quite meet the standard we aim for on four of the national priority indicators. These were focused on best practice in mental health services for people with learning disability, delayed transfers of care, inpatient survey and completeness of the mental health minimum data set. In view of this, we have decided to take action on each of these areas. We have observed improved performance in relation to these key measures and are confident that they will be achieved in 2010/11.

As well as participating in national reviews, we conduct our own local audits and service reviews. In order to make sure we have improved we conduct an audit or review, agree and deliver actions, and then check improvement. For example, we recently reviewed our assertive outreach teams. Whilst this identified examples of good practice, the model is out-dated and it was recommended that we reconsider the way we are delivering these services. We are also beginning monthly National Specifications of Cleanliness audits this year. They will be led by our Estates & Facilities team and will assess our inpatient and other facilities to identify improvement actions.

We engage with our service users and carers to collect their feedback

At CNWL we already provide service users and carers with ways to give us feedback on our services but want to increase the number and variety of opportunities. We are committed to communicating messages back and working with stakeholders to improve our services.

In particular we have recently set up a User Experience Forum which reports directly to the Trust Board of Directors.

We use research to improve quality locally

CNWL actively participates in and supports research generated by its own clinicians and as the host of the regional hub of the National Mental Health Research Network, also supports mental health research projects across the whole of north London and Berkshire, thereby forming and supporting the national research agenda. During 2009/10, there were 19 major research projects under way, for example, on treatment of hallucinations and a London-wide programme of research called EviDem on interventions for older adults with organic brain disease. Projects that are about to start include increasing access to HIV and Hepatitis screening for mental health service users and assessing the impact of self/carer referral on the uptake of psychological therapy in hard-to-reach populations.

In 2009/10, CNWL had a 7% increase in the number of service users recruited into approved research, demonstrating our contribution to wider health improvement. All research carried out within the Trust has received a favourable opinion from a research ethics committee within the National Research Ethics Service (NRES).

Quality and innovation is built into the way we receive and distribute our income

A proportion of CNWL's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between CNWL and the five commissioning Primary Care Trusts through the Commissioning for Quality and Innovation (CQUIN) payment framework.

We have an Innovation Fund to which any member of staff can present business cases in order to implement innovative service improvement ideas. For example, in 2009/10, four successful bids were granted including piloting the use of cognitive rehabilitation for people with dementia and linking the Trust IT system to a text message appointments reminder system.

Messages for our regulators

Our regulators need to understand how we are working to improve quality so the following two pages are specific messages they have asked us to provide. Clinical audit is a way of improving quality by reviewing the delivery of health care against identified standards to ensure that best practice is being adhered to. Research is a core part of health care, generating new knowledge on how to improve the current and future health of the communities we serve. Accurate and good quality data is essential if improvements in quality are to be made.

Services

During 2009/10, CNWL NHS Foundation Trust provided and/or sub-contracted mental health, addictions and learning disability NHS services to the five main catchment boroughs of Brent, Kensington & Chelsea, Westminster, Harrow and Hillingdon. The Trust also provided specialist addictions services to Enfield, Ealing, HMP Wormwood Scrubs and Hammersmith & Fulham, HMYOI Feltham and Hounslow. CNWL NHS Foundation Trust has reviewed all the data available to them on the quality of care in all these services except addictions. The income generated by the NHS services reviewed in 2009/10 represents 90 percent (approximately) of the total income generated from the provision of NHS services by CNWL NHS Foundation Trust for 2009/10.

Services provided by CNWL in 2009/10

	Adults	Older adults	CAMHS	Addictions	Learning disability
Brent	●	●	●	●	●
Harrow	●	●	●	●*	
Hillingdon	●	●	●	●	
Kensington & Chelsea	●	●	●	●	
Westminster	●	●	●	●	
Enfield				●*	●*
Hounslow				●	
Ealing				●	
Hammersmith & Fulham				●	

● Services reviewed for Quality Account 2009/10
● Services not reviewed for Quality Account 2009/10
*Part year only

Audit

During 2009/10, eight national clinical audits and one national confidential enquiry covered NHS services that CNWL provides. During that period Central and North West London NHS Foundation Trust participated in 50% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits[2] and 1 national confidential enquiry that Central and North West London NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- National Audit of Psychological Therapies (pilot)
- National Falls and Bone Health Audit
- National Audit of Continence Care
- POMH-UK[3]: Prescribing high doses and combined anti-psychotics on adult acute and psychiatric intensive care wards
- POMH-UK: Screening for metabolic side effects of anti-psychotic drugs in patients treated by assertive outreach teams
- POMH-UK: Assessment of side effects of anti-psychotic medication
- POMH-UK: Medicines Reconciliation
- POMH-UK: Use of anti-psychotic medicine in people with Learning Disabilities.

The national clinical audits and national confidential enquiries that CNWL participated in during 2009/10 are as follows:

- National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)
- POMH-UK: Prescribing high doses and combined anti-psychotics on adult acute and psychiatric intensive care wards
- POMH-UK: Screening for metabolic side effects of anti-psychotic drugs in patients treated by assertive outreach teams
- POMH-UK: Assessment of side effects of anti-psychotic medication
- POMH-UK: Use of anti-psychotic medicine in people with Learning Disabilities.

The national clinical audits and national confidential enquiries that CNWL participated in, and for which data collection was completed during 2009/10 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.

2 National clinical audits are either funded by the Healthcare Quality Improvement Partnership (HQIP) through the National Clinical Audit and Patients Outcome Programme (NCAPOP), or funded through other means. Priorities for the NCAPOP are set by the Department of Health with advice from the National Clinical Audit Advisory Group (NCAAG).

3 Prescribing Observatory for Mental Health UK.

Audit/inquiry	Cases submitted
National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness (NCI/NCISH)	98.01% (for period Jan 2003 – January 2009)
POMH-UK: Prescribing high doses and combined anti-psychotics on adult acute and psychiatric intensive care wards	Audit sample determined by Trust (271 cases submitted)
POMH-UK: Screening for metabolic side effects of anti-psychotic drugs in patients treated by assertive outreach teams	Audit sample determined by Trust (369 cases submitted)
POMH-UK: Assessment of side effects of anti-psychotic medication	Audit sample determined by Trust (360 cases submitted)
POMH-UK: Use of anti-psychotic medicine in people with Learning Disabilities	Audit sample determined by Trust (20 cases submitted)

The reports[4] of four national clinical audits were reviewed by the provider in 2009/10 and CNWL intends to take the following actions to improve the quality of healthcare provided: The four national audit reports reviewed during the period are all part of the Prescribing Observatory for Mental Health's quality improvement programme. All the reports were discussed by the Trust's Medicines Management Group and Clinical Audit Group. In addition, the results have been disseminated to teams involved in the audit and through the local clinical governance structures. Actions have been agreed through these structures to drive improvement in practice in identified areas.

The reports of approximately 90 local clinical audits[5] were reviewed by the provider in 2009/10 and CNWL intends to take the following actions to improve the quality of healthcare provided: each directorate has a local clinical governance group which is responsible for monitoring and action on the results of audits relevant to its services. Through these groups, the results of clinical audit reports are discussed, and any actions required to improve practice are identified and monitored.

Research

The number of patients receiving NHS services provided or sub-contracted by CNWL in 2009/10 were recruited during that period to participate in research approved by a research ethics committee was 471[6].

Quality and Innovation

A proportion of the CNWL income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between the provider and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request by emailing the Communications Department at k.heath@nhs.net.

Care Quality Commission

CNWL is required to register with the Care Quality Commission and its current registration status is 'registered without conditions'. The Care Quality Commission has not taken enforcement action against CNWL during 2009/10.

Central and North West London NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was in May 2009. The CQC's assessment of CNWL following that review was 'Good' for quality of service.

Central and North West London NHS Foundation Trust intends to take the following action to address the points made in the CQC's assessment against the four areas where we under-achieved and has made the following progress by 31st March 2010 in taking such action.

1 Best practice in mental health services for people with a learning disability

CQC asks us to assess ourselves on mental health services for people with learning disabilities using a red, amber, green rating against 12 key requirements. This is called the Green Light Toolkit[VI]. Last year we self-assessed as amber on Green Light Toolkit numbers 2, 4, 8, 9, 24, 31, 32 and 37 and green on all other areas. We put plans in place for all of our amber areas. This work has been progressed throughout the year and overseen by a Trust-wide Steering Group, chaired by the Director of Operations. By the end of December we only had amber ratings against two requirements. We are fully confident that we will be able to self-assess as green against all standards in all areas by the end of March.

4 These are reports published in 2009/10 which may relate to data collected in 2009/10 but may also relate to an earlier collection of data, i.e. the audit and report of the audit fall in different financial years.

5 Local clinical audits are carried out by individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team.

6 This refers to accruals from funded studies.

2 Delayed transfers of care

The CQC set us a target of less than 7.5% of patients (aged 18+) whose transfer of care is delayed. We reported 7.635%. However, a significant proportion of this was due to an error in recording. This error has been corrected and we have full assurance that our submissions now accurately reflect categories of delay.

3 Patient survey

The Trust under achieved in relation to the 2009 National Mental Health Inpatient survey. For 20 out of 38 patient experience measures the Trust was in the lowest 20% nationally. In order to address this:

- Local action plans have been developed in each of the Adult service directorates focusing on areas of poor performance
- The Trust Acute Care forum is redefining its objectives for improving inpatient services
- A Service Director for Acute Inpatient Services has been appointed
- Progress is being assessed by conducting the Inpatient survey with a sample of patients discharged from acute adult wards between December 2009 and May 2010. The results will be available in August 2010.

4 Completeness of the Mental Health Minimum Data Set

The Trust underachieved on this target which was set at greater than or equal to 99%. The Trust achieved 96.59% and is confident of reaching a minimum of 99% completeness on the target items in this year's assessment.

CNWL has made the following progress by 31 March 2010 in taking such action (see above).

CNWL has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

CNWL submitted records during 2009/10 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:
(1 April 2009–31 March 2010)

- 93.13% for admitted patient care
- 97.38% for out patient care.

The percentage of records in the published data which included the patient's valid General Medical Practice code was: (1 April 2009–31 March 2010)

- 90.42% for admitted patient care
- 97.23% for out patient care.

CNWL's score for 2009/10 for Information Quality and Records Management assessed using the Information Governance Toolkit was 56%.

CNWL as a mental health trust was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

Part 3 – Review of quality performance

How did we do against the priorities we set for 2009/10?

We have been measuring our progress against the targets we set for ourselves in 2009/10 and are pleased to report that we have made excellent progress.

The safety of our service users

We wanted to increase the percentage of inpatient and community service users with risk assessments completed and linked to their inpatient or CPA care plans respectively. This is an important priority because it means we are trying to measure the outcome of assessment by ensuring the care plan addresses identified risks where relevant. Throughout the year we have increased the percentage, which means that we are doing a better job of making sure our service users are safe whether they are in our wards or in the community.

The effectiveness of our clinical treatments

We wanted to increase our measurement of clinical outcomes for service users so that we can find out how much their health is improving as a result of our treatments. We have been using the recognised Health of the Nation Outcome Score (HoNOS[vii]) tool which lets us track improvement in service user wellbeing. This was a challenging priority because we had to quickly embed the routine use of HoNOS in our practice, something that has taken other Trusts some years to achieve. Not only this, we also set ourselves some of the highest targets for recording HoNOS in the country. Additionally, this quality indicator was linked to our CQUIN payment framework this year. In all areas across the Trust we have significantly increased the use of these measures to record outcomes and have reached the high targets we set for ourselves for almost every metric. We also routinely record other specialist scores for our addictions and eating disorders service users.

The experience of our users

We wanted to ensure that our service users on CPA are given a 12 month review as appropriate. We have made good progress in this area but we fell short of our target for community service users. We have been able to identify that this was mainly due to recording problems and identified how our clinical data systems can be improved to help us continue to improve.

How are we doing overall?

This year we have also measured the other indicators set out in 2008/09 Quality Report, including indicators required by Monitor (our regulator) and a number of others that are important to us in making sure we are providing quality services. The following tables give a selection of those indicators.

Service user safety

What are we measuring?	Target	Trust performance 2008/09	**Trust performance 2009/10**
CPA 7 Day follow-up – What percentage of our service users who are on Care Programme Approach did we contact within seven days of them leaving the hospital?	95%	98%	**97%**
Risk assessment and management – What percentage of service users have had a risk assessment completed and linked to their care plans? **This was a Quality Priority for 2009/10**	95% by 31 March 2010	87%	**95%**
Infection control • number of cases of MRSA (without bacteraemia) annually • number of outbreaks of Clostridium Difficile annually	Year on year reduction 0 outbreaks	12 MRSA cases 0 outbreaks	**9 MRSA cases** **0 outbreaks**

Clinical effectiveness

What are we measuring?	Target	Trust performance 2008/09	**Trust performance 2009/10**
Re-admission rates – What percentage of service users were re-admitted to hospital within 28 days of leaving?	<11%	4.3%	**5.7%**
Outcome measures – What percentage of our service users have had their condition formally assessed at a key point in their care pathway using HoNOS? **This was a quality priority for 2009/10 and was our CQUIN target for 2009/10**	Improvement by 31 March 2010, varying by service area	Not measured	**All targets met**
Crisis Resolution Team gate keeping – The percentage of service users admitted to acute adult inpatient beds who were assessed as to their eligibility for home treatment prior to admission?	90%	Trust declared compliance with Monitor standards	**94.5%**

Service user experience

What are we measuring?	Target	Trust performance 2008/09	**Trust performance 2009/10**
Delayed discharge – On average, what percentage of hospital beds are being used by service users who should have been discharged?	<7.5%	7.5%	**4.4%**
CPA 12 month review – What percentage of our service users who are on Care Programme Approach received a full CPA review within the last 12 months where appropriate? **This was a quality priority for 2009/10**	95%	91% January 2009 (audit)	**99%[7] 1 January-March 2010 (audit)**
What percentage of our service users has been offered a copy of their care plan?	95% by 31 March 2010	Not measured	**90%**

7 As a result of issues related to data quality and IT systems, we conducted an audit across all our boroughs in order to provide the 2009/10 figure for this report.

Part 4 – Annex

Coordinating Primary Care Trust statement

The Commissioning Collaborative has met to consider your quality account and our general feedback is that we very much support the areas you have chosen to work on and the overall approach. The priorities are clearly explained and accurately reflect the areas which are reported to commissioners by service users as requiring further development. We would like to emphasise the importance of involving service users when developing the quality account.

The priorities and the actions to support delivery are clear and monitorable and we think that priorities selected have been subject to good consultation and engagement processes. There is a strong link between your quality aspirations and the London and local CQUIN scheme (incentive payments for improved quality). This should assist in retaining the focus on both physical health care and delivering the care programme approach.

The two specific areas that appear to be missing in terms of how it fits with the toolkit template are: how you are developing the organisational capacity/ capability to deliver priorities and continuous quality improvement and what is the role of research and your plans to develop a research programme in line with the quality improvement aspirations.

Westminster LINks statement

We would like to start by saying that we are pleased to be given the opportunity to comment on the 2009/10 Quality Accounts. Overall the LINk felt that the priorities listed in the Quality Accounts were a good start and is pleased that the Trust has chosen them.

We found it difficult to make specific comments on the balance of whether or not it was an accurate reflection of the Trust's performance on quality as the information was not specific to Westminster. We did note that CNWL aims to put quality at the heart of everything it does, but we feel that many of the aims the Trust has set for itself are quite low.

Priority 1: Access to services when in a crisis

The LINk feels that the introduction of 'Crisis Cards' as well as insuring there is a crisis/contingency plan for service users on the CPA is an excellent idea. Not only will this help people in a crisis situation, but will also reassure people who are well that they will be taken care of if the need arises. Whilst the group understands that not every service user will be happy with their treatment, they feel that aiming for 60% of community service users on CPA to feel that they got the help they wanted is a bit low. The LINk notes that the Trust will be repeating the 'mystery shopper' exercise and would welcome the opportunity to assist the Trust with this work.

Priority 2: Respect and involvement

Staff attitude is a common issue reported to the LINk, not just at CNWL, but in other health and social care services as well. We applaud CNWL for taking a proactive approach to ensure that service users and their carers are treated with respect.

However we do feel that 55% and 60% is low in regards to service users feeling involved with their treatment and care and would like to see this at 90%.

Priority 3: Physical healthcare

The LINk agrees that physical healthcare is very important and notes that the Trust has already exceeded its aim with 97% of inpatients having a nursing physical assessment in their file. The LINk feels that the Trust is aiming low once again with an aim of 55% of inpatient service users that felt they received enough care for their physical health. The LINk commends the introduction of a medication helpline as well as offering screening for sexually transmitted diseases. It is also impressed with the plans to establish a well-being clinic in Hillingdon and hopes that a similar service will be established in Westminster.

National priorities

The LINk is pleased to see that the Trust will be linking its IT system to a text message appointments reminder system and feels that many service users will benefit as a result of this update.

Suggestions for the 2010/11 Quality Accounts

- Include a breakdown of result and impacts by borough
- The LINks are involved earlier in the process.

Westminster Overview and Scrutiny Committee (OSC) statement

Westminster's Health Policy and Scrutiny Sub-Committee welcomes the opportunity to respond as part of the consultation on CNWL NHS Foundation Trust's 2009/10 Quality Account and is pleased to see the progress being made. The Sub-Committee would also like to commend staff at the Trust for their active engagement in the consultation process which has been subject to the added challenge of being conducted according to tight timescales in its pilot year.

As the Quality Account process is taken forward and further embedded into the working practices of the Trust and consultative partners, we would encourage and support a greater ongoing dialogue over the course of the year. The Quality Account is a statement of intent for the year ahead and scrutiny would like to be kept informed of how delivery is taken forward.

As such we would like to see the Trust's engagement with scrutiny in relation to its Quality Account become, not a yearly response to the next draft, but an interactive and constructive relationship in which issues are raised when they arise and performance is assessed as soon as data is available. In future years there is much potential to better involve the Sub-Committee's members through progress updates to meetings and the opportunity exists to invite service users to give evidence to the Sub-Committee on their experiences. We would appreciate the Trust's acknowledgement of the value of this approach in adding weight to the priority status now rightly being given to the experiences of service users.

The points under the following four subtitles outline the Sub-Committee's general and specific comments on the Trust's Quality Account:

1 Engagement and future scrutiny

- We note that the Trust Board of Directors will monitor how CNWL NHS Foundation Trust is doing every quarter through the 'quality dashboard'. In adhering to transparent good practice we would urge that papers for these meetings be made available to the public, except where confidentiality necessitates they are not. We would also welcome and encourage the sharing of the 'quality dashboard' with the public and interested parties, such as scrutiny committees
- We praise the recent establishment of the User Experience Forum (referred to on page 44) to feed back on performance to service users. However, we feel emphasis should be placed here on the opportunity for the User Experience Forum, not only to receive feed back, but to actively give feed back and influence the future work in taking forward the Quality Account. The Sub-Committee also feels there is potential for the User Experience Forum to engage with the scrutiny process.

2 Measuring success

- The Sub-Committee welcomes the equal status given to measuring patient-recorded *outcomes and experiences* alongside what you *do*. However, on priorities 1 and 2 it is difficult to gauge how ambitious the targets are because percentage targets relate to those on the Care Programme Approach whilst the provided national averages relate to all service users. Aim 1B on page 45 and 2C on page 46 are the targets most affected by this. The fact that like-for-like figures are not supplied makes it difficult to ascertain the degree of improvement the Trust is aiming for

3 A fully integrated approach

- The Sub-Committee is glad to see that physical health has been made a priority as part of providing holistic care to service users. We note that this is a natural progression after focusing on embedding the Health of the Nation Outcome Score (HoNOS) over the last year
- We do feel that this ethos of holistic and integrated working could however be better emphasised through the wording of the Quality Account. The following provides some examples:

  i On the 'What's Next?' section in priority 2 on respect and involvement we believe there is a strong role for engagement with the voluntary sector especially where organisations can help provide tailored and sensitive support to particular groups. They are also likely to have significant expertise that the Trust will benefit from. At the moment this is not explicit in the document

  ii On priority 3 we note the initiatives to tackle physical health needs and ask the question whether it is possible to incorporate or add-on a physical health check as part of the Care Programme Approach? With priority 1 aiming to achieve 90% of service users on the CPA having a completed crisis plan there would appear to be potential to also include and integrate the physical health element alongside this

  iii Priority 3 makes reference to exercise programmes to tackle obesity, smoking cessation training for staff and reducing alcohol dependency. As Westminster PCT's three Major Public Health campaigns for the year ahead are smoking, obesity and excessive alcohol consumption it may be appropriate to see greater reference of the Trust working to common aims with other health care providers

  iv Priority 3 makes reference to using local voluntary support to reduce alcohol dependency. As above there is an opportunity here to stress an integrated approach in improving physical healthcare and respect and involvement

- The text does make a number of references to carers but they do not appear to be involved as a way of measuring success. As part of the shift to incorporating patient-recorded experience measures the Sub-Committee would like to see greater attention given to the views, feedback and experiences of carers.

4 Additional comments

- The Sub-Committee welcomes the Trust's move to having initiatives in each borough to tackle local physical health needs. We would appreciate further engagement with initiatives within Westminster either in the form of site visits or scrutiny updates/meetings.
- Under the 'Messages for Our Regulators' section on page 49, point 3 on the Trust's work on the patient survey is addressed. Whilst numerous action points are identified it would be useful to know of any preliminary improvements in advance of the results in August.

On behalf of Westminster's Health Policy and Scrutiny Sub-Committee I hope these comments are considered and used to improve the draft Quality Account. The Sub-Committee are pleased to see the progress the Trust has made over the last year and look forward to being informed of how the priorities set out in the Quality Account are implemented over the coming twelve months.

CNWL response to consultation

We consulted on this Quality Account and received feedback from PCTs, OSCs and LINks across Central and North West London. We want to thank the many organisations for taking time and trouble to engage and provide constructive, valued feedback. We want to keep the dialogue open and are establishing a planned programme of involvement through the year. We appreciate that we are partners in provision of service and have a common goal of best user experience.

Having reviewed this feedback we made changes to the document. However, we have also taken on feedback in a wider sense and will make sure that it is part of the evidence used to inform our quality priorities in coming years. A complete set of this feedback can be found at www.cnwl.nhs.uk/annual_report.html.

Transparency

The Trust Board is committed to openness and transparency and has adopted the following principles:

- To be as open and transparent as possible
- To maintain public confidence
- To ensure the commercial viability and competitiveness of the Trust
- To ensure that there is strong and constructive challenge at Board level, this being a significant determinant in health organisations
- To ensure an active role for the Council of Members' meetings.

The Board minutes and as many papers as possible are currently available on the Trust website. The Board regularly revisits its decision to hold its meetings in private and is looking at potential alternative models.

The Trust is developing a suite of quality indicators which include the Quality Account priorities and CQUIN targets but also a number of other important quality and safety metrics. This is currently work in progress but it is the Trust's intention to make its key quality and safety indicators publicly available.

Our priorities and targets

We added explanation on how we determined our targets and why we feel that they are stretching. However, we felt that we could stretch ourselves further and have revised one of our targets to be more ambitious – 70% of community service users on the CPA who called the crisis number said that they definitely got the help they wanted (increased from 60%). Some of our targets have also been reworded to remove the word 'felt' to make them clearer.

This Quality Account is not a one off exercise and our targets for 2010/11 have been set as part of our trajectory of continuous quality improvement. We will continue to review our priorities and targets to make sure they are the right ones and that they stretch us to keep improving. We will also continue to measure and monitor the suite of indicators outlined in part 3 so that it is clear that we are not abandoning previous priorities at the expense of those outlined in 2010/11. The feedback from this consultation including comments about carers and research will help inform our priorities moving forward.

Developing organisational capacity and capability

Aligned to each of our quality priorities we have established project teams. These teams are responsible for developing project plans to deliver the targets we have set out. As part of these plans the teams will need to consider how to make sure that the organisation has the capacity and capability to deliver. At the Trust level we have made sure that quality is built into how we run our business, as outlined in this Quality Account. Oversight by the Quality Committee and ultimately the Trust Board provides an escalation route for resolving issues quickly and decision making ability where significant change is required.

Other changes we made in response to feedback include:

- Further explanation on our mystery shopping exercise
- Further explanation on our medicines helpline service
- Reference to how inpatient services run as a theme through all of our quality priorities
- Formatting changes to limit the use of small font sizes
- Performance data updated to reflect the year end position. In particular where data was missing for the CPA 12 month review, due to the implementation of new systems, we have included audit data to give a more comprehensive picture
- Statement about how our auditors, KMPG, will adhere to the Monitor audit guidelines.

This document was distributed for consultation to:

Westminster PCT
Harrow PCT
Hillingdon PCT
Kensington & Chelsea PCT
Brent PCT
Westminster LINk
Harrow LINk
Hillingdon LINk
Kensington & Chelsea LINk
Brent LINk
Westminster Overview & Scrutiny Committee
Harrow Overview & Scrutiny Committee
Hillingdon Overview & Scrutiny Committee
Kensington & Chelsea Overview & Scrutiny Committee
Brent Overview & Scrutiny Committee

i Care Programme Approach (CPA) – Department of Health www.dh.gov.uk

ii Our strategy for 2010–2015 (Care Quality Commission, February 2010) www.cqc.org.uk

iii Essence of Care – Department of Health www.dh.gov.uk

iv Choosing Health: Supporting the physical health needs of people with severe mental illness (Department of Health, 2006) www.dh.go.uk

v New Horizons – Department of Health www.dh.gov.uk

vi Green Light toolkit – Care Quality Commission website www.cqc.org.uk and search for "Green Light"

vii HoNOS – The Royal College of Psychiatrists www.rcpsych.ac.uk/quality.asp