Quality Account

2009/2010

West London Mental Health NHS Trust

Quality Account

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Welcome to our first Quality Account which summarises our achievements in 2009/10 alongside our priorities for 2010/11. The Trust's approach to quality is based on the framework set out in 'High Quality Care for All', published in July 2008. Quality is central to the values and service delivery of the Trust, with our focus on patient safety, clinical effectiveness and service user experience.

Key to setting the agenda for quality improvement this year has been the investigation and report by the Care Quality Commission which was published in July 2009. This report outlined a number of critical findings and we have worked hard to address the recommendations made. I have put the Care Quality Commission Investigation and the work we have done at the start of the Quality Account. For all of us - service users, carers, staff, the public and those we work in partnership with, it was a significant milestone. We have made significant improvements by focusing on:

- making risk management better, including how we report, review and learn from incidents
- ensuring we have the right number of beds and alternatives to admission
- developing our buildings and services for the future in Broadmoor Hospital and Ealing
- making sure our staff have the right skills and are up to date with their mandatory training
- improving the physical healthcare of our inpatients
- strengthening our medicines management processes
- developing the role of the Trust Board and
- becoming an example of excellence in mental health care.

Making changes to the way we work following the Care Quality Commission report has taken place alongside the delivery of locally identified priority areas for quality improvement. We have implemented a system for getting meaningful feedback from service users so that we can make changes quickly. We have increased the percentage of people who have reviews of their care on a six monthly basis, and we have improved the quality of these reviews because our staff are looking at the whole person from their housing and employment needs to their physical healthcare. We have also seen an increase in staff attending mandatory training and we have completely changed the way we report, review and learn from incidents.

We have valued the engagement with service users, carers, Local Involvement Networks, Overview and Scrutiny Committees, and commissioners in helping us to identify priorities for the future. We work in partnership with many different agencies from local boroughs, education, voluntary groups, charities, the Police and other healthcare providers. These partnerships are hugely important to us and have helped to shape the priorities for improvement that we have jointly agreed for 2010/11.

I am committed to making sure that West London Mental Health Trust provides the best possible mental healthcare which is safe, clinically effective and a positive experience for people who use services. In my introduction to the Annual Report I spoke about making progress on the journey of improvement. Our Quality Account for 2009/10 describes the journey we have been on, and the direction of travel we will be taking into 2010/11 and beyond.

To the best of my knowledge the information in this document is accurate.

Peter Cubbon
Chief Executive

Care Quality Commission Investigation

West London Mental Health Trust participated in an investigation by the Care Quality Commission relating to our systems for ensuring the safety of patients, and the quality of the services provided, during the period of April 2005 to the end of 2007. The Care Quality Commission Report was received in July 2009 and the table below shows the action we had taken before and after publication to address the issues raised by the CQC, and the work we will be taking forward into 2010/11 and beyond. Our action plan has been monitored regularly by NHS London, and they will continue to have an overview whilst we embed the changes into 'business as usual' at the Trust.

CQC Investigation recommendation	WLMHT actions planned to address the recommendations	Progress made between July '09 and March '10 to deliver actions planned	Work still to be done in 2010/11 and beyond
1. The Trust must improve its management of risk. This should include: • Appropriate reporting and proper investigation of incidents • Analysis of the risks raised by incidents and near misses to identify patterns or persistent concerns • Exploring how the learning from incidents can be shared and embedded in practice with staff who already have busy workloads	• Review and roll out new Incident Policy (I8) to Trust, ensure widespread staff knowledge • Establish robust structure for analysis of and sharing learning from incidents and near misses	• Policy I8 rolled out and embedded in practice • Risk department carries out monthly analysis of learning from incidents, and processes in place to share learning across Trust • Multi-stakeholder learning lessons conferences take place twice a year	• Ensure understanding of I8 policy and incident reporting, conduct focus groups, monthly performance meetings • Continue bi-annual event Learning Lessons with all stakeholders • On-going audits of level 2 and 3 review findings in local areas
2. The Trust must ensure that the actual and potential risks that users of services pose to themselves or others are properly assessed and reflected in the risk management or treatment plans	• Trustwide Risk Assessment and Management training to be developed and implemented • Central Risk Assessment tool suite to be implemented • Harm to self and others to be highlighted in care planning and treatment	• Risk assessment and management training package developed, and being implemented on rolling programme across trust • Central risk assessment tools suite in place • Priority focus on assessment of potential harm to self and others in assessment • Safeguarding vulnerable adults and children training prioritised	• Rolling audit of Trust CPA compliance with respect to the analysis of risk management • Continue programme of relational security training in line with medium secure standards • Risk management and assessment training rolling out across Trust • Monitor risk management training
3. Commissioners of the trust's services need to develop mechanisms for monitoring the reporting, investigating and learning from incidents in the services they commission, and give more priority to this as part of commissioning	• Commissioners to attend Trust learning events. • Learning to be discussed in Primary Care Trust and Local Authority three-way meetings • Trust-Commissioners relationships to be formalised around process for monitoring, reviewing and learning from incidents	• Commissioners attend Incident Monitoring Review Groups and learning lessons conferences • Relationships formalised around processes for monitoring, reviewing and learning from incidents • Three way Chief Executives and Local Authority/Primary Care Trust meetings have incidents on standing agenda	• Commissioners and other relevant stakeholders continue to attend learning lessons events, and IMRGs • Three way Chief Executive meetings continue with standing agenda items
4. In collaboration with commissioners, the redevelopment plans for Broadmoor Hospital and Ealing must be progressed without further delay	This recommendation echoes the findings of the CHI and PBRL reports of 2003 and 2009 respectively. • Outline Business Case (OBC) approved by Strategic Health Authority in July 2009 • Full Business Case (FBC) to be finalised		• Awaiting OBC response from DH for Broadmoor Hospital • FBC design work taken forward for Broadmoor Hospital • St Bernards SOC continues and now part of Programme Management Office Work Stream: Improving Service Delivery London
5. The Trust and commissioners must ensure that there are sufficient beds for each patient group and a sufficient range of alternatives to hospital admission. However, all inpatients must have a bed and, where possible, this should be in a unit designed to meet their needs	• Three borough bed management protocol to be developed and implemented • Sleeping on sofas a Trust never event • Delayed discharge meetings to be implemented and escalation process agreed	• Three borough bed management protocol developed and implemented • Delayed discharge meetings implemented, and escalation processes agreed	• Continue work to maximise capacity for bed facilities for all services across the three boroughs • This work to be taken forward in Programme Management Office Work Stream: Improving Service Delivery London • For London Forensic Services, continue work with DH and WEMSS Commissioners to evaluate WEMSS model and develop permanent funded service

CQC Investigation recommendation	WLMHT actions planned to address the recommendations	Progress made between July '09 and March '10 to deliver actions planned	Work still to be done in 2010/11 and beyond
6. For people to receive safe and therapeutic care, the trust must ensure that it has sufficient numbers of staff, with the right skills, in all staffing groups	• Vacancy, recruitment and retention targets to be prioritised, and specific site and generic recruitment campaigns to be implemented • Staff sickness to be targeted and hotspot areas identified • Performance development review and supervision to be reviewed and changed as required	• Human Resource team members in every Service Delivery Unit • Focus on vacancy rates, recruitment issues on agendas, and regular Trust-wide meetings with SDU Directors and Human Resources established • Bradford Scores enable close tracking of staff sickness • Generic recruitment campaigns happening Trust wide • Personal development reviews to be on-line from April 2010	• On-line PDR service now available and to be monitored • Improve access to and quality of supervision, PDR and development through on-line PDR service • Increased compliance with PDR to be locally monitored • Recruitment and vacancy targets standing agenda items on SDU Senior Management Team meetings, and Board agenda • Up-skilling staff in local areas with targeted training and development • Continue to monitor sickness absence through use of Bradford Scores in on-line attendance management system • To manage sickness absence cases in line with the processes and timescales of the Managing Health and Attendance Policy • NMC standards to be used to ensure practice placements are supported by clinical staff
7. The Trust needs to ensure that staff attend mandatory training and that attendance is monitored and accurately reported	• Mandatory training targets to be set, monitored, and appropriate action taken as required	• Mandatory training increased, backfill money released to increase and reach target levels for staff compliance – achieved targets for Trust	• Mandatory training figures supplied in regular monitoring through HR to SDUs • To monitor DNA position and look at ways of reducing • Train staff on new on-line PDR system to utilise mandatory training records • Develop and implement mandatory annual security update in accordance with medium secure standards for London Forensic Services

CQC Investigation recommendation	WLMHT actions planned to address the recommendations	Progress made between July '09 and March '10 to deliver actions planned	Work still to be done in 2010/11 and beyond
8. The physical healthcare of people who use the trust's services needs to be given a higher priority across the trust, particularly in forensic services. The trust must ensure that all people have access to the same range of primary and secondary services as other people.	• Physical healthcare strategy to developed and implemented • Access to physical healthcare, especially Forensic services, to be improved • Physical healthcare assessment and treatment areas to be established	• Physical healthcare strategy completed and implementation Trust wide • Forensic services and London and Broadmoor now have primary care (GP and practice nurse) sessions • Physical healthcare treatment rooms established for in-patient services across Trust	• Establish Clinical Improvement Group for Physical Healthcare • Continue to implement physical healthcare strategy
9. Medicines management should be given a higher priority by the trust. The role of the chief pharmacist needs to be strengthened, resources for pharmaceutical advice needs to be reviewed and, where appropriate, strengthened with investment	• Role of Chief Pharmacist to be reviewed • Medicines management strategy to be developed and implemented	• Role of Chief Pharmacist in review • Medicines management strategy developed and in implementation phase	• Medicines management strategy continues to be implemented
10. The Trust's board must develop and promote a more dynamic and innovative culture that encourages staff to be enthusiastic, up to date with current practice, and motivated to provide the best care for people and their carers	• Board Development plan to be developed and implemented with new Board • Bullying & harassment work to continue to be prioritised	• Board Development programme now in progress • Bullying & harassment work across Trust continuing	• Continue with Board Development Programme • To develop innovative models of forensic mental healthcare delivery eg. long term care, community forensic services, specialist in-patient services (WEMSS and adolescent services)
11. The Trust must aspire to become a leader in, and an example of excellence in mental healthcare, and in particular forensic mental healthcare	• Foundation Trust equivalence status work to be progressed • Social Inclusion and recovery work to be prioritised	• Foundation Trust Equivalent (FTe) work in progress • Recovery strategy to be developed	• Identify key programmes & projects to continue to improve patient experience & safety through Programme Management Office work stream. • Promote positive reputation for forensic high secure care through coordinated programme of external publications, presentations etc. • Promote recovery and social inclusion approach throughout services

CQC Investigation recommendation	WLMHT actions planned to address the recommendations	Progress made between July '09 and March '10 to deliver actions planned	Work still to be done in 2010/11 and beyond
12. Non-executive directors should have improved access to information about the experiences of people who use services, and have a more robust and challenging response to this, in terms of actions and decisions made by the Trust about the care of people and their families	• Portfolios of new executive and non-executive directors to be clarified • Programme of visits to clinical service areas to be established • Patient Experience Tracker pilot to be established	• Portfolios of executive and non-executive directors set • Programme of Board visits to clinical areas established • Patient Experience Trackers pilots started	• Patient Experience Trackers (PET) pilot project continues to provide timely feedback on service user experience • Review pilot feedback and roll out appropriate recommendations
13. The Trust's Board should consider strengthening the committees and sub-groups with responsibility for clinical governance, and streamlining their numbers	• Review of Trust governance structure to provide assurance on the effectiveness of the systems and processes	• Review of governance structure underway, in line with developing other assurance systems and processes • High level governance structure in place • Operations Board, Quality and Risk Committee, Finance and Performance Committee, Mental Health Managers Committee in place	• Governance structure for supporting processes will be finalised • Programme Management Office work stream: Meeting Statutory and Regulatory Requirements have projects to ensure compliance processes are assured • Local governance structures will support Trust structure and process

Review of quality performance – our locally driven priorities for 2009/10

This year we've focused on six key areas:

Patient experience	**1. Improve the quality of feedback from our service users by introducing the electronic PET (Patient Experience Tracker) on our wards.** **2. Improve focus on employment and accommodation**
Patient safety	**3. Improve timeliness of Care Programme Approach reviews** **4. Improve the uptake of mandatory training** **5. Incident reporting and incident reviews**
Clinical effectiveness	**6. Improve access to physical healthcare**

Patient experience

1. Patient Experience Trackers

Why did we focus on this?	We know from our inpatient survey results, the Trust User Forum, complaints and local community meetings that service users want to tell us about their experience and for us to take timely action.
What did we aim to do?	We aimed to introduce electronic feedback devices (Patient Experience Trackers) on our inpatient wards in our borough based services and West London Forensic by March 2010.
What did we achieve?	We achieved our aim and we're now getting up to the minute, detailed feedback from our service users on how we're doing, enabling us to make improvements more quickly than in the past. We worked with our service users to design the questions for the trackers to make them as relevant as possible.
What will happen next?	This area of work will remain a priority for us in the year ahead and we will be developing systems to demonstrate changes to practice and monitoring of improvements.
How will we continue to monitor and report?	We will continue to monitor and report directly to the inpatient service users, and to the Trust Board through our patient experience reports.

2. Focus on employment and accommodation

Why did we focus on this?	Service users, carers and staff all tell us they want us to provide comprehensive and holistic packages of care. This is also reflected in national guidance such as 'New Horizons'. The recording of a service user's accommodation and employment status reinforces meaningful discussions about these aspects of a person's life and well being.
What did we aim to do?	Our target was to improve recording of employment status and accommodation for service users living in the three London boroughs we serve by 10% by March 2010.
What did we achieve?	This target has been surpassed with the recording of accommodation rising from 22% in April 2009 to 78% in March 2010. Similarly, the recording of employment status has increased from 23% to 84%. This information is described in the table below.
What will happen next?	Going forward we will continue to focus on recording of both accommodation and employment as a marker of conversations with service users about these important aspects of their lives. This area of will remain a priority for us in the year ahead.
How will we continue to monitor and report?	We will continue to monitor and report this within the Service Delivery Units and to the Trust Board through our patient experience reports.

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
% RiO recorded accommodation status compliance	22%	22%	22%	22%	26%	37%	35%	64%	66%	90%	81%	78%
% RiO recorded employment status compliance	23%	23%	23%	23%	27%	37%	35%	64%	66%	90%	87%	84%

Patient safety

3. Care Programme Approach (CPA) reviews

The CPA is the framework we use to establish a plan of care with a service user and their carers and / or significant people in their lives.

Why did we focus on this?	Our community patient survey results, feedback from service users across all our services and our own performance monitoring data tells us that this is a key priority area.
What did we aim to do?	The standard set by the Department of Health is for service users to have a review every 12 months. The Trust's policy stipulates a timeframe of six months for a formal review of a service user's care plan, which is a shorter interval than national guidance. We believe the shorter timeframe of 6 months to review a care plan is good practice. For 2009/10 we set a target to improve.
What did we achieve?	We increased the number of service users having a 6 monthly review of their care by 11 percentage points, from 71% in May 2009 to 82% in March 2010.
What will happen next?	This information will continue to be collected as part of the Trust's routine performance monitoring framework, with services continuing to focus on timely reviews by reviewing their performance at a local level, and scrutinising their use of the electronic clinical information system RiO.
How will we continue to monitor and report?	We will continue to monitor and report directly to the Service Delivery Units, the Care Programme Approach working group and the Trust Board.

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
% RiO Recorded Accommodation Status Compliance	22%	22%	22%	22%	26%	37%	35%	64%	66%	90%	81%	78%
% RiO Recorded Employment Status Compliance	23%	23%	23%	23%	27%	37%	35%	64%	66%	90%	87%	84%

4. Mandatory training

Why did we focus on this?	We've reviewed mandatory training requirements for staff to improve uptake with a particular focus on Safeguarding Children, Fire Training and Prevention & Management of Violence (PMVA) Breakaway. This is because our staff survey has highlighted this as an area to address, and it was identified through the CQC Investigation.
What did we aim to do?	We aimed to reach 80% attendance for each level of Safeguarding Training, an in-year 20% increase for Prevention and Management of Violence (PMVA) Breakaway, and a 10% increase for fire training.
What did we achieve?	We achieved our 80% target for Level 1 & 3 safeguarding training, and reached 77% for Level 2. We achieved the 20% in-year increase for Prevention and Management of Violence (PMVA) Breakaway. We achieved the 10% increase in fire training and this rose from 18% to 42% throughout the year. (Further detail for each area is noted below).
What will happen next?	We are reviewing our mandatory training matrix and have developed a clear report for all services to receive regular monthly feedback on mandatory training levels.
How will we continue to monitor and report?	Continued monitoring and reporting will take place within the SDUs, Corporate Services and the Learning & Development Team.

Safeguarding children

There are three levels of safeguarding children training. Level 1 gives all staff an understanding of key issues and level 2 gives higher understanding for staff in contact with children and service users who are parents. Staff working most closely with children and families are expected to participate in level 3 training annually. The national target is 80% attendance across each level of safeguarding training.

Mandatory Training Safeguarding Children	Oct	Nov	Dec	Jan	Feb	Mar
Level 1	56%	61%	65%	72%	80%	85%
Level 2	50%	52%	52%	57%	58%	77%
Level 3	83%	83%	82%	82%	83%	82%

At the end of the year the national target of 80% was met and exceeded for both levels 1 and 3, but fell short by 3% for level 2.

Prevention and Management of Violence (PMVA) breakaway

We recognise that how we use physical interventions has an impact on patient safety and experience and so it is mandatory for our staff to be trained in the prevention and management of violence. Last year we set ourselves a target of 60% of staff having up to date mandatory training. However, the starting point in April 2009 was very low at 18% and we recognised that this target would be challenging. An in-year target of a cumulative minimum 20% increase was therefore set, as this would significantly improve our position. This in-year target was achieved.

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Mandatory Training PMVA Breakaway	18%	22%	23%	25%	32%	32%	28%	34%	36%	47%	48%	42%

Mandatory fire training

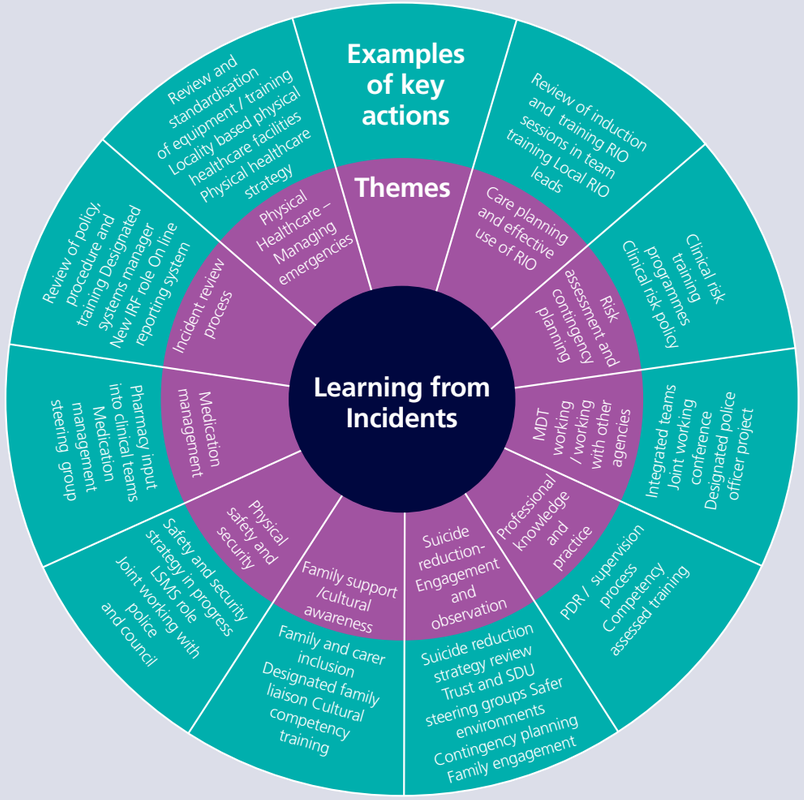
For mandatory fire training, the target for 2009/10 was a 10% increase from a starting point of 50% attendance for April 2009. This was achieved within a month of the target being set and a final end of year performance figure of 63% reached.

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Mandatory fire taining	50%	56%	63%	62%	64%	71%	67%	69%	57%	58%	61%	63%

5. Incident reporting and incident reviews

Why did we focus on this?	Our participation in the CQC Investigation highlighted this as a key area which was confirmed in the report findings.
What did we aim to do?	We aimed to overhaul the way we manage incidents from the reporting to the reviewing and the learning processes.
What did we achieve?	We've completely changed the way we manage incident reviews. We've introduced a new incident reporting policy to make sure events are reported and quality reviews occur within agreed timeframes. We've appointed incident review facilitators and we're now working to ensure learning from incidents is embedded across our services to encourage positive practice. We have regular meetings with the patient safety leads at the Strategic Health Authority (SHA) and patient safety incidents are reported to the National Patient Safety Agency to ensure standards are benchmarked against other services. We monitor the number of serious incident reviews which occur. Over the year, there have been 13 level 1 incident reviews and 16 level 2 reviews. We carefully monitor overdue reports so that we can engage with commissioners to seek extensions when necessary.
What will happen next?	We will continue to implement our new policy and processes with associated training.
How will we continue to monitor and report?	We will continue to report and monitor incidents and incident reviews within SDUs and across the Trust. This will be linked to two annual 'learning lessons' conferences to share the outcomes and learning from incident reviews. The Trust's Risk Sub Committee will also oversee continued improvements.

The diagram below illustrates the themes that have emerged from incident reviews and provides examples of actions occurring to ensure lessons are learned and working practices improved accordingly.



Clinical effectiveness

6. Improve access to physical healthcare

Why did we focus on this?	It's a well documented fact that physical health problems are more common in people with mental health problems, and can slow down recovery.
What did we aim to do?	We aimed to improve physical healthcare services, develop a physical healthcare strategy and improve the recording of physical healthcare checks for our inpatients.
What did we achieve?	We've established a new primary care service in Broadmoor Hospital and West London Forensic Services, and we've improved physical healthcare facilities in our Ealing, Hounslow and Hammersmith & Fulham inpatient units. Based on the results of audit we've developed a standardised list of equipment which is in use in all our primary health suites. We've published a comprehensive physical healthcare strategy as a result of which each of our service delivery units now has a named physical healthcare lead and a regular physical healthcare forum which feeds into a Trust physical healthcare group. We've provided physical healthcare training for our clinical staff. We're pleased to see a significant increase in the recording of physical healthcare for our inpatients. Figures show that by the end of March 2010, 89% of our patients received a physical healthcare check within 72 hours of admission, up from just 2% in April 2009. For those inpatients staying longer than 1 year, 60% are now receiving an annual physical healthcare check.
What will happen next?	We will continue to improve the recording of physical health checks and implement the physical healthcare strategy across the Trust.
How will we continue to to monitor and report?	This will be monitored and reported through our performance monitoring framework and the Trust's Clinical Standards Sub Committee.

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
% inpatient physical healthcare checks within 72 hours of admission	2%	1%	4%	10%	14%	13%	23%	50%	71%	80%	93%	89%

What service users, carers and the public say – key messages and action taken

Service user, carer and public involvement is fundamental to a modern organisation. Service users and carers want and expect to be involved and are experts by experience, thus PPI can lead to:

- ✓ Better, more responsive and sensitive services
- ✓ Fresh ideas and new perspectives for staff planning new services
- ✓ Improved treatment outcomes
- ✓ Promotion of a greater ownership of the NHS by those who use it
- ✓ Increased confidence in the NHS
- ✓ Improved understanding of the issues involved in major service changes

Some of the ways we listen to service users, carers and the public:

- ✓ Service user forums at a local and Trust level
- ✓ Trust patient experience group
- ✓ Patient Advice and Liaison Service (PALS) and Complaints
- ✓ Focus Groups e.g. Schizophrenia National Institute for Health & Clinical Excellence (NICE) Guidance, Nursing Strategy
- ✓ Service specification consultations
- ✓ Community meetings
- ✓ Suggestion boxes
- ✓ National patient survey
- ✓ Trust meetings e.g. physical healthcare group and patient experience tracker steering group
- ✓ Local Involvement Networks (LiNKS), Overview & Scrutiny Committees
- ✓ Special events e.g. conferences, workshops
- ✓ Advocacy services

Examples of key messages and action taken in response to feedback:

Examples of key messages	Action taken
Care & treatment	✓ The Time to Care project has changed the way we spend time with patients, increasing the available time staff should have with patients. ✓ Star Wards project has developed more structured activity in our inpatient environments.
Staff attitude & behaviours	✓ Customer care training identified as a priority by the Patient Experience Group and working group established. ✓ Seven point checklist developed by carers now being included in Trust induction and training.
Smoking policy implementation	✓ Trust policy amended and designated smoking areas / shelters established.
Internet access	✓ Internet cafes, wi-fi and laptop resources being put in place in each of our local services inpatient facilities.
Care Programme Approach (CPA)	✓ Focus on developing staff use of the Trust electronic Clinical Information System (RiO). ✓ Amendments to CPA care plan working following service user feedback.
Staffing	✓ Sharing of information about staffing levels and action being taken to reduce vacancies. ✓ Working group set up to ensure service user / carer in the recruitment of all the different types of posts advertised across the Trust.

Some further examples from each of our service delivery units are noted below.

More information can be found in our Public and Patient Involvement Annual Report:

Ealing Service Delivery Unit
Service users have been commissioned by the Primary Care Trust to undertake a 5 module audit of the Ealing Adult Inpatient Services. The service users have looked at a number of different aspects including the environment, carer input and relationships with staff. This has resulted in staff looking more closely at their own behaviour and how they can change simple things like answering the telephone differently, thinking about non –verbal communication and how for example raising your hand can be interpreted in different ways.

Hammersmith & Fulham Service Delivery Unit
Hammersmith and Fulham Child and Adolescent Mental Health Services (CAMHS) carried out a 'Building' Questionnaire which helped to make the environment more user friendly by creating a brightly coloured waiting room, a television, radio /music, a receptionist, magazines, toys, artwork from local schools and information sheets for families.

Hounslow Service Delivery Unit
The Hounslow team have involved their female service users in the development of their Women's Strategy by holding interactive workshops with service users to identify the key needs of Hounslow women. These have included addressing diversity and cultural issues, social deprivation and the role of women as mothers. The five year strategy was implemented in June 2009 and covers all women within the borough. It has specifically been used to improve the therapeutic interventions with women and the ward environment. The strategy also facilitated the move of the women's inpatient service to a new ward location.

West London Forensic Service Delivery Unit
Quarterly carers' events continue for all West London Forensic Service carers on the Ealing site, with speakers, lunch and informal discussion. There is carer representation at the monthly forensic service 'Family Forum' with a focus on support and involvement of families and carers.

High Secure Services at Broadmoor Hospital
Service users work in partnership with staff in the Hospital's Clinical Audit Group. Last year they worked together to review ward community meetings to bring them into line with the service standards developed for community meetings. Actions are taking place to reinforce the timeliness and content of these meetings

Statements of assurance from the Board

1. Review of services

During 2009/10 the West London Mental Health NHS Trust provided and/ or sub-contracted 23 NHS services.

The West London Mental Health NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 100% per cent of the total income generated from the provision of NHS services by the West London Mental Health NHS Trust for 2009/10. This reflects that the Trust reviews the data for all services on a regular basis.

2. Participation in clinical audits

During 2009/2010, **2** national clinical audits and **1** national confidential enquiry covered NHS services that West London Mental Health NHS Trust provides.

During that period West London Mental Health NHS Trust participated in **100%** (2) of the national clinical audits and **100%** (1) of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that West London Mental Health NHS Trust was eligible to participate in during 2009/2010 are as follows:	
National clinical audits:	• Prescribing Observatory Mental Health (POMH): Prescribing topics in mental health services • National audit of continence care
National confidential enquiries:	• The Confidential Inquiry into Suicidal and Homicide by People with Mental Illness (CISH)

The national clinical audits and national confidential enquiries that West London Mental Health NHS Trust participated in during 2009/2010 are as follows:

National clinical audits:

Prescribing Observatory Mental Health: Prescribing topics in mental health services. (We did not participate in two audits as they were not priority	Participation by trust
High dose and combined antipsychotics on acute wards	✓
Screening for metabolic syndrome in community patients on antipsychotics	✓
Benchmarking of high dose and combined antipsychotics on acute wards	✘
Assessment of side effects of depot antipsychotics	✓
Medicines reconciliation	✓
Use of antipsychotics in people with learning disability	✘
National Audit of Continence Care	✓

National confidential enquiries:

- The Confidential Inquiry into Suicidal and Homicide by People with Mental Illness (CISH)

The national clinical audits and national confidential enquiries that West London Mental Health NHS Trust participated in, and for which data collection was completed during 2009/2010, 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.

Name of audit	Number submitted	%
POMH Topic 6b – Assessment of side effects of depot antipsychotic medication	619	100%
POMH Topic 1e – Prescribing high dose and combined anti-psychotics on adult acute and psychiatric intensive care wards	135	100%
POMH Topic 8a – Medicines Reconciliation	43	100%
POMH Topic 2d – Screening for metabolic side effects of antipsychotic drugs in patients treated by assertive outreach teams	138	100%
National audit of continence care Methodology: Form to be completed for each inpatient on older peoples services. Two wards participated with 1 patient out of 24 meeting inclusion criteria	1	100%

Name of Confidential Inquiry	Number submitted
The Confidential Inquiry into Suicidal and Homicide by People with Mental Illness (CISH)	46

- The reports of **3 national clinical audits** were reviewed by the provider in 2009/2010 and West London Mental Health NHS Trust intends to take the following actions to improve the quality of healthcare provided:

A. POMH Topic 2d – Screening for metabolic side effects of antipsychotic drugs in patients treated by assertive outreach teams. Data collection April 2009. Report June 2009.

Overall, findings showed positive improvement since the last audit, including particular good practice in the recording of patients who smoke and are offered help to stop smoking. Although recording of the number of patients screened for all four aspects of metabolic syndrome had improved the Trust is further required to ensure this information is recorded in all cases. The Trust is also taking action to ensure the recording of blood pressure, glycemic control and dyslipidemia is recorded in all cases.

B. POMH –UK Topic 6b: Assessment of side-effects of depot antipsychotic medication re-audit. Data collection October 2009. Report January 2010.

The changes seen between the baseline audit and re-audit are positive, but there remains a gap between documented practice and the audit standards. The Trust showed improvement in physical examinations and documented evidence of blood tests from baseline, yet whilst better than the national average in documenting that a formal assessment had taken place, it experienced a reduction since the baseline. Action is being taken to improve formal assessment of side-effects to include assessment of movement disorders, weight/Body Mass Index (BMI)/waist circumference and sexual side-effects. In addition the change intervention developed by POMH (folder including leaflets) will be used to facilitate discussion between clinical staff and individual patients about side effects and possible solutions.

C. POMH Topic 8a – Medicines reconciliation. Report May 2009

The benchmarked data showed the Trust to be as good or slightly better than most Trusts regarding the proportion of patients having their medicines checked via two or more sources within 24 hours of admission (over 60%), two sources being necessary for medicines reconciliation to be possible. The majority of sources were checked within 24 hours. The Trust performed well, compared with other Trusts, on the presence of documented information regarding patients' adherence to prescription medication (65% of cases audited). A form has been designed to be faxed to a patient's GP when the patient is admitted to request information on their current medication. It has been the subject of a successful pilot in the Hammersmith & Fulham SDU, and will now be submitted to the Medicines Management Group for approval and implementation Trust-wide.

- The reports of 6 local clinical audits were reviewed by the Trust in 2009/2010 and we intend to take the following actions to improve the quality of healthcare provided:

A. Care Programme Approach: Compliance re-audit 1st June-31st August 2009

This audit looked at the completion of CPA Records and we found that we needed to:

- Improve completion of CPA recorded RiO electronic records
- Improve recording of allocation of CPA level and decide on a way of recording CPA categories
- Improve rate of HONOS (Health of the Nation Outcome Scores) entries
- Improve evidence of physical examinations being completed in both community and inpatient RiO electronic records
- Improve evidence of service users receiving CPA letters
- Implement bi-monthly audit of RiO electronic records

B. Safeguarding children record keeping audit June 2009

This audit looked at the completion of CPA Records and we found that we needed to:

- Improve completion of CPA recorded RiO electronic records
- Improve recording of allocation of CPA level and decide on a way of recording CPA categories
- Improve rate of HONOS (Health of the Nation Outcome Scores) entries
- Improve evidence of physical examinations being completed in both community and inpatient RiO electronic records
- Improve evidence of service users receiving CPA letters
- Implement bi-monthly audit of RiO electronic records

C. Care Programme Approach: Compliance re-audit 1st September-31st December 2009

This re-audit demonstrated the need for us to continue to implement the actions we described following the audit undertaken three months earlier. This would further improve areas not fully compliant.

D. Mental capacity act audit June 2009

Local action plans developed to ensure all four criteria for the specific test of capacity are carefully individually documented as present or absent as appropriate in the health records.

E. Infection control re-audit May 2009

A number of targets for change intervention have been identified and include:

- The immediate provision of pillows with a waterproof cover
- The standardisation of flip top bins across the Trust
- The standardisation of hand gel dispensers and ordering of correct hand gel
- A standardised approach to ordering relevant and agreed items
- To agree a programme of replacing and cleaning curtains
- Further link nurse training to in-corporate issues where further compliance is required

An annual rolling programme of audit of Infection Control standards will be conducted to identify positive changes to practice that have been made as a consequence of the audit.

These recommendations will be incorporated as part of an action plan for individual Service Delivery Units to monitor changes to practice locally to ensure compliance. Re-audit completed in March 2010, awaiting report.

F. Hand hygiene audit March 2010

A number of targets have been identified and include:

- To continue with the dissemination and maintenance of alcohol dispensers, and posters
- To order and provide a selection of small, medium and large gloves in areas that have been identified as having a shortage
- To order and make available aprons to areas that have been identified as having none

3. Research

West London Mental Health Trust has historically, and continues to have, research as core to the provision of high quality and innovative care for its patients. The Trust not only actively participates and supports research generated by its own clinicians but does so for researchers outside of the organisation as well.

The Trust has developed a wide and varied research portfolio. At any one time, there are in the region of approximately 100 mental health studies open that are supported from a variety of funding streams. Many projects are carried out in collaboration with academic and NHS colleagues in other organisations.

The strategic portfolio, linked to Imperial College and our partners at Central North West London Foundation Trust (previously part of the West London Collaborative), includes research in the areas of psychosis, substance misuse, personality disorder; service evaluation and child & adolescent mental health. In addition, increasing research is being undertaken in the area of dementia and cognitive disorders. The balance of the research portfolio in terms of discipline, clinical area and funding source is actively monitored.

Research activity in the trust has been broad-based. There are programmes within Old Age Psychiatry, Forensic Psychiatry, POMH-UK and Inpatient Psychotherapy that have had high impact on clinical services and practice. [Further detail is contained within the Trust's Research 7 Development Annual Report for 2009/10].

The number of patients receiving NHS services provided or sub-contracted by West London Mental Health NHS Trust in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was 564.

During 2009/10 the number of Trust patients that were recruited into research approved by a research ethics committee, 564, represents an increase of 8.5% from 520 patients over the same period in 2008/09. This increasing level of participation in clinical research demonstrates West London's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

In the Trust's last return on peer reviewed publications (2008/09) there were 77 publications in peer reviewed journals with a further 32 in the press which contributed to helping to improve patient outcomes and experience across the NHS.

4. Goals agreed with commissioners

A proportion of West London Mental Health NHS Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between West London Mental Health NHS Trust 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 are noted below and information for 2010/11 is available on request from Trust Headquarters.

Local services quality performance incentive scheme indicator 2009/10	Ealing	Hounslow	H&F
1. Improvement in the provision of services by WLMHT to clients with a learning disability	Not met[1]	Met	Met
2. Establish a baseline for physical health checks carried out for all clients on inpatient wards	Met	Met	Met
3. Delivery of 18 weeks referral to treatment target for all relevant services by 31 March 2010	Met	Met	Met
4. Improvement in discharge information back to primary care	Partially met	Partially met	Partially met
5. CPA to record accommodation status and employment of all clients	Met	Met	Met

High secure service quality performance incentive scheme indicator 2009/10	Broadmoor Hospital
1. At least 25 hours structured activity per week	Not met[2]
2. Health check at admission/annual health checks	Met
3. Smoking cessation support	Met
4. Healthy lifestyles	Partially met
5. BMI levels	Met
6. Reduction in suicide	Met

Low and medium secure forensic quality performance incentive scheme indicator 2009/10	West London Forensic Services
1. Development of patient survey	Partially met
2. Relational security training	Met
3. Physical healthcareservices, to include health screening & smoking cessation	Met
4. Physical health needs assessment	Partially met
5. Mental health advocacy	Met

Significant progress was made by services in 2009/10 to achieve CQUINs and areas which were partially met or not met have been transferred into 2010/11.

[1] There was a delay commissioning the software package which converts service information into 'easy read versions' for Learning Disability clients. This is now moving forward.

[2] In quarter 3 there was a drop in structured activity as measured via the one week snapshot for that quarter which coincided with the closure of some therapy space whilst services were re-located.

5. What others say about the provider

Care Quality Commission (CQC) - registration

West London Mental Health Trust is required to register with the Care Quality and its current registration status is to be registered with the CQC from 1st April 2010. We were registered with the following three conditions as described below. The first condition has now been met by the CQC timeframe.

Regulation	Condition	Condition
Regulation 9 - Care and welfare of persons who use services:	The Trust must ensure that detention papers are renewed as required by the Mental Health Act in respect of detained patients and all aspects of care are documented in the agreed service user care plan by 31 May 2010.	We have drawn up a clear action plan to ensure we will be compliant and that detention papers are in order.
Regulation 22 – Staffing:	The Trust must ensure it employs sufficient numbers of staff with the appropriate skills, knowledge, experience and qualifications to meet the needs of patients at St Bernard's Hospital and provide evidence of this to the CQC by 1 September 2010.	We have a focus on this area to ensure that we have the staffing in place by focusing on recruitment and retention processes. This also includes staff Personal Development Reviews, exit questionnaires, staff forums etc.
Regulation 10 - Assessing and monitoring the quality of service provision:	The Trust must ensure that appropriate systems are put in place to assess and monitor the quality of service provision by 30 September 2010.	We are reviewing our governance framework and how we monitor the quality of service provision.

Care Quality Commission (CQC) – performance indicators

The Trust is subject to periodic reviews by the CQC and the last review was published in October 2009 for the 2008/9 financial year. The CQC's assessment of the West London Mental Health NHS Trust following that review was 'good' for quality of financial management and 'weak' for quality of services. We under-achieved against three of the national priority indicators, and did not meet three of the national priority indicators. The table summarises the action we took during 2009/10 and the progress we made by the end of the year.

National priorities	2008/09	National priorities	National priorities	2009/10
Data quality on ethnic group	Met			tbc
Delayed transfers of care	Under-achieved	Improved discharge processes by better aligning Community Mental Health Teams (CMHTs) and inpatient wards. Closer working at a senior level with housing colleagues in the local boroughs.	This had come down to 7%	tbc
Clinical quality - patterns of care from MHMDS	n/a			tbc
Completeness of the MHMDS	Not Met	Prioritising through the Trust's performance improvement framework. Improved use of RiO V5 (Clinical Information System), to improve completeness of the patient record.	Data quality had risen from 93% to 97.8%	tbc
Clinical quality - child & adolescent mental health services	Met			Met
Safety - CPA 7 day follow up	Met			Met
Green light toolkit (learning disabilities)	Not Met	This is an action plan / toolkit to measure partnership working with respect to Learning Disability Clients. We have made information available and established protocols with Learning Disability Partners for accessing services.	Information being made available in easy read format. Protocols in place.	tbc
Experience of patients	Under-achieved	Introduction of Patient Experience Trackers to pick up real time service user feedback.	PETS in place and joint agreement on composition of questions for 2010/11.	tbc
Nhs staff satisfaction	Not Met	Trust wide and individual SDU Action plans developed. Work commissioned via Middlesex University on Bullying & Harassment.	Mechanisms put in place to give feedback following incidents, action taken on bullying and harassment and revised PDRs developed.	tbc
Access to crisis resolution	Under-achieved	We were under achieving in one borough and this related to the way we recorded information and undertook assessments.	We have implemented a two stage assessment process which is best practice and improved our data recording.	Met
Pct targets				
Numbers receiving assertive outreach	Met			Met
New cases / Early Intervention Services	n/a			Met

Core standards declaration 2009

Core standards declarations apply to the period of 01 April – 31 October 2009 and we were required to submit our declarations in December 2009. At that point we declared five standards as not met and three as having insufficient assurance. The actions we planned to address compliance and the progress made are described below. For those Core standards that were not met by the end of the year the actions have been transferred into the appropriate CQC registration regulation workplan.

Core Standard	Declaration December 2009	Summary 31st March 2010
C2 (Safeguarding Children)	Not met	At the end of November 2009 it was confirmed that the required targets for staff having completed levels 1, 2 and 3 safeguarding training should be 80% for each level of training. This was achieved for Levels 1 and 3 but not for Level 2 at 77%. This workstream has been integrated into Regulation 11.
C7a&c (Clinical & Corporate Governance)	Insufficient assurance	A revised governance framework continues to be implemented and embedded. This workstream has been integrated into Regulation10.
C11a (Recruitment, training, qualification)	Insufficient assurance	An action plan was developed with a deadline of January 2010 to meet the standard and this was achieved.
C11b (Mandatory training	Not met	An action plan was developed with a deadline of March 2010 to meet the standard and this was achieved.
C14c (Actioning complaints)	Not met	Whilst progress has been made with the roll out of a new model for managing complaints which focuses on ownership by SDUs of complaints, the Trust's performance target declined from a target of 80% to 65% achieved. This workstream has been integrated into Regulation 19.
C20a (Safe and secure environment)	Not met	The components of this core standard stretch beyond the reporting period and relate to the Trust's business cases to redevelop sites.
C21 (Maintenance & cleanliness)	Not met	The majority of actions were met with agreed tasks for 2010/11 being incorporated into Regulation 12.
C24 (Emergency Planning) Declaration	Insufficient assurance	The proposed compliance achievement date of the end of March 2010 was achieved with Trust sign off and implementation in mid March of revised emergency planning and business continuity plans and arrangements.

6. Data quality

West London Mental Health NHS Trust 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 97.3% for admitted patient care, and which included the patient's valid General Medical Practice Code was: 100% for admitted patient care.

West London Mental Health NHS Trust's score for 2009/10 for information quality and records management, assessed using the Information Governance Toolkit, was 71.4%

West London Mental Health NHS Trust was not subject to the payment by results clinical coding audit during 2009/10 by the audit commission.

Priorities for improvement 2010/11

We would like to thank all those who have contributed to the development of our Quality Account priorities for 20010/11 which are detailed below.

Dr Elizabeth Fellow Smith, Medical Director, Steve Trenchard, Director of Nursing & Patient Experience, and Maria Harrington, Associate Director, Clinical Governance have met with internal and external key stakeholders. We are grateful to the members of Local LiNKS, Patient Forums, commissioners and staff for taking the time to jointly develop priorities with us.

Patient experience

1. Further improvement in recording of employment and accommodation status

Why will we focus on this?	We believe that appropriate accommodation and employment opportunities are so very important to recovery and mental health.
What do we aim to do?	Our aim is to further improve the recording of information on employment and accommodation status.
What do we expect to achieve?	We have set ourselves a target to improve this by 10% during 2010-11. Current recording is 84% for employment and 78% for accommodation.
How will we monitor and report?	We will monitor and report on this priority at SDU level and a Trust Level through the Quality & Risk Committee and the Trust Board Performance Report.

2. Service user feedback

Why will we focus on this?	We will continue to focus on the implementation of the Patient Experience Trackers and the outcome of feedback in terms of action taken and changes made as agreed by all those who inputted into the discussion on priorities.
What do we aim to do?	We aim to ask people the following questions: • Are you involved as much as you want in decisions about your care and treatment? • Do you get the food you order? • Do you feel that staff listen to what you are saying? • In your opinion how clean is the hospital ward or room you are in? • During your stay are there enough activities available on weekdays?
What do we expect to achieve?	We expect to see improved feedback following focused interventions by teams.
How will we monitor and report?	The results are fed back to the Director of Nursing & Patient Experience and Heads of Nursing on a weekly basis, for local discussion and action planning. This year the focus will also be on establishing a process to demonstrate changes made to service delivery following PETs feedback.

Patient safety

3. Risk assessment

Why will we focus on this?	It's essential that risk assessments and management plans are available for all patients with a care plan under the Care Programme Approach. We know from incident reviews that risk assessments are not always completed or linked to a risk management and crisis plan. Reviews also highlight concern about quality of the risk management care plan and contingency plan.
What do we aim to do?	Initial system audits have shown improvement in the recording of risk assessments, and we aim to continue this improvement. The CQC Report identified clinical risk management as an area for improvement, with plans into 2010/11 including improved recording and audit of case notes.
What do we expect to achieve?	We expect to improve the practice of risk assessment across the trust by rollout of training for clinical staff and by measuring and monitoring the number of completed risk assessments and risk management plans for patients under the Care programme Approach.
How will we monitor and report?	We will monitor improvement through audit and report through the Trust Risk Subcommittee.

4. Transitions in care

Why will we focus on this?	Transition points can occur a number of times in a patient's pathway of care. National studies and local incident reviews demonstrate that this can be variable in practice and presents a risk to patient safety.
What do we aim to do?	We have agreed that we should assess and improve the communication of risk and CPA documents at the point of transition from, for example, a forensic team to a general adult team or a community to an inpatient team.
What do we expect to achieve?	Our focus will be to deliver safe care via robust communication of risk assessment and CPA. This will mean the development of transition procedures, for example, from inpatient to community and community to inpatient settings.
How will we monitor and report?	We will test out with staff whether the new national checklist aimed to improve the safety at points of transition is helpful and beneficial.

Clinical effectiveness

5. Communication with primary care

Why will we focus on this?	For our service users primary care often plays a significant role.
What do we aim to do?	We will aim to ensure there are standards for timeliness of discharge summaries and outpatient letters so that people who use our services receive a joined up care package. By the end of quarter 1 we will have agreed an amount by which we expect to improve with our service users representatives.
What do we expect to achieve?	We expect to achieve improved timeliness of correspondence with primary care.
How will we monitor and report?	We will monitor this across our services and report via our performance monitoring scorecards on a monthly basis.

6. Medicines reconciliation

Why will we focus on this?	Medicines reconciliation is the subject of National Institute for Clinical Effectiveness Guidance and is a key area of communication between primary care and secondary care to ensure appropriate medicines are prescribed, monitored and potential interactions and side effects identified. It will also assist in continued focus and improvement on the physical healthcare of inpatient service users.
What do we aim to do?	We aim to implement a form which has been designed to be faxed to a patient's GP when the patient is admitted to request information on their current medication.
What do we expect to achieve?	We expect to achieve greater medicines reconciliation.
How will we monitor and report?	We will monitor this through audit and report to the Trust Clinical Standards Sub Committee.

Statements

from Primary Care Trusts, the commissioners for secure services, the SHA, Overview and Scrutiny Committees and Local Involvement Networks.

We met with and invited our commissioners and other local stakeholder groups to comment on our Quality Account for 2010.

Statement from commissioners

Ealing PCT took the lead in commenting on behalf of Hammersmith and Fulham and Hounslow PCTs, the High Secure Service and West London Forensic Service Commissioners, and NHS London.

The statement is as follows: Although 2009/10 marked a significant milestone for West London Mental Health Trust in terms of strengthening their approach to quality assurance, we are concerned that the Trust received a qualified registration with the Care Quality Commission (CQC). We welcome the steps that the Trust has taken to address the concerns raised by the CQC during the registration process, and note the significant progress against the action plan developed in response to the recommendations in the CQC Investigation report.

Recruitment and retention of suitably qualified staff remains a significant challenge for the Trust and this has resulted in high levels of staffing overtime particularly at Broadmoor. This remains a concern despite the recent implementation of a new nursing shift pattern, we have therefore requested that the Trust undertake a benefits realisation exercise to determine the root causes of the ongoing issues, and we will continue to work with the Trust to ensure that workforce development strategies are scrutinised and reviewed on a regular basis. Although the Trust's performance is improving in mandatory training it continues to underperform against the national targets for security training in high and medium secure services. We would welcome a specific focus on these particular areas in 2010/11.

We have emphasised the need to continually review and monitor the experience of patients and we are pleased that this continues to be a priority for 2010/11.We are encouraged to see that users of our mental health services are actively involved in commissioning service reviews, and agreeing monitoring processes around the West London Mental Health Team's Inpatient Action Plan. Feed back from 'Loud and Clear' corroborates the growing involvement of service users in decision making forums across the Trust. We would encourage the Trust to consider the application of patient experience measures at Broadmoor.

The achievements in the Care Programme Approach (CPA) and the increase in the number of patient receiving a physical health check reflect the renewed emphasis and focus on quality outcomes for patients and service users, and we look forward to engaging the Trust in ongoing quality improvement activity in 2010/11. We welcome the Trust's good performance against national and Trust standards, and would suggest that the next stage involves a focus on ensuring that individual patient's needs identified in the CPA process are met. The delay in the implementation of dedicated physical healthcare services in medium security is disappointing but commissioners recognise that some of the reasons for this were outside the direct control of the Trust. The significant improvement in physical healthcare at Broadmoor is particularly welcomed, especially as the Trust is seeking to provide this directly. Although it is disappointing that the Trust failed to meet the 2009/10 high secure CQUIN target relating to structured activity, plans are in development to ensure achievement in 2010/11.

We are working with the Trust to monitor risks for the approval around the Outline Business Case for Broadmoor Hospital redevelopment following the recent change in Government administration, and are taking forward mitigating action where appropriate. We are also supporting a renewed focus on implementation of the new Clinical Model in advance of hospital redevelopment to ensure care delivery is as effective as possible.

Quality outcome measures are monitored in a range of meetings including Contract and Performance meetings, and the Mental Health Partnership Board. In 2009 the three main PCTs that commission services from WLMHT - NHS Ealing, NHS Hammersmith & Fulham and NHS Hounslow reviewed their Commissioning infrastructure, working with London Specialised Commissioning Group and with the NWL Forensic Commissioning Consortium with a view to ensuring greater scrutiny of service provision particularly with regards to patient safety and quality. This has resulted in improved systems and processes across the Trust with particular improvements made in the incident management systems. Commissioners now formally review all high secure incidents as part of the Broadmoor contract management process. Commissioners also participate in the forensic service Incident Management Review Groups and are also invited to the Trust learning events.

In addition to the above developments the PCTs established a joint Quality Forum with the Trust identifying and agreeing the priority areas outlined in the Quality Account. Through these commissioning mechanisms we will work with the Trust to strengthen the mechanisms for quality assurance, ensuring that a culture of continuous improvement of quality in service and patient experience is embedded.

To the best of our knowledge we confirm that the data presented in this report is accurate and correct.

Statement from Overview and Scrutiny Committees

We have liaised with Hounslow, Hammersmith and Fulham, and Ealing Overview and Scrutiny Committees (OSCs). We recognise that the recent local elections have generated significant pressure on resources in local council organisations, and for this reason Ealing and Hammersmith and Fulham OSCs have been unable to provide a commentary.

Hounslow's OSC statement is as follows: 'Scrutiny Members applaud the Trust's commitment to openness and transparency which has meant that even through challenging times, the Trust has maintained a good dialogue with the Adults Health & Social Care Scrutiny Panel to help Members understand and also reassure them of the progress that is being made in implementing the recommendations in the Care Quality Commission's Investigation Report.

Members are encouraged to see that the Trust's priorities as set out in this report mirror the areas of concern that have been raised in meetings over the course of the year - in particular the need to gather meaningful patient feedback and the need for a whole systems approach which deals with the patient as a person, recognising that their physical health, living arrangements and employment opportunities are all factors that contribute to their long term recovery.

Members believe that the new leadership in the organisation has very quickly got to grips with the key issues and are on track to deliver real change. They also feel reassured that through all the changes staff are clear that the number one priority remains the quality of care provided to their patients.'

Statement from LINks

As to the Local Involvement Networks (LINks), we appreciate that Hammersmith and Fulham did not include participation in the Quality Account in their work plan for this year; they're at the early stages of development and have to prioritise as their organisational resources are limited.

Hounslow LINk noted the Trust's priorities set out in the Quality Account and believe that these will help the Trust to improve. They particularly recognised our efforts around gathering meaningful patient feedback and our understanding of the need for a whole systems approach which deals with the patient as a person, recognising that their physical health, living arrangements and employment opportunities are all factors that contribute to their long term recovery. Their members felt that whilst our new leadership has quickly identified the key issues that need to be addressed, our challenge as a trust will be implementing the Quality Report. They recognised that this will require internal marketing, incentives and motivation of all West London Mental Health Trust staff. This is a view we share, and a challenge we are addressing.

Ealing LINks commented as follows:

- Patient experience: Service User feedback suggest that there is too much emphasis on the use of PETS system of electronic feedback. The LINk participants feel service users speak more openly to other service users, providing more effective feedback.

- Patient safety: The main issues are the prescribing which occurs in primary care and the effectiveness of Trust practice to support the transition to community care.

- Clinical effectiveness: A priority for the LINk participants is having an agreed electronic system for GP's and psychologists to keep each other informed in relation to medication and to help reduce side effects and interaction with other medication. The under-use of pharmacist's expertise and side effects needs be taken seriously.

In summary, they said that the Quality Account report leant towards the Trust's inpatient care and pharmacological therapy and not the Trust's broader role in the community. In the context of New Horizon strategy the LINk wants to see a more holistic approach to medication, therapy and services. The LINk participants wanted to know how many people had been helped to get off medication and how many had been helped back to work. They also wanted a benchmark to compare WLMHT against other Mental Health Trusts.

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