This is CNWL
2014-16
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, has been named among HSJ’s Top 50 NHS Chief Executives and has appeared on the BBC TV’s Victoria Derbyshire show.
What we do

- Eating disorders
- Learning disabilities
- HIV treatment
- Palliative care
- Memory services
- Speech and language therapy
- Skin conditions
- Mental health
- Psychotherapy
- Psychological Therapies
- Dental services
- Mental health
- Hearing services
- Hearing services
- Speech and language therapy
- Physiotherapy
- Diabetes
- Psychotherapy
- Dental services
- Palliative care
- Wound care
- Neurological
- Contraception
- Psychological Therapies
- Respiratory
- Mother and baby inpatient services
- Bladder and bowel (continence) services
- Sexual health
- Eating disorders
- Foot care
- Drug and alcohol treatment
- Skin conditions
- Diabetes
- Sexual health
- HIV treatment
- Memory services
- Perinatal
- Mother and baby inpatient services
- Contraception
- Learning disabilities
- Wound care
- Neurological
- Physiotherapy
- Foot care
- Bladder and bowel (continence) services
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 2014-15 we provided healthcare at 17 prisons, young offenders’ institutes and immigration removal centres but pulled out of the Kent cluster in March 2015, reducing the number to 12. We are an NHS Foundation Trust, which means local residents, our patients and their carers can become members of the Trust to help shape services and future developments.

Vision and values

Our vision and values underpin everything we do.

Our vision

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

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Services across London

Services in the south of England

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

It is getting harder to sum up all we do; we know we do a lot of it! Last year we saw 287,795 patients; of which 51% were in our physical and sexual health services; our offender care services are now providing healthcare in 12 prisons and immigration removal centres, stretching across London, Kent, Surrey and Hampshire.

People have spoken about our size making us less local. We’ve responded and have reorganised ourselves to be much more local – when issues arise, they do so locally, so we will sort them out locally too.

The ultimate aim is to enhance the quality and safety of care for our patients and those who care for and support them.
Our 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.

Diggory

Diggory provides services in Milton Keynes, Buckinghamshire, Surrey and Kent, as well as a range of specialist services across parts of London.

Services include addictions and offender care, sexual health, community physical health, and mental health for adults and children.

Goodall

Goodall offers community and mental health services in Hillingdon and community health services in Camden. It also provides child and adolescent mental health services (CAMHS), eating disorder services, mental health rehabilitation services and talking therapies services in the following boroughs; Brent, Harrow, Hillingdon, Kensington and Chelsea, and the City of Westminster.

Jameson

Jameson provides mental health services for adults and older adults and learning disability services in Brent, Harrow, Kensington and Chelsea, and the City of Westminster, as well as learning disability services in Enfield.

Service redesign

We don’t stand still. Service redesign is about making services better for patients and throughout the year we have developed home treatment services that get patients home quicker. Those services also support them at home. This is better for patients who want to be at home and saves NHS resources.
We have 6,516 staff across a range of disciplines...

- 2,146 nurses
- 512 medical and dental staff
- 999 clinical support staff
- 610 scientific and technical staff
- 42 students
- 246 social care staff
- 71 estates support staff
- 1,366 admin and clerical staff
- 524 allied health professionals (therapists, dietitians, podiatrists)

We have 20 staff classified as ‘senior manager’. This means they report directly to an executive director.
We have a diverse staff...

- **57.9%** White
- **21.5%** Black or Black British
- **11.3%** Asian or Asian British
- **3.7%** Not stated
- **2.5%** Mixed
- **2.9%** Other

- **2.9%** are recorded as disabled
- **75%** are female
CNWL launches professional nursing council

We launched a professional nursing council in February to strengthen nurse leadership within the Trust and support nurses to provide the best possible care to patients and their families.

Nurse shortlisted for award for work with gangs

Westminster Clinical Nurse Specialist, Dorcas Gwata, was nominated for a Nursing Standard Award for her work with young people and families affected by gangs – an award she later won. Dorcas and the other winners also appeared on the Paul O’Grady Show in celebration of International Nurses’ Day.

CNWL among Top 100 gay-friendly employers

In January, we were rated one of the most gay-friendly employers to work for by gay rights organisation Stonewall.

This is the second year we appeared in the charity’s annual Top 100 Employers List which showcases the achievements of employers submitting to the Workplace Equality Index.

Bucks dental services get national recognition

A case study of CNWL’s dental services in Buckinghamshire featured in a publication outlining the Government’s policy to improve oral health and local councils’ responsibilities.

The guidance, published by Public Health England and the Local Government Association, outlines
councils’ public health role to tackle poor oral health in children.

Empowering people to move off the street - Mayor of Limerick visits Joint Homelessness Team

Our Joint Homelessness Team was visited by Councillor Kevin Sheahan, Mayor of Limerick City and County, to find out more about the work that we do to support people who are homeless and who have enduring mental health difficulties.

Ireland has seen an increase in homelessness over the past few years and the Mayor was keen to find positive models to adopt in the region.

CNWL Employment Specialist wins a Social Justice Award

Lisa Donoghue, from our Westminster Recovery Team, was presented with a Social Justice Award by the Department of Work and Pensions (DWP) for her outreach work as an Employment Specialist in Westminster.

Nurse trains staff to prevent the spread of Ebola

Rebecca Stretch, our then Deputy Director of Infection Prevention and Control, flew to Kenema, Sierra Leone, to help Ebola victims.

Rebecca advised on IPC (Infection Prevention and Control) and improved procedures to keep all healthcare workers as safe as possible. When she first arrived she was the only infection control trained nurse in the region and travelled to review different treatment centres.
Listening to patients

Our surveys say that satisfaction runs high but we act on everything people tell us. We ask and listen, which has led to a number of improvements across our services.

We launched the Patient Support Service to encourage patients to feedback to us.

In 2014-15 we received 506 complaints, 1,297 compliments and dealt with 958 patient advice issues. Compared to the previous year, we’ve noted a slight dip in complaints, mainly in Milton Keynes but a small increase in London mental health complaints.

In 2014-15 eight complaints have been referred to the Ombudsman’s Office, compared to four last year. Three of the four referred last year were not upheld by the Ombudsman.

Podiatry patients said: “We want a shorter gap between appointments.”

We’ve reviewed capacity and appointments are now closer together.

Mental health patients and carers said: “We want more support for crisis outside of service hours.”

Our CNWL Out-of-Hours Urgent Advice Line has helped over 6,500 people since it was set up in February 2013. In November we extended the hours and it was also rolled out to services in Milton Keynes.
Learning disability patients said: “Information needs to be easier to understand and staff should explain things.”

We’ve added more pictures and photos to leaflets and used larger print where possible. Our staff will be polite, avoid jargon and speak clearly.

Compliments

Employment Specialist Service feedback: “I am very fortunate to have met my employment specialist who has helped me throughout this process and was very encouraging and supportive and has helped to give me back my self-belief and confidence.”

Patient, Harrow Home Treatment Team: “My care plan was very clear and simple, not overwhelming, allowing me to take one day/one visit at a time, always explaining process and agreeing it with me. I felt safe and listened to, the team was ever so helpful and understanding.”

Camden Children’s Service, following an intervention, Child J’s mother reported the following: “J is willing to try a wider range of foods at home; the family is eating their meals together frequently; and I am feeling more confident about managing J’s behaviour at mealtimes and less anxious about the food he is willing to eat.”

Board meetings

The Board always hears from a patient or carer at the start of each meeting. Presentations have been delivered by wheelchair users; carers in Milton Keynes; falls patients; homeless patients; patients from our sexual health services and from addictions services, from someone who was sectioned, and from someone with a personality disorder.
Our patients

287,795 patients treated in the community

47,325 mental health patients
- 29,456 Adults
- 9,666 Older adults (over 65 years)
- 8,203 Children (under 18 years)

3,160 Addictions patients

87,430 sexual health patients

697 Eating disorders patients

147,621 physical health patients
- 54,344 Adults
- 36,188 Older adults (over 65 years)
- 57,089 Children (under 18 years)

1,229 Learning disability patients

333 Offender care patients
4,988 patients treated in hospital

3,586 mental health inpatients

- 3,005 Adults
- 465 Older adults (over 65 years)
- 116 CAMHS (under 18 years)

249 Addictions patients

60 Eating disorders patients

58 Learning disability patients

1,035 physical health inpatients
**Finance**

**Income**

- Clinical Commissioning Groups (CCGs) £264.3m
- NHS England £82.2m
- Local authorities £50.2m
- NHS trusts £9.7m
- Non-NHS organisations £24.5m
- Education £16.7m
- Research and development £3.6m

**Expenditure**

- Staff £318.0m
- Clinical supplies and service £36.0m
- Buildings £37.9m
- NHS services £6.3m
- Non-NHS healthcare £12.4m
- General supplies and services £8.8m
- Establishment expenses £6.3m
- Depreciation £8.4m
- Education and training £1.3m
- Other £11.2m

*Please note, we have rounded figures up to one decimal place*
Governance Review

We brought this Governance Review forward (a requirement on all Foundation Trusts).

This is an “independent review” against Monitor’s Well-Led Framework for Governance Reviews. This concluded: “Overall we believe the Board is a stable, well-functioning and cohesive unit which compares favourably with other FT Boards we have worked with… (later they say, “the strength of ‘middle management’ featured throughout our review”).”

The Review was thorough; anonymised interviews with Directors, Divisional Directors, groups of staff, patients, Governors and external stakeholders, and a staff survey to which 1,605 responded.

Their views are summarised in the headings in their commentary and positives include:

- “A cohesive board”
- “Strong external stakeholder engagement”
- “A positive response to CQC concerns”
- “A proactive approach to strategic planning”
- “Good internal engagement and innovation”
- “A range of practices across risk management”
- “Suite of Board reports in need of improvement”.

They also highlight ‘areas for improvement’ and include:

- “Gaps in service line governance”
- “Scope for enhancing risk management”
- “Reflect on the Trust’s approach to staff consultation.”

These have been addressed.
CQC inspection

What was found

A Care Quality Commission (CQC) inspection in February found that our services ‘required improvement but the care was ‘outstanding’. Our community health services were rated ‘good’ and sexual health services ‘outstanding’.

Although the inspectors said our staff are open and welcoming, inspectors found problems in our mental health services in London.


The CQC said there was much for the Trust to be proud of. For example, the opportunities given to staff for their personal development. Inspectors also found the Trust had a strong leadership team who had developed an open culture where the vision and values were known and were being put into practice.

The CQC said that we have areas of outstanding practice in:

- Peer support
- Pharmacy
- Involvement
- Diversity.

However, three core services in our mental health services required improvement.
Of the 10 mental health services individually rated – seven are “good”, two “require improvement” – older people community and ward services – and one – acute care for adults – is “inadequate”. The CQC acknowledged the great improvements made in our inpatient mental health services in Milton Keynes, at the Campbell Centre, since their last inspection. The CQC report says about this service, “with a few exceptions the patients spoke very positively about the support they received from staff.”

The CQC noted the “significant challenges” we faced at the time of the inspection.

These related to bed pressures for people needing acute mental health services in the inner London boroughs and in the outer London boroughs, demands for community services and difficulties in staff recruitment.

The CQC made 137 visits, spoke to 285 patients (and collected feedback from 177 more with comment cards), 913 staff, and checked 413 patient treatment records. They also visited many groups of patients and carers, including Healthwatch.

We have made much progress on our action plans to put this right. (See over)
CQC ratings

Our overall rating is ‘requires improvement’ but we are rated ‘outstanding’ for caring.

<table>
<thead>
<tr>
<th>Overall rating</th>
<th>Inadequate</th>
<th>Requires improvement</th>
<th>Good</th>
<th>Outstanding</th>
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Are services...

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tr>
<td>safe?</td>
<td>Requires improvement</td>
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<td>effective?</td>
<td>Good</td>
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<td>caring?</td>
<td>Outstanding</td>
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<tr>
<td>responsive?</td>
<td>Requires improvement</td>
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<td>well led?</td>
<td>Good</td>
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Ratings of specific services

We received 18 individual reports on our different types of services across community physical health services and mental health services.

We were rated ‘good’ in our community physical health services and ‘outstanding’ in one – sexual health services.

We were rated ‘good’ in seven types of our mental health services.

Two services, wards for older people with mental health problems and community-based mental health services for adults of a working age, were rated as ‘requires improvement’.

Our acute wards for adults of working age and psychiatric intensive care units (PICUs) were rated as ‘inadequate’. We have action plans in place.

Our community mental health services for people with a learning disability or autism were inspected but not rated.
CQC inspection

What we are doing

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

Among bed management improvements on the acute wards:

• We have stopped admission of adults to older adult wards

• We have set up centrally-led bed management meetings three times a week to provide greater oversight of bed occupancy levels

• Bed occupancy levels are discussed at least twice a day with borough and clinical directors

• We are working closely with local councils and commissioners to better manage delayed discharges of care

• We are working with commissioners to secure extra funding to expand the hours and remit of our home treatment teams.

For issues surrounding community recovery teams:

• We are working on a redesign programme, which will include community mental health services. These new teams will operate from January 2016

• We have reminded staff of the importance of thorough, detailed and updated risk assessments and also of the importance of regular physical health checks for patients.
Redwood Ward:

- We are re-training ward staff in basic physical health interventions

- Staff have been reminded to ensure that patients’ dress preserves their dignity, privacy and respect at all times. Spot checks will also be carried out by senior staff to make sure this happens

- Staffing numbers have been increased to reflect the level of clinical activity

- The medication trolley will be supervised at all times when medicines are being administered or will be stored and locked away.

CNWL staff survey published

In this year’s staff survey we ranked as among one of the best places for staff engagement, as a place to work and to receive treatment. 2,600 staff answered the 106 questions.

Of the 29 groupings of questions, CNWL is rated as better than the national average in 21 (four in the top 20%) and in three we are below average.

These three are:

- Staff working extra hours (75%, national average 71%)

- Experiencing discrimination (14%, national average 12%)

- Having an appraisal (at 82%, national average 88%).
Joining up care

Integrated adult services ➡ stroke patients ➡ high dependency beds

Integrated adult services in Camden worked with University College London Hospital (UCLH) to open seven extra higher dependency beds to support the stroke pathway across North and Central London and specifically at the Hyper Acute Stroke Unit (HASU) and Acute Brain Injury Unit at UCLH. This helped to make more acute beds available to support the emergency care pathway at UCLH as well as HASU beds.

Children and young people’s services ➡ multiple providers ➡ single pathway

We developed Camden’s Single Point of Referral to be the single point for access to assessments including community paediatrics, speech and language therapy, occupational therapy and physiotherapy for children and young people in Camden.

Brent and Harrow CAMHS ➡ children and young people ➡ better access

Brent and Harrow CAMHS introduced a successful partnership and were awarded final Wave 4 funding for Children and Young People’s Improving Access to Psychological Therapies (CYPIAPT).
Better information

We believe good quality information helps people to make good decisions about their own care.

We’ve worked with patients to develop a national education resource for professionals on sexuality in patients with Multiple Sclerosis (MS).

We’ve launched an improved Trust-wide intranet site to help staff/teams engage in two-way communication (using blogs, comments and team sites). The new intranet also means that staff can share information, policies and documents easily Trust-wide.
New services

We’re always looking for opportunities to improve services and provide new models of care.

Outpatient Antibiotic Therapy (OPAT) Service

We set up the OPAT team in Milton Keynes, which has since been nominated for a Nursing Times Award. The service has enabled IV antibiotics to be given which helped to keep patients out of hospital.

Memory Service

We were commissioned to provide the Memory Service in Harrow which has improved patient pathways resulting in better management and care of patients.

Assessment lounge

We introduced an assessment lounge at Northwick Park Hospital to reduce inpatient admissions and offer more focused time to patients in a calm environment, allowing the team to offer the right care at the right time.

Homelessness prevention

We’ve set up the Homelessness Prevention Initiative (HPI) to help patients admitted to a Westminster acute mental health bed who are either homeless or threatened with homelessness. The team helps with Community Care Assessments and with practical support, such as helping to clean their flat before going back to their tenancy.
Offender Care Services

Our Offender Care Service has won a number of contracts to deliver mental health services as well as liaison and diversion services in courts and police custody suites in North West London, and healthcare, dentistry and optometry services in Immigration Removal Centres. The service has also launched a Sexually Harmful Behaviour Service in HMYOI Cookham Wood.

Mental health in Milton Keynes

Our mental health services in Milton Keynes launched a street triage scheme to reduce the number of people who end up in a police cell as a place of safety. During the scheme’s first six months, mental health triage was involved in 131 incidents, of which only nine have resulted in people being detained under Section 136 of the Mental Health Act (less than seven per cent).

The scheme has been so successful that the pilot has been extended until 31 March 2016.

Dementia care in Brent

In Brent, we introduced five new primary care dementia nurses who work across the borough covering a group of GP practices. They are based in the GP practice and support GPs as well as making sure that patients can stay in their own home, with support, for longer.
Capital spending

This year we spent £17.2m on capital schemes with £5.9m on buildings and equipment, and £11.3m on ICT. This was all funded by the Trust, whether from depreciation (£8.4m) or other cash reserves (£8.8m).

Buildings

We want our buildings to be the highest quality. A therapeutic, clean and safe environment has an important role in improving the experience of our health services. We are working through our estate to provide the best facilities.

Among refurbishments, we upgraded the dental suite at Hillingdon; improved the heating system at Uxbridge Health Centre; modernised the boiler plant at Park Royal; refurbished inpatient areas at St Pancras South Wing and undertook a high risk ligature elimination programme.

ICT

We are three years into an ambitious five-year strategy to completely modernise our information technology and communication systems. This will provide much better support for staff – quicker access to information, simpler ways to record notes and the capability to access systems from any Trust location – which will provide more time for patient care.

We are exploring and developing innovative ways of using IT to help patients become more involved in planning their care. This includes providing access to their clinical records and using other technologies such as social media, text messaging and e-prescribing.
Our quality priorities in 2014-2015

Every year we set priorities for improving service quality.

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

In 2014 we set three ambitious priorities with 12 indicators to show it has been achieved.

We achieved 10 of the 12 indicators collected by clinical audit, patient surveys, staff feedback and focus groups.

Over the next few pages we provide a brief overview of the priorities and the indicators for 2014-15. 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

Our stakeholders have provided formal feedback on these priorities which can be found on page 114 of the Quality Account 2014-15.
Quality Priority 1

Involving patients in decisions about their care and treatment

“Evidence tells us that to achieve recovery and wellbeing, patients must be actively involved and participate in shaping a personalised care or treatment plan tailored specifically to their needs.”

Improving Involvement Project in our mental health services

Various initiatives have been achieved – in our London mental health services, and now successfully rolled out to our Milton Keynes services too. Among these:

- The Trust’s Operations Board and Board of Directors meetings now begin with a patient story

- The launch of the Trust’s Service User and Carer Strategy, and the Trust-wide Service User Involvement Board

- Co-produced the design of our new care pathways during 2014-15

- Encouraging and empowering patients to take ownership and control of their care journey through the co-production of care plan folders

- Encouraging patients, where appropriate, to chair their own care plan review meetings with the support of clinicians in our community recovery teams

- Rolling out of ward-specific patient welcome and information pamphlets; detailing ward services, activities, meal times, and key support contacts, like advisory services or how to make a complaint or compliment.
Patients say they were ‘definitely’ involved as much as they wanted to be in decisions about their care or treatment

We wanted to achieve at least 65%. In surveys, quick feedback cards and questionnaires, we achieved 81% overall, and 68% for our mental health services specifically.

We plan to continue our focus and improvements in this priority for 2015-16.

Patients say their care co-ordinator or lead professional organises the care or services they need

We achieved 92% at year end, in line with the national average. Next year we will re-focus this indicator to ask patients about their view of their care or treatment plan’s effectiveness.

To review care and treatment planning processes across the Trust

This is underway with a revised two-year timescale. Progress this year has included the start of our “More Time for Care” project to standardise our patient information systems and process to better support care planning and delivery.
Quality Priority 2
Supporting carers to look after their loved ones

“Carers provide a vital role in the wellbeing, safety and recovery of our patients – but they must feel supported by us to be able to do this.”

Based on feedback from our carer focus groups, telephone surveys, and Carers’ Council, we have acted to improve the experience and support for carers. For example, patient information systems to capture and report on carer information. Our Recovery and Wellbeing College is open to all carers, and carers have co-facilitated courses. We co-produced a carer film – ‘The last time we spoke: A carer’s story’ – to be used as a training tool.

To provide carers and patients with local information on services available, through leaflets and contact card distribution

Carer contact cards and information leaflets have been co-developed.
Quality Priority 3

Providing a competent and compassionate workforce

“Staff who are well-led, supported, listened to, and receive regular feedback are better engaged, motivated and provide better quality care.”

We have introduced a values-based recruitment framework to recruit competent and compassionate staff.

We have staff listening events to allow information to flow better between management and frontline staff.

CNWL was eighth (out of 57 similar Trusts) for staff engagement.

We publish the staffing levels of our inpatient wards for patients, carers and staff.

Appropriate staffing levels on all our wards are essential to maintaining a safe, calm and comfortable ward environment.

The percentage of staff who would recommend Trust services to family or friends

We surpassed our target of 66% with a figure of 72% (National average 60%).

Patients say they were treated with dignity and respect

We surpassed our 90% target this year, and achieved 98% overall. Mental health services as a whole achieved 95%, though satisfaction is higher in our mental health community, rehabilitation and older people’s services.

The percentage of staff who have had their annual appraisal

We missed our target this year, but our action to reach our target has begun to pay off and we saw the year end on 82%, up from last year’s 62%.
Our Priority Programmes 2015-16

Quality including safety and effectiveness lies at the heart of our planning. Quality governance is based on the Monitor Quality Governance Framework. Governance around quality is embedded in the organisation. Care quality groups are in place at every layer of the organisation, providing organisational learning.

After consulting with stakeholders, three Quality Priority measures were agreed for 2015-16 under one overarching heading of “Effective care and treatment planning”.

Priority 1
Providing high quality care to people who use our services, and to their carers

Quality

We’re constantly looking at services to see how they can be improved to provide better experiences and outcomes for patients. We have set up care quality groups at every layer of the organisation, providing organisational learning.

Governance

We have been reviewing and improving our services against the CQC’s new inspection framework for organisations following quality concerns identified in 2014-15 to make sure they are safe, effective, caring, responsive to people’s needs and are well-led. Alongside this our Five Year Strategy 2014-15 – 2018-19 announced a review of our structures to identify change requirements in addition to those already anticipated by the organisation.

Staff, patient and family involvement

We involve patients, carers and staff in the running of our organisation and the wider health and social care environment. Some key developments planned for 2015-16 include: ongoing user involvement in audit and research; and rolling out of service user engagement policy, co-produced during 2014-15, to further support user and carer participation in service redesign and strategy.

Effective use of data

Effective organisational management relies on effective data and its use, but we need to reduce its burden on staff. Part of our plan is looking at how to maintain patient safety while reducing the levels of data. We have been working with clinicians, service managers and frontline staff as we roll out new systems and new technology.
Priority 2

Operational sustainability

This priority improves quality, efficiency and outcomes by redesigning services to reduce the need for unnecessary hospital admissions.

Service redesign

By redesigning services we can help produce the necessary £26.4m in savings in 2015-16. We believe we can improve efficiency and productivity throughout the Trust. We will start by developing new care models in the mental health community teams and mental health acute inpatient beds.

Single Point of Access

We will more carefully manage how people enter and exit our services through GPs or other primary care services, or self-care through a Single Point of Access.

Redesign buildings

We are reviewing our estates to improve quality and the patient experience. During this time we expect to develop one of our inpatient sites to bring together the best care and environment, while selling two to three older properties.
Workforce
A key aspect in redesigning our services is workforce development as more than 70 per cent of our costs are staff. The priority of the Our People Strategy for 2014-15 was to establish the Divisions, which has been achieved. The next period will build on this and support the service redesign and transformation programme.

IT improvement
We are three years into an ambitious five-year strategy to completely modernise our ICT and systems. This will provide a faster and more reliable service for staff, with quicker access to data, simpler ways to record information and the capability to access systems from any Trust location or out in the community – providing more time for patient care.

CGI took over the existing ICT infrastructure in April 2015 and is supplying and rolling out new technology to support services and offer new ways of working. We are exploring ways of using ICT to help patients become more involved in planning their care.
Priority 3

Financial sustainability

This priority makes sure all the necessary savings are made and that all contracts are financially viable.

Savings

CNWL is for the first time budgeting for a deficit of £4.334m, but with some non-recurrent sales this will be a surplus of around £600,000. The main part of the plan is service redesign with savings expected across the Trust. To fund the planned investment in clinical systems, we will be negotiating a loan from the Department of Health in 2015-16.

Managing programmes

We have a large number of contracts underway and to make sure they are working together, last year we set up the Programme Management Office to monitor and drive progress. This delivered a significant part of the Recovery Plan in 2014-15.

Managing contracts

We are in talks with commissioners to allow us to meet the deficit while delivering effective and high quality care to our patients. The contract for the provision of mental health services in North West London has been signed.
Quality Account Priorities 2015-16

We began by considering our organisational learning themes from the previous year, as well as current performance against key indicators, feedback, and findings from internal and external reviews.

We’d like to thank our patients, carers, staff and local partners, such as Healthwatch, for the valuable input into this process. Our priorities for 2015-16 will be measured across all applicable services within the Trust.
Our priority for 2015-16 is Effective Care and Treatment Planning: Ask, Listen, Act.

• Builds on patient involvement and personalisation from last year. We will be raising the target.

• Carers provide an important role in keeping their loved ones safe and well, and understand the patient’s needs and conditions. This priority supports ‘the triangle of care’; the inclusion and support of carers, and to signify carers as partners in care delivery and patient support.

• We act so our patients and carers are involved in care and treatment, and that the outcome patients receive is effective so that services help patients to achieve what matters most to them.

Our measures:

• We will ask patients whether they were involved as much as they want to be in decisions about their care or treatment.

• We will ask patients whether their care or treatment helped them to achieve what matters to them.

• We will ask carers if they felt appropriately involved in the care or treatment for their loved one.

We will review the reasons patients or carers gave for their responses, as well as a number of other measures like both our patient and staff Friends and Family Test results. We will act on all issues to improve.
Get involved

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 2015)

Patients and carers 2,380
Public 6,657
Staff 6,489

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.