



HILLINGDON
LONDON



External Services Select Committee

Date: TUESDAY, 30 APRIL 2019

Time: 6.00 PM

Venue: COMMITTEE ROOM 6 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE

Meeting Details: Members of the Public and
Media are welcome to attend.

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Councillors on the Committee

Councillor John Riley (Chairman)
Councillor Nick Denys (Vice-Chairman)
Councillor Simon Arnold
Councillor Teji Barnes
Councillor Kuldeep Lakhmana
Councillor Ali Milani
Councillor June Nelson
Councillor Devi Radia

Published: Monday, 22 April 2019

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Putting our residents first

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1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

‘Select’ Panel Terms of Reference

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

Agenda

Chairman's Announcements

PART I - MEMBERS, PUBLIC AND PRESS

1 Apologies for absence and to report the presence of any substitute Members

2 Declarations of Interest in matters coming before this meeting

3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

4 Minutes of the meeting on 28 February 2019 1 - 6

5 Performance Review and Quality Account Reports of the Local NHS Trusts 7 - 52

6 Work Programme 53 - 60

PART II - PRIVATE, MEMBERS ONLY

7 Any Business transferred from Part I

Minutes

EXTERNAL SERVICES SELECT COMMITTEE

28 February 2019

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge



	<p>Committee Members Present: Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Teji Barnes, Kuldeep Lakhmana, Ali Milani, June Nelson and Devi Radia</p> <p>Also Present: Michael Breen, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Sarah Brierley, Acting Director of Strategy, East and North Hertfordshire NHS Trust Rachael Corser, Director of Nursing and Patient Experience, East & North Hertfordshire NHS Trust Steve Curry, Hillingdon 4 All Sarah Lucy James, Divisional Hospital Director, East and North Hertfordshire NHS Trust Satish Kanabar, Michael Sobell Hospice Charity Trustee, Michael Sobell Hospice Charity Turkay Mahmoud, Interim Chief Executive Officer, Healthwatch Hillingdon Caroline Morison, Managing Director, Hillingdon Clinical Commissioning Group Richard Sumray, Trust Chairman, The Hillingdon Hospitals NHS Foundation Trust</p> <p>LBH Officers Present: Gary Collier (Health and Social Care Integration Manager), Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p>
43.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>It was noted that Councillor Ali Milani would be attending the meeting but would be a little late.</p>
44.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
45.	<p>MINUTES OF THE PREVIOUS MEETING - 12 FEBRUARY 2019 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 12 February 2019 be agreed as a correct record.</p>
46.	<p>HOSPICE PROVISION IN THE NORTH OF THE BOROUGH (<i>Agenda Item 5</i>)</p> <p>The Chairman noted that this was the third meeting of the Committee that had been set up to look at the provision of hospice services in the North of the Borough. He welcomed those present to the meeting and thanked them for attending.</p> <p>It was noted that the Committee brought partners together in an environment which</p>

generated discussion. Members were aware that a significant amount of work had been undertaken behind the scenes by all parties involved and that this had resulted in real progress.

Ms Sarah Brierley, Acting Director of Strategy at East and North Hertfordshire NHS Trust (ENH), advised that she was grateful to the Chairman for meeting with her and ENH's Chief Executive, Mr Nick Carver, to help to move things along. Ms Brierley noted that hindsight was a wonderful thing and that the Trust recognised that it had not engaged or communicated the challenges it had experienced regarding the environment soon enough. She apologised that there had not been timely or clear communication. Moving forward, Ms Brierley was delighted that the Clinical Commissioning Group (CCG) and commissioners had shown great leadership and desire to develop a model for the future that would meet the needs of the community.

Mr Richard Sumray, Chair of The Hillingdon Hospitals NHS Foundation Trust (THH) Board, advised that the Trust had not been involved in the decision to close the unit. There had been some discussion with ENH in 2017 about building / maintenance works that had been needed and which had subsequently been carried out. More recently, the issue had been in relation to the extent to which work was needed to get the building back into service. At this stage, THH had not been asked to take action in relation to the inpatient unit building.

Mr Sumray advised that the original agreement to lease the building to ENH had been made virtually overnight in around 2005. This had not been uncommon practice at the time. Since then, putting a lease in place had proved to be much more of a challenge than anticipated. Work had been undertaken to put a service level agreement (SLA) in place between THH and ENH since the Committee's last meeting. Although consideration had been given to the transfer of the freehold, this had not proved feasible so, once the SLA had been signed and was in place, a lease would be amicably drawn up.

The current situation had proved to be unusual as there were a large number of organisations involved with responsibility for different aspects of the service. Mr Sumray noted that, if ENH was not involved in the service provision, the building would pass back to THH and consideration could then be given to future arrangements.

Dr Steve Hajioff, the Council's Director of Public Health, advised that the majority of the problems experienced by individuals occurred because there was an interface between two different organisations. There were often gaps in the interface between organisations which individuals could fall down. An integrated care system could solve these problems and that was why it was important for end of life care (and more widely).

Despite people overwhelmingly not wanting to die in hospital, Mr Sumray expressed concern that an increasing number of people were dying in hospital and that these levels were higher in Hillingdon than elsewhere. To help to reduce this trend, some excellent work had been undertaken around integrated care which would prove beneficial for the patients, their families and the NHS / system.

With regard to future service provision, it was noted that THH would be looking at the future of the whole site. However, priorities would need to be considered and, in the scheme of things, a 30 year old premises was not as old as other parts of the estate. Furthermore, capital investment was increasingly difficult to secure across the NHS to be able to deliver the improvements needed.

Mr Michael Breen, Trustee of Michael Sobell Hospice Charity (MSHC), advised that he had joined MSHC as a Trustee at the end of November 2018. When he had spoken to the other Trustees, they appeared to think that they were partially running the hospice. The focus of MSHC had since been redefined and Trustees had been reminded that the purpose of the charity was to raise funds for Michael Sobell House (MSH). The Chief Executive of MSHC had resigned since the Committee's last meeting about this issue and, in her place, a Chief Fund Raiser was being recruited. Mr Breen advised that the charity would stand firmly behind the clinical service provider, whichever organisation that might be.

It was recognised that the recent issues had impacted on MSHC and that fund raising had suffered. There had been confusion amongst the public about whether the charity was still open or whether it had closed down. Going forward, it would be important to ensure that wide communication was undertaken about the work of the charity. Mr Breen advised that a business plan, which relied heavily on the community, had been prepared for MSHC. This plan saw a bigger push towards corporate fund raising and bidding for grants. Effectively, the message needed to go out that it was business, but much better than usual.

Ms Caroline Morison, Managing Director at Hillingdon Clinical Commissioning Group (HCCG), advised that there had been numerous conversations undertaken between partners since the Committee's last meeting. The latest development from her perspective was that HCCG had written to ENH setting out its commissioning intentions for the provision of the service. These intentions included three elements: inpatient beds (around eight); 24 hour consultant-led support line; and day centre. It was noted that there was significant interdependency between these elements. A procurement exercise would now be undertaken which, it was hoped, would be completed and a new provider identified by the end of April 2019 for an initial 12 month contract. Due diligence action would then need to be undertaken to mobilise the plan to get the service up and running in its original location as soon as possible (it was anticipated that there would be a 3-4 month mobilisation period). This would include the TUPE transfer of staff, estate condition assessment and undertaking repair works. Ms Brierley advised that, once the new service had been commissioned, ENH would facilitate the transfer of the building to the new provider.

Ideally, the service would be up and running again by the summer of 2019 but it was recognised that recruiting specialist end of life staff was a challenge. Some of the staff from the MSH inpatient unit had been retained in the Borough with a consultant currently working at Hillingdon Hospital and some nurses on site at Mount Vernon Hospital (MVH). Recruitment would still need to be undertaken and consideration would need to be given to the skills mix needed for the short and medium term. Insofar as the TUPE transfer staff were concerned, existing terms and conditions would be retained.

Ms Morison advised that action was being taken to estimate the remedial works that would be needed to get the building into a sufficient state for the service to recommence. There had been significant differences of opinion with regard to the scale of the works needed and the CQC would need to be consulted on what was deemed acceptable in terms of the condition of the building. Ultimately, the building only needed to be made good for a relatively short period of time.

Mr Satish Kanabar, Trustee at MSHC, queried how much it would cost to bring the building up to an adequate standard that would last up to two years. He advised that, as the charity had reserves/funds that could be diverted, it would be able to make a reasonable contribution towards the repair costs. It was only after the closure of the

inpatient unit that the true value of MSH had been realised.

Although it was recognised that it would take some time, all partners were now working towards reopening the unit (as residents knew it) for the short term. However, it was recognised that the building was almost at the end of its useful life and that significant engagement would need to be undertaken with residents regarding the future delivery of end of life care services in the Borough. Once the service was back on track, partners and residents would need to work collectively to identify innovative ways of delivering services in different settings. It was generally agreed by everyone that there was a level of specialist nursing and care that needed to be retained at the end of life but that technology would also play a part.

Mr Breen had been encouraged by the conversations that had taken place with HCCG but was mindful that action would need to be taken whilst knowing that reopening the site would be a temporary measure. The charity would need to undertake a capital fundraise in the future to facilitate these developments.

Ms Brierley noted that ENH recognised that it was an acute care provider which did not cover end of life palliative care. Support from ENH might be required in the future to help deliver a new model of care.

Mr Steve Curry, Harlington Hospice (HH), advised that he had recently been involved in integrated care and the redesign of the end of life care model in Hillingdon. MSH had been a key part of end of life care in Hillingdon. Both charities were focussed on end of life care and had been meeting regularly and working closely together to learn from each other's strengths: there was a mutualistic symbiosis as HH was a specialist care provider and MSHC was a fundraising specialist. As such, HH was likely to express an interest in tendering for the contract to provide the service at MSH. Whatever the outcome of the tendering process, HH would continue to support MSH. Members were aware that HH had been rated "Good" by the CQC in all areas in its 2017 inspection.

Mr Turkay Mahmoud, Interim Chief Executive Officer at Healthwatch Hillingdon, advised that there had been a significant number of members of the public raising concerns over the last three months that MSH would not reopen. Members queried what level of service would be provided by ENH up until the summer.

Concern had been expressed by Members about non-cancer end of life care patients being refused access to services which were currently being delivered on Wards 10 and 11 at MVH. A letter had been sent from Mr Nick Carver, Chief Executive at ENH, to Mr Nick Hurd MP advising that non-cancer patients would not be accepted on Wards 10 and 11. Ms Rachael Corser, Director of Nursing and Patient Experience at ENH, advised that the Trust had a robust model of referral with a multi professional team. She stated that there had been no appropriate referrals turned away from the service and that there had been no non-cancer referrals made so they could not, therefore, have been turned away. Ms Corser advised that ENH was committed to providing good end of life care to the community and that the standard of this care had been independently validated by Healthwatch Hillingdon to show that patients were getting the care that they deserved.

Members recognised that magic had been created around MSH by the community, local authority and NHS and that progress had recently been made to protect that magic. It was agreed that an update be provided to the Committee in late May/early June 2019. At this meeting, it was suggested that partners come prepared to explain what steps they had taken to ensure that this situation was never again repeated.

RESOLVED: That:

1. the Committee receive an update in late May / early June 2019 on the progress being made by partners to reopen the inpatient unit; and
2. the discussion be noted.

47. **WORK PROGRAMME** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. It was noted that the next meeting on 13 March 2019 would be looking at post office services in the Borough.

As it was likely that the next update on progress regarding the reopening of the Michael Sobell Hospice (MSH) inpatient unit would be brief, it was agreed that the item be included on the agenda for the meeting on 12 June 2019. Concern was expressed that staff being TUPE transferred across might think that the service provided in the inpatient unit was for cancer patients only. As such, it would be important that Hillingdon Clinical Commissioning Group ensured that the service specification highlighted that the service was for ALL terminal patients and not just those with cancer.

It was recognised that a lot of work had been going on in the background with regard to MSH. This work had helped partners to come together and make progress in reopening the MSH inpatient unit.

Members queried whether there were any other NHS services within the Borough that did not have a contract. It was thought that this was unlikely but not impossible.

It was agreed that the Committee look at dental service provision in the Borough at its meeting on 9 October 2019. Dr Hajioff advised that fluoride varnishing for school aged children had been delivered to the Borough by NHS England and conversations were ongoing about repeating the initiative. He would need to check to see if there was fluoride in the water in Hillingdon. Members were asked to forward their thoughts and ideas around dentists to the Democratic Services Manager as soon as possible.

Members were delighted to note that Royal Brompton and Harefield NHS Foundation Trust had been rated as 'Good' following their recent CQC reinspection.

RESOLVED: That:

1. an MSH update be added to the meeting on 12 June 2019;
2. Members provide the Democratic Services Manager with their thoughts and ideas on dentists as soon as possible for scrutiny at the meeting on 9 October 2019; and
3. the amended Work Programme be noted.

The meeting, which commenced at 6.00 pm, closed at 7.31 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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EXTERNAL SERVICES SCRUTINY COMMITTEE: PERFORMANCE REVIEW AND QUALITY ACCOUNT REPORTS OF THE LOCAL NHS TRUSTS

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A: Central & North West London NHS Foundation Trust Draft Quality Account 2018/2019
Ward	n/a

HEADLINES

To enable the Committee to receive updates from local health organisation as well as comment on the Trusts' Quality Account reports. The Committee's comments on the performance of the local NHS Trusts may then be submitted to the Care Quality Commission (CQC).

RECOMMENDATIONS:

That the External Services Select Committee:

1. questions the Trusts on their Quality Account reports for 2018/19 and identify issues that they would like included in the Committee's statement for inclusion in the final report.
2. uses information from their work during the course of the year to question the Trusts on issues measured by the CQC.
3. decides whether to use this information to submit a commentary to the CQC.

SUPPORTING INFORMATION

Introduction/background

Quality Account Reports

1. The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centered around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing.
2. Quality Account reports aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Account reports were designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. This involved a wide range of people from the NHS, patient organisations and the

public, representatives of professional organisations and of the independent and voluntary sector.

3. For the first year of Quality Accounts (2009/2010), providers were exempt from reporting on any primary care or community healthcare services. During the second year, the community healthcare service exemption was removed. We are now in the tenth year of Quality Account reports and providers are expected to report on activities in the financial year 2018/2019 and publish their Quality Accounts by the end of June 2019.
4. Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the overview and scrutiny committee (OSC) in the local authority area in which the provider has a registered office and invite comments prior to publication. This gives OSCs the opportunity to review the information contained in the report and provide a statement of no more than 1,000 words indicating whether they believe that the report is a fair reflection of the healthcare services provided. Scrutiny Committee's can also comment on the following areas:
 - a) Do the priorities of the provider reflect the priorities of the local population?
 - b) Does the Quality Account provide a balanced report on the quality of services?
 - c) Are there any important issues missed in the Quality Account?
 - d) Has the provider demonstrated they have involved patients and the public in the production of the Quality Account? and
 - e) Is the Quality Account clearly presented for patients and the public?
5. The OSC should return the statement to the provider within 30 days of receipt of the Quality Account report to allow time for the provider to prepare the report for publication. Providers are legally obliged to publish this statement as part of their Quality Account report.
6. Providers must send their Quality Account report to the appropriate OSC by 30 April each year. This gives the provider up to 30 days following the end of the financial year to finalise its Quality Account report ready for review by its stakeholders.
7. The primary purpose of Quality Account reports is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer and encourage them to engage in the wider processes of continuous quality improvement. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness. If designed well, the reports should assure commissioners, patients and the public that healthcare providers are regularly scrutinising each and every one of their services, concentrating on those that need the most attention.
8. It should be noted that Quality Account reports and statements made by commissioners, Healthwatch, OSCs and Health and Wellbeing Boards will be an additional source of information for the CQC that may be of use operationally in helping to inform local dialogues with providers and commissioners.
9. Where available, draft copies of the Trusts' Quality Account reports have been appended to this report for consideration.

Witnesses

10. To ensure that equal attention is given to each Trust, the Committee has two meetings

Classification: Public

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scheduled on two consecutive days. Senior representatives from each Trust will be attending and will be able to go into more detail with regard to the contents of their Trust's draft report. Invitations have been sent to the following organisations for the following meetings:

- **6pm Tuesday 30 April 2019**
 - The Hillingdon Hospitals NHS Foundation Trust
 - Central & North West London NHS Foundation Trust
 - Hillingdon Clinical Commissioning Group
 - Healthwatch Hillingdon
 - Local Medical Committee
- **6pm Wednesday 1 May 2019**
 - Royal Brompton & Harefield NHS Foundation Trust
 - The London Ambulance Service NHS Trust
 - Hillingdon Clinical Commissioning Group
 - Healthwatch Hillingdon
 - Local Medical Committee

11. As Members will have read the Quality Accounts attached to this report, witnesses are asked to ensure that they address the impact on residents of the outcomes for 2018/2019 and the proposals for 2019/2020.

SUGGESTED SCRUTINY ACTIVITY

12. Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.
13. To consider and agree the Committee's comments for inclusion in the Trusts' Quality Account reports.

BACKGROUND INFORMATION

None.

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Appendix A

Draft Quality Account 2018-19

v.7.0

Part 1. Letter from our Chief Executive

This section will be completed once quarter four position is available

Independent Auditor's report to Council of Governors of Central and North West London NHS Foundation Trust on the annual Quality Report

This section will be populated with a statement from our external auditors (KPMG) in May when they have completed the audit process

PART 2 – OUR PRIORITIES FOR IMPROVEMENT AND A STATEMENT OF ASSURANCE FROM THE BOARD

A review of our performance against our quality priorities in 2018/19:

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

Our Quality priorities for 2018/19 were;

1. Patient and carer involvement
2. Staff engagement

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

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

QUALITY PRIORITY 1: PATIENT AND CARER INVOLVEMENT

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

Patients and carers are overseeing CNWL services through Trust-wide and local governance groups. Patients and carers are more involved than ever in boards, committees and working groups, including the Trust-wide Patient Involvement Forum and Carers Council, which now have new terms of references. Patients and carers also sit on many local governance and performance committees across divisions and services, acting as 'critical friends' to challenge the Trust and hold us to account. This has helped increase transparency and openness and has led to more partnership working where staff, patients and carers solve problems together. We have provided training and guidance to staff on the

importance of involving patients and carers in meaningful way to make sure we avoid tokenistic involvement. We will roll out more of this training in 2019/20 as part of our new strategy. We are also making sure that service users and carers are shaping future changes to CNWL, including our transformation work around Community Mental Health Services and changes to the Care Programme Approach.

Patients and carers are leading the way in making local changes

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

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

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

Patients and carers are running local social and wellbeing groups

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

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

We have a growing number of Peer Workers who have been trained to use their lived experience of recovery to support the delivery of clinical work and the Recovery and Wellbeing College courses. As a Trust we have been recognised for our innovative work in this area and were invited to present at various national conferences and meetings over the past year. CNWL Peer Workers have specialist skills, qualities and competencies and play a key role in improving partnership working between staff, patients and carers. In the coming year we plan to add to our numbers of Peer Workers. We will also expand our use of volunteers, including volunteers with lived experience of using services.

Patients and carers are helping us recruit compassionate, respectful staff

In 2018/19 a record number of patients and carers were involved in recruiting CNWL staff, including to some of the most senior positions in the organisation. When selecting service users and carers to

attend interview panels, we look for a diverse mix of experiences and backgrounds. Across the Trust, patients and carers sat on stakeholder groups and interview panels, helping write interview questions and making decisions about who should be offered the job. This helped make sure that we only recruit staff who can demonstrate they meet Trust values. As one consultant said, “Service users play a vital role in recruiting staff and we will only select a candidate if patients and carers are happy with the decision.”

Patient and carer stories are being used to influence practice

Patient narratives or stories are accounts told in a person’s own words and are described by the King’s Fund as “highly effective when it comes to influencing, because they have real power to change hearts and motivate people”. At CNWL we have involved more patients and carers than ever in telling their stories - at training conferences for staff, divisional festivals, local and Trust-wide workshops and events and in board meetings. We have developed more short films to communicate these stories to a wider audience across and beyond the Trust. A service user was also supported by staff for her Media course at college to make a film about stigma in mental health.

The tree below displays some of our other highlights from 2018/19;



Our approach was to take patient and carer involvement to local services as that is where key interactions take place so in the following section, we present examples of patient and carer involvement at speciality, Service or Borough level.

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

Table 1

Area of CNWL	Examples of involvement
Addictions	There are monthly Strategic Service User Group meetings where service users lead on peer to peer audits and QI projects. The Addictions Services also ran another successful, service-user-led conference in 2018. Attended by 110 people the day included many examples of how service users, staff and families can work together to overcome addiction. Described as 'truly inspirational' and 'a deeply touching' event, this is an excellent example of how user-led events can inspire other patients and staff.
Brent	Brent hosts the co-designed Enrich (Enhanced discharge from inpatient to community mental health care) project. This project brings together staff, peer workers and service users to help reduce unnecessary inpatient admissions, improve recovery-focused outcomes and empower individuals to have more say in how they engage with services. The Hendon FC Mental Health Project, run jointly by CNWL's Brent Early Intervention Service and Hendon FC, received the award for Community Project of the Year.
Camden Community Services	A baby Hub was set up by the Health visiting team to provide parents with more opportunities to talk about their child's physical, social and emotional development; a good example of how creating an informal environment can encourage parents to ask questions and engage with treatment. In Children's Services, staff and families jointly produced an MDT report template.
Children & Adolescents Mental Health Services (CAMHS) & Eating Disorder (ED) London	Young people, parents and families were heavily involved in the design of the new inpatient unit, Lavender Walk and were also involved in making changes to the CAMHS clinic in Hillingdon. In CAMHS, a welcome event was also held to engage parents. Carers of people using ED services are involved in local CQG meetings, helping to advise on and shape services
Community Independence Services (CIS)	Patients are included in the staff induction programme, the design of a new leaflet and reablement videos that are being used across the Trust.
Harrow	A carer and service user co-production forum has been set up and supported by the Head Occupational Therapist and the group makes suggestions to the Community Mental Health Teams (CMHT) on what could be improved. The Carer Leads have also produced a local carer's support leaflet.
Hillingdon Community Services	The District Nursing Service has carer representatives attending the End of Life strategy group, providing valuable input to the service redesign and having a direct impact on patient and carer experience.
Hillingdon Mental	A particular achievement is the breadth and consistency of involvement. All staff recruitment now includes service user or carer

Health Services	input. The number of Peer Workers has increased with at least one on each ward and in all Community Mental Health Services, including Early Intervention in Psychosis.
Learning Disability Services	Quarterly Service User and Carer Events occur in Kingswood Centre. Bespoke training sessions also take place, including a session on how service users and carers can help keep themselves safe - a good example of empowering service users to develop greater awareness and positive behaviours skills. Service users also planned a carnival and various religious festivals, bringing together staff and service users, enabling people to use their organisational and creative skills.

Area of CNWL	Examples of involvement
Milton Keynes Community Services	#The Big Convo MK has been launched to coproduce a transitions process. In response to a patient consultation exercise, the District Nursing service introduced a single point of access. In Dental Services, photo boards, with Makaton symbols and 'easy read' leaflets have been developed.
Milton Keynes Mental Health	The use of Peer Workers has grown and this is having a direct impact on patient experience, with Peer Workers transforming the programme of activities available on inpatient wards. Peer Workers have also been involved in the design and delivery of an on-site Recovery and Wellbeing College. Locally, service user, patient and carer involvement is increasingly embedded across services, strengthening links between staff, service users and the community. The Directorate successfully engaged with BAME communities through invitations to local community group meetings.
Offender Care Services	Service user reps have been appointed across the service, with many projects underway, including at HMYOI Cookham Wood, where young people designed a work of art. The project helped improve the Health and Wellbeing Team's appointment rooms and encourages young people to engage with services. The young people involved had restricted access to a standard prison regime because of risk to themselves or others but staff found innovative ways for them to take part in the art project. Several young people are now engaging more with the health service, and specifically Art Therapy- a good example of staff overcoming barriers and engaging patients in their own wellbeing.
Perinatal Services	In preceptorship nurse training, three days are dedicated to patient experience, where service users and carers share powerful personal accounts of journeys and experiences of services, resulting in greater staff awareness of patient needs. Perinatal services have also engaged with the local Maternity Voices group to help with the co-production of service information and links are being made with Cocoon, a user-led organisation and NHS England, to discuss a pan-London approach to involving women in shaping perinatal services.
The Royal Borough of Kensington and Chelsea	Highlights include the design of the new service user led café and the many co-produced creative activities taking place, including play reading, theatre visits and re-decorating the ward environment. These are good examples of partnership working, innovative thinking and local enthusiasm for connecting service users with their

	community. Joint working with local organisations is also strong, including the CONNECT project run with the local Mind service, which is helping to improve people's experience of transitioning between secondary and primary care services.
Rehabilitation Services (Mental Health)	In Rehab services, training continues to be provided to service users on various topics, for example basic Life Support. Outings are also arranged to help people engage with the local community. Rehab teams also work closely with the Employment Services, empowering people to develop skills and find work, an important part of the recovery journey.
Sexual Health Services	In Surrey there is now a refreshed service user strategy and group and closer links with the community. The work of the peer-led 'Bloomsbury Network' continues— each year they help over 1000 people newly diagnosed with HIV access confidential peer support and advocacy. They also produced a user-led short film to tackle perceptions of HIV and encourage others to live proudly.
Westminster	Service users and carers are involved in the Older Adults Service User Group, and the business meetings at the Waterview Centre. Several social and creative events have taken place across the Borough and service user presence on staff recruitment panels has increased.

Measuring and tracking our progress based on patient feedback; *how did we do against our indicators for patient and care involvement. Table 1 compares this years' performance with last years. This is reported up to Quarter 3 and will be refreshed at the end of Quarter 4.*

Table 2

		2018/2019				2017/2018		
	Indicator	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q1 17/18	Q2 17/18	Q3 17/18
1	Patients report feeling involved in their care or treatment (definitely and to some extent)	85%	96% n4947	97% n6416	96% n5722	95% n3975	96% n3959	95% n4941
2	Patients report their care or treatment helped them achieve what mattered to them	85%	95% n4947	97% n6158	96% n5530	94% n3661	95% n3530	95% n4625

As illustrated above in table 1, we have seen an increase in the number of people giving us feedback this year compared to next year. Our response rate has also improved from 2.5% last year to 3.1%. We continue to analyse all of the feedback broken down to borough and service level which helps staff to prioritise improvements locally.

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

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

Between 2019 and 2023 and in line with national NHS policy, we will develop, support and expand a partnership approach between staff, patients and carers across CNWL services. We will increase partnership working opportunities for staff, patients and carers and put involvement at the heart of the way we design, improve and deliver services. The CNWL Patient and Carer Involvement Team, Carers Council and Patient Involvement Forum will work with other staff, patients, carers and local community organisations to deliver a partnership approach. Our ultimate aim is to improve engagement and create more opportunities for people to work together as equal partners. Some examples of different levels of working are below:



QUALITY PRIORITY 2: STAFF ENGAGEMENT

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

Reducing turnover on band 5 clinical staff: We focused our efforts on reducing the turnover of band five clinical staff from 25% turnover to at least the average turnover of 16% within 2 years; To enable us achieve this, we have created new roles of retention facilitators based in each of our clinical Divisions which offer ongoing preceptorship support and one to one personal support and professional development. Retention and engagement events were held across our services. Themes emerging from events include access to learning and development, careers advice, support mechanisms and flexible working options. Signposting through to relevant departments and support systems available within the Trust is ongoing. The internal transfer policy is now gaining momentum and is being used throughout the Trust. Board level Governance of all Human Resource metrics is undertaken by the Quality & Performance Committee. This committee and the Executive Workforce Board review performance monthly. They also monitor the impact of the improvement actions that are being led by the two working groups that support delivery of the workforce strategy; one focused on Recruitment, Redesign & Temporary Staffing and the other around Retention & Engagement. These groups are responsible for developing and monitoring the action plans that address workforce issues on a Trust wide basis. Divisional hotspots are considered in board and divisional management team meetings.

We continued to broaden our accommodation offer and support to new starters as well as our staff benefits offer which is all part of our retention programme; We have developed relationships with accommodation providers e.g. Catalyst, Geneisha, Peabody and have gained nomination rights to give our staff access on a preferential basis as key workers. We have also contracted with Benivo an external organisation which gives on boarding support and can provide staff with advances to cover key in hand loans as well as information about suitable places to live conveniently close to trust services.

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

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

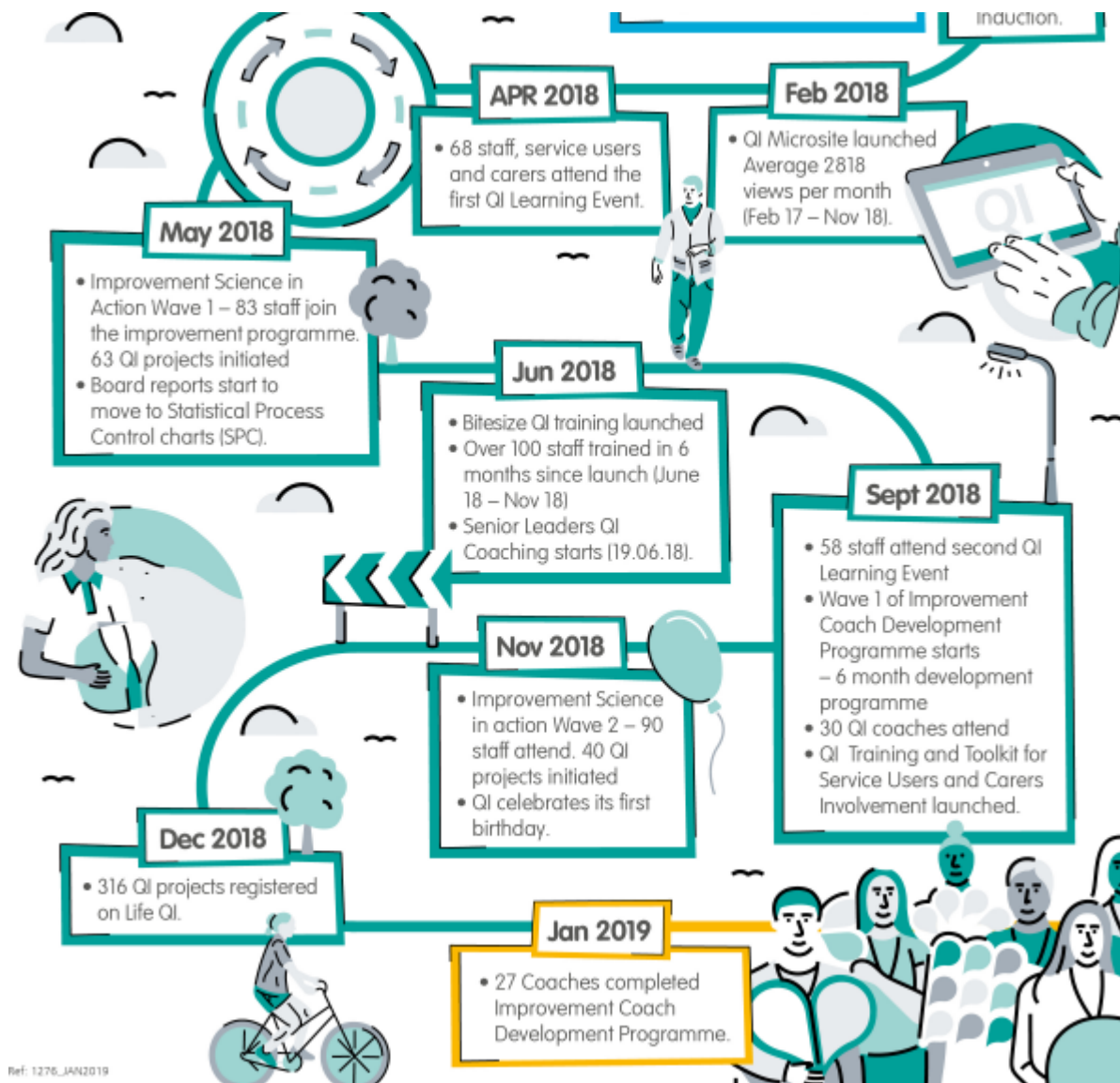
Staff wellbeing: We promoted a holistic approach to health and wellbeing, ensuring that the Recovery College is promoted as a resource for both service users and staff. We also promoted our Occupational Health service and Employee Assistance Programme and had achieved a take up rate much higher than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

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

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

- ✓ Bitesize QI launched in June 2018. This monthly half day training course provides a brief introduction to the Trust’s chosen QI methodology. The course has 20 places available on a monthly basis.
- ✓ Two waves of Improvement Science in Action with 83 attendees in May 2018 and 90 attendees in September 2018. This is a four-month professional development program is specially designed for people actively involved in health care improvement projects. Over the duration of the course staff are guided to run a QI project with support and training from Institute for Healthcare Improvement (IHI) – our QI partners.
- ✓ The first wave of Improvement Coach Development programme. This is a six month development programme was attended by 30 staff. This programme provides formal training in coaching and facilitating improvement teams in order to coach staff and employees in how to apply improvement concepts, methods, and tools to daily work. Help teams gather ideas and carry out an improvement project. Help coach and advise people to development measures and analyse data for improvement projects

Some of the highlights are presented below;



Freedom to speak up: Raising Concerns (Whistle Blowing): We are committed to enabling a culture of openness and honesty where staff feels they can constructively challenge practices they think fall below an acceptable standard. We have a Policy in place which explains mechanisms for raising concerns including whistle blowing. We hold a central record of concerns received and dates when we have given feedback on actions taken to address issues raised. The Trust has speak up guardians in place to help facilitate this process and their details are contained within the weekly **“three Minute read”** (a communication that is sent out to all staff on a weekly basis)

Measuring and tracking our progress based on staff feedback; *how did we do against our indicators for Staff engagement.* Table 2 compares this years’ performance with last years. This is reported up to Quarter 3 and will be refreshed with yearend information at the end of Quarter 4.

Table 3

Quality Account Priorities	Target	Q1	Q2	Q3	Q1	Q2	Q3
Staff recommending the Trust as a place to receive treatment	70%	73.1% n897	72.9% n866	65.4% ^n3025	73.6% n157	75.61% n924	64% ^n2896
Staff recommending the Trust as a place to work	70%	58.0% n897	59.7% n866	56.2% ^n3025	62% n157	55.5% n924	56% ^n=2902
staff turn over	15%	16.9%	17.4%	16.5%	16.6%	16.7%	16%

^This is based on the national staff Survey

We have made progress on turnover which appears to be sustained; however our scores on staff recommending CNWL as a place to receive treatment and work remain lower than we would like; albeit that this year we had our highest quarterly scores of the last two years. Staff engagement, while not one of the quality priorities next year remains of the highest importance for the Trust. We are finalising our new People Strategy and associated actions that will primarily be aimed at improving staff engagement.

Part 2.1. Quality Priority Plans for 2019/20



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

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

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

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

In Tables 4 to 7, we provide rationale for selecting these priorities and state our goals

Table 4

Quality Priority 1: Reducing Falls	
Why are we doing this? Falls are responsible for premature deaths and have an adverse impact on patients' and carers' quality of life and health. They are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the United Kingdom. NHS organisations are required to take action to prevent falls and reduce the resultant fractures and other conditions associated with falls.	
What do we want to achieve? For all inpatients over 65 undertake multifactorial assessment which identifies the patient's individual risk factors for falling in hospital that can be treated, improved or managed during their expected stay.	
Year	Our Goal
Year 1	We will <ul style="list-style-type: none"> • Use an audit of current falls risk assessment practice to inform a "Falls Risk Assessment" QI programmes.
Year 2	<ul style="list-style-type: none"> • The Programme will be managed by the CNWL Falls Board and it will have Oversight of the relevant Division-specific QI Projects. The aim of the Programme will be to improve completion of Falls Risk Assessment on admission to 85% by March 2021. • The Falls QI programme will aim to improve the quality of interventions delivered to those at risk of falls.
Year 3	<ul style="list-style-type: none"> • The Falls QI Programme will extend its remit to include completion of falls risk assessment by CNWL staff working in Integrated Community.
How will we track progress?	
This section is under discussion and will be completed when the report is revised with year-end information	

Table 5

Quality Priority 2: Reducing Violence and Aggression	
Why are we doing this? Incidents of physical assault are the most common type of incidents reported within the Trust. This priority aligns to the national strategy to reduce incidents of violence against staff and wider patient safety initiatives to reduce the use of restrictive interventions.	
What do we want to achieve? Reduce incidents of physical assault involving staff and service users (Trust wide) by 30% by 31st March 2022	
Year	Our Goal
Year 1	We will; <ul style="list-style-type: none"> Co-produce (at Ward, Service and Trust levels) vision/ownership and a structure and strategy for Violence Reduction using a QI Approach Build capability and capacity for QI for Safety Improvement
Year 2	<ul style="list-style-type: none"> Review progress at early adoption sites. Develop spread to other services where improvement is required Build capability and capacity for QI for Safety Improvement
Year 3	<ul style="list-style-type: none"> Review progress of improvement work at Ward, Service, and micro levels via the descriptive Statistics, Run Charts and SPC Charts Identify areas of achievement and success. Build capability and capacity for QI for Safety Improvement
How will we track progress?	
This section is under discussion. It will be completed when the report is revised with year-end information	

Table 6

Quality Priority 3: Improving the Quality of Supervision
Why are we doing this? Supervision* is an important part of staff support and professional development. It provides an opportunity for staff to reflect on and review their practice, discuss individual cases in depth, change or modify their practice and identify training and continuing development needs. Supervision underpins the very essence of good care. People who use our services will experience safe, effective treatment and care because all staff are supported to carry out their roles through high-quality Supervision
<i>*This term is used through out to describe all forms of supervision to which each staff member is entitled, including managerial, clinical, professional and safeguarding supervision</i>

What do we want to achieve? We want to achieve consistency in the recording and in the quality of supervision	
Year	Our Goal
Year 1	<p>We will;</p> <ul style="list-style-type: none"> Review and re-issue our policy standards for Supervision, providing clear definitions of clinical supervision We will clarify individual responsibilities in relation to Supervision and reinforce the importance of reflective learning in improving the quality of care. We will pilot the use of the CNWL Learning & Development Zone LDZ to support managers in recording and tracking supervision Concurrently we will re-evaluate current arrangements in all Divisions in order to identify best practice and any gaps Review current provision of Supervision training and establish a consistent Trust-wide program.
Year 2	<p>We will:</p> <ul style="list-style-type: none"> Complete Quality Improvement (QI) supervision projects in each Division. These will be based on a priority set in year 1. Hold a Supervision Best Practice Summit to share learning and celebrate best-practice and progress. Develop supervision to ensure it takes an developmental approach to staff wellbeing We will survey staff on their experiences of supervision and use that learning as part of our year 3 review and continuous improvement
Year 3	<p>We will:</p> <ul style="list-style-type: none"> Re-evaluate supervision-arrangements in all Divisions to check that all staff are receiving Supervision which meets their needs, in-line with Trust and Professional standards
How will we track progress?	
This section is under discussion. It will be completed when the report is revised with year-end information	

Table 7

Quality Priority4: Improving the managing deteriorating patient	
Why are we doing this? Effectively managing deteriorating patients helps to reduce avoidable physical deterioration, morbidity and mortality.	
What do we want to achieve? We want to reduce the risk to patient's physical health by ensuring early identification and prompt management of deteriorating health.	
Year	Our Goal
Year 1	Roll out of NEWS2 (early warning tool to detect signs of deteriorating physical health and ensure appropriate prompt action is taken). This involves a training programme. Review and update our policy, procedures and training on emergency responses.
Year 2	Roll out a revised approach to management of emergency responses and ensure the structure and resources are fit for purpose. Ensure competencies are in all new job descriptions (JD's) for staff joining the Trust.
Year 3	Review and amend the standards and procedures in light of the current national guidance. Ensure there is an internal reporting framework to help monitor progress in managing our most unwell patients so we can measure the progress of our 3 year plan.
What will we do? Our plans for the year will include an improved communications approach to staff, a good practice video and a train the trainer approach in the clinical areas.	
How will we track progress?	
This section is under discussion. It will be completed when the report is revised with year-end information	

2.1.2 Monitoring and sharing how we perform

Measuring and monitoring of the clinical safety, effectiveness and experience of our patients, carers and staff is a top priority. The Quality, Safety, effectiveness and patient experience of our services is overseen by the Quality and Performance Committee (chaired by a non-executive director, and made up of executive and other non-executive directors), who in turn provide assurance and recommendations to the Board of Directors.

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

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

Benchmarking

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

PART 2.2 - Statements of assurance from the Board.

Review of services

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

These included:

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

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

Participation in Clinical Audit;

During 2018/19, CNWL participated in 16 National audits and 1 National confidential enquiry which covered health services that Central and North West London provides.

During that period, CNWL participated in 93.7% (16/17) of the national clinical audits and 100% (1/1) of the national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that CNWL was eligible to participate in during 2018/19 are as follows:

- ✓ [National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England
- ✓ Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)
- ✓ Learning Disability Mortality Review Programme

- ✓ National Audit of Cardiac Rehabilitation
- ✓ National Audit of Care at the End of Life (NACEL)
- ✓ National Audit of Intermediate Care
- ✓ National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)
- ✓ National Clinical Audit of Anxiety and Depression (NCAAD)
- ✓ NCAAD Psychological Therapies Spotlight Audit
- ✓ NCAP – EIP Spotlight Audit
- ✓ National Asthma and COPD Audit Programme (NACAP)
- ✓ National Diabetes Audit – Diabetic Foot Care Audit
- ✓ POMH-UK: 16b Rapid tranquilisation
- ✓ POMH-UK: 6d Assessment of the side effects of depot antipsychotics
- ✓ POMH-UK: 18a Prescribing clozapine
- ✓ POMH-UK: 7f Monitoring of patients prescribed lithium
- ✓ Sentinel Stroke National Audit Programme (SSNAP)].

We did not take part in (POMH-UK: 6d Assessment of the side effects of depot antipsychotics) because the audit cycle came relatively close to the 2018 NCAP report and it covered similar items as Topic 17a. This decision was taken with advice from our pharmacy team.

The national clinical audits and national confidential enquiries that CNWL participated in during 2018/19 are;

- ✓ [National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England
- ✓ Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF)
- ✓ Learning Disability Mortality Review Programme
- ✓ National Audit of Cardiac Rehabilitation
- ✓ National Audit of Care at the End of Life (NACEL)
- ✓ National Audit of Intermediate Care
- ✓ National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)
- ✓ National Clinical Audit of Anxiety and Depression (NCAAD)
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- ✓ National Diabetes Audit – Diabetic Foot Care Audit
- ✓ POMH-UK: 16b Rapid tranquilisation
- ✓ POMH-UK: 18a Prescribing clozapine
- ✓ POMH-UK: 7f Monitoring of patients prescribed lithium
- ✓ Sentinel Stroke National Audit Programme (SSNAP)].

We did not take part in (**POMH-UK: 6d Assessment of the side effects of depot antipsychotics**) **because the** audit cycle came relatively close to the 2018 NCAP report and it covered similar items as Topic 17a. This decision was taken with advice from our pharmacy team.

The national clinical audits and national confidential enquiries that CNWL participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

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

- Falls and Fragility Fractures Audit Programme (FFFAP) – National Audit of Inpatient Falls (NAIF) – **data collection from January 2019, no cases thus far**
- Learning Disability Mortality Review Programme – **2 cases between July and September 2018**
- National Audit of Cardiac Rehabilitation – **continuous dataset, cases to be determined April 2019**
- National Audit of Care at the End of Life (NACEL) – **all relevant units submitted organisational audit forms. No patients were eligible for the clinical audit phase**
- National Audit of Intermediate Care – **two of the three services eligible to participate did so, the third withdrew due to service transformation**
- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) – **continuous dataset, cases to be determined in April 2019**
- National Clinical Audit of Anxiety and Depression (NCAAD) – **100% of cases**
- NCAAD Psychological Therapies Spotlight Audit – **100% of cases**
- NCAP – EIP Spotlight Audit – **100% of cases**
- National Asthma and COPD Audit Programme (NACAP) – **This will start this month (March 2019)**
- National Diabetes Audit – Diabetic Foot Care Audit
- POMH-UK: 16b Rapid tranquilisation – **100% of cases**
- POMH-UK: 18a Prescribing clozapine – **At the point of writing this report, the report on this audit had not been published**
- POMH-UK: 7f Monitoring of patients prescribed lithium – **Data collection starts in Q4**
- Sentinel Stroke National Audit Programme (SSNAP)-**69 Patients**

The reports of 14 national clinical audits were reviewed by CNWL in 2018/19 and CNWL intends to take the following actions to improve the quality of healthcare provided

1. **National Confidential Inquiry into Suicide and Homicide (NCISH) – including Suicide by Children and Young People in England:** A topic-specific report from NCISH on risk assessment in Mental Health settings was published in October 2018. The key messages from this report are reflected in the interim Trust wide Clinical Risk Assessment and Safety planning Policy. The Assessment of Clinical Risk in Mental Health Services 2018 Report findings are also reflected and referenced in the Trust Suicide Prevention Strategy, which will soon go out for consultation
2. **NCEPOD Child Health Clinical Outcome Review Programme – Chronic Neurodisability**
NCEPOD published its report in March 2018 and following assessment by the Community Paediatrics Teams for relevance and any required actions, it was determined that the Teams are compliant with all but two recommendations. Partial compliance was declared for recommendations relating to coding for children with a neuro-disabling condition, and regarding transition from children's to adult's services, as the pathway is currently being finalised.
3. **National Audit of Cardiac Rehabilitation:** The report is under review
4. **National Audit of Intermediate Care;** The report is under review
5. **National Clinical Audit of Anxiety and Depression (NCAAD):** If published by end of financial year; this report has not been published.
6. **National Clinical Audit of Psychosis:** Findings have been presented to Operations Board and QPC in separate reports, and actions are integrated into a larger programme of work steered by the Physical Health Steering Group. A monthly report on physical health is now instituted and is taken to the Quality and Performance Committee. Actions relating to aspects other than physical health, such as access to psychological therapies, medicines, and recovery, has are addressed by relevant work streams.
7. **Early Intervention in Psychosis Audit:** The final reports for each of the four Early Intervention Services in CNWL were published in May 2018 by the Royal College of Psychiatrists and reported in the Clinical Audit Annual Report 2017/18. The reports were further reviewed by the respective

services and the Physical Health Steering Group, with an additional focus on the 'domains of care', for which the four EIP Teams achieved the same results:

- Timely access – top performing (level 4)
- Effective treatment – needs improvement (level 2)
- Well-managed service – greatest need for improvement (level 1)
- Overall assessment – needs improvement (level 2)

Attention now turns to the EIP Spotlight Audit (see above), where any improvements will become apparent on receipt of the report for that audit.

8. **National Asthma and COPD Audit Programme:** Reports were published in April 2018. For Camden, 8 of 10 standards were achieved. For the 2 not achieved, the service is not commissioned to provide these services. A business case had been put to CCG in 2016 but was not funded. This is to be considered again.
9. **National Diabetes Audit – Diabetic Foot Care Audit;** A review of the Third Annual Report by Camden Podiatry Services demonstrated the effective management of diabetes patients, including pathways into the local acute trust and access to specialist care within 24 hours, for what is a more complex caseload than the national average. In Hillingdon, an action plan has been formulated and is in the process of being implemented. Purchase of an infrared thermometer has allowed for assessment at high risk clinics by CNWL skilled technicians. It should be noted that CNWL doesn't contribute to this national audit in its own right, but provides data to partner acute secondary care trusts for inclusion in their submissions.
POMH-UK: 15b Prescribing valproate for bipolar disorder; Recommendations include Improve documentation of monitoring of physical health parameters throughout treatment, Fully implement the MHRA recommendations regarding the safe use of valproate in women of child bearing potential, including documentation of provision of advice to women of childbearing age about the potential risks of the use of valproate in pregnancy, and contraception advice (as part of the ongoing programme of work via the Safety Team, this practice is now better supported by the templates in the clinical systems).
10. **POMH-UK: 15b Prescribing valproate for bipolar disorder**
Recommendations
 - Improve documentation of monitoring of physical health parameters throughout treatment.
 - Fully implement the MHRA recommendations regarding the safe use of valproate in women of child bearing potential, including documentation of provision of advice to women of childbearing age about the potential risks of the use of valproate in pregnancy, and contraception advice (as part of the ongoing programme of work via the Safety Team, this practice is now better supported by the templates in the clinical systems).
 - All patients should be offered written medicines information, preferably prior to commencing treatment; women of childbearing potential should be offered the MHRA approved Patient Guide and Card as part of the Pregnancy Prevention Programme.
11. **POMH-UK: 16b Rapid tranquilisation;** the audit report was received and reviewed at Medicines Management Group in February 2019. Overall CNWL's practice was better than the national picture, and in some areas was notably good, but in other areas there are some concerns; practice varied between wards. Recommendations being taken forward include to improve the recording of monitoring of physical health parameters, and patient refusals, and that ECGs should be conducted wherever possible prior to administering IM haloperidol.
12. **POMH-UK: 18a Prescribing clozapine:** At the time of writing this report, the audit report had just been released and was going through the review process.
13. **Sentinel Stroke National Audit Programme (SSNAP):** The SSNAP data is monitored at Unit level by the Clinical Lead, who also receives detailed local analysis, enabling targeted actions and implementation of change where indicated.

- 14. UK Parkinson's Audit:** Since this audit, Milton Keynes has obtained key equipment, improved written patient information and is currently modifying documentation templates to include all domains of Parkinson's assessment. In Hillingdon, a Parkinson's Education and Exercise programme called 'Get Up and Go' is being promoted, and screening for osteoporosis is being introduced alongside education for patients on bone health. A self-management course, following on from 'Get Up and Go' and running bi-monthly, is also being developed. Multidisciplinary team meetings have been established within the team. Advanced care planning with regards to end of life care requirements is being developed.

Trust wide audits:

The Trust undertook a number of Trust-wide audit programmes. Outcomes from all of these audits are reported at divisional level to the divisional quality boards and action plans agreed, implanted and monitored as appropriate. These audits included the following:

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

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

Research

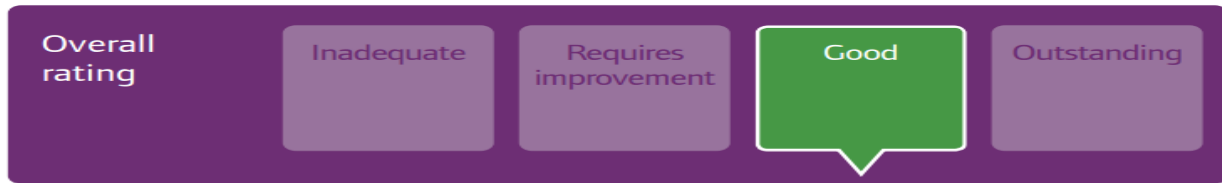
The number of patients receiving relevant health services provided or sub-contracted by CNWL in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 948 participants (as at end 14/02/2019). This final figure for the entire year will be available at the end of Quarter4.

CQC Reviews of Compliance

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

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

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



Are services



Data quality

NHS number and General Medical Practice Code Validity

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

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

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

- 97% for admitted patient care;
- 100% for out-patient care; and
- N/A for accident and emergency care.

Information Governance Toolkit attainment level

CNWL information Governance Assessment Report overall score will be available at the end of quarter four.

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

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

Strategic oversight:

- Focused Operations Board oversight and scrutiny;
- Executive Accountability for delivery of improvement plans;

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

MEDIUM TERM – April to end 2019

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

LONG TERM - Data Quality Improvement and Maintenance Plan:

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

Learning from Deaths

CNWL established its Mortality Review Group in January 2016 following which a number of improvements have been made to our systems. As a provider of both Mental Health and Community Physical Healthcare Services our systems reflect the variation in these services and have been designed in a way that complement our incident and serious incident arrangements. All deaths where a person has been under the care of a CNWL mental health service are reported and investigated. In addition we undertake mortality reviews every quarter for a number of cases within our Community Health Services each quarter.

Table 8 shows the number of deaths and case reviews in 2018/19 (as at Q3)

Measure		Data source	2018/2019				
1	The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	Datix / Clinical Systems	Q1	Q2	Q3	Q4	
			Community Health Services 785	Community Health Services 707	Community Health Services 790	Data will be available at end of Q4	
Mental Health and Specialty Services 97	Mental Health and Specialty Services 81		Mental Health and Specialty Services 93				
2	The number of deaths included in Number 1 above which were subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.		184	222	208	Data will be available at end of Q4	
3	An estimate of the number of deaths during the reporting period included in number 2 above for which a case record review or investigation has been carried out which is judged as a result of the review or investigation		CESDI Grade 3 0	CESDI Grade 3 0	CESDI Grade 3 0	Data will be available at end of Q4	
			CESDI Grade 2	CESDI Grade 2	CESDI Grade 2		

	were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.	2	4	2	
4	The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item number 2 (above) in the relevant document for that previous reporting period.	18			
5	An estimate of the number of deaths included in Number 4 (above) which the Trust judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this	CESDI Grade 3 0 CESDI Grade 2 1			
6	A revised estimate of the number of deaths during the previous reporting period stated in item 3 (above) of the relevant document for that previous reporting period, taking account of the deaths referred to in item 5 (above)	CESDI Grade 3 0 CESDI Grade 2 10			

During 2018/19 a total of 2533 CNWL patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

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

- Information for the fourth quarter will be available after April.

By 31 December 2018, 627 case record reviews and 352 investigations have been carried out in relation to 2533 of the deaths included in number 1 in the above table. In 329 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

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

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

These numbers have been estimated using the CESDI framework and Trust serious incident policy. In writing this report we have understood the NHS Improvement definition of “those deaths which were judged as a result of the review or investigation to *more likely than not* to have been due to problems in the care provided” as equivalent CESDI Grade 3. Our data shows no CESDI Grade 3; to aid transparency we have also presented the number of cases where we believe that the death *might have been* as a result of problems in the care provided i.e. CESDI Grade 2 and the data below reflects this.

In relation to each quarter, this consisted of:

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

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

CESDI GRADES

Grade 0	Unavoidable death, no suboptimal care
Grade 1	Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
Grade 2	Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
Grade 3	Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death)

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

During this period, we have taken the following actions being taken:

- A Quality Improvement Project within a Community Mental Health Team was undertaken, this has supported improvements in this locality whilst also providing learning for wider changes to the clinical system and policy
- Based on the above, alongside the launch of SystmOne - our new Clinical System, the Trust has reviewed and implemented a revised Clinical Risk Assessment and Safety Planning Policy taking into account feedback from service users and carers who were involved in the above project
- We have developed our Suicide Prevention Strategy and have a draft plan for Zero Suicides on Inpatient Wards (this is scheduled for sign off in March 2019)
- A new Clinical Reference Group to oversee both risk assessment and suicide preventions has been established and will also be used to ensure that system wide changes are considered and made where required
- Our Strategy for Physical Health in Mental Health has been agreed with work streams and leads set up.
- There are clear monitoring arrangements in place with tracking and reporting to the Quality and Performance Committee.

An assessment of the impact of the actions described

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

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

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

PART 3 – Reporting against Core Indicators

The following section describes how we have performed against core indicators required by NHS England, NHS Improvement (our regulator) and our current and previous years' Quality Priorities. The indicators are grouped in tables as per the three care quality dimensions of patient safety, clinical effectiveness and patient and carer experience. Our measures are reported year-to-date as at end of Q3. This will be refreshed to include Q4 in the final version of this report.

Our national priorities and Quality Priorities (current and historical) performance tables

3.1 Table 9; Patient Safety;

measure		Data Source	Target	2018/2019 ^	2017/18	2016/17	2015/16	Benchmark (where available): National average; and highest and Lowest Scores
1.CPA 7-day follow-up	What percentage of our patients, who are on Care Programme Approach, did we contact within seven days of them leaving the hospital?	Clinical systems	95%	97.6%	98%	97.6%	96.7%	National Average: 97%
2.Infection control	a) The number of cases of MRSA (MRSA bacteraemia) annually (YTD M12)	Internal database	N/A	0	0	0	0	Not available
	b) The number of cases of Clostridium Difficile annually	Internal database	N/A	3	8	6	5	Not available
3.Incidents	a) Number of patient safety incidents for the reporting period	Datix	N/A	14,972	20,148	18,556	16,635	Not available

	b) Percentage of patient safety incidents that resulted in severe harm or death	Datix	N/A	82 (0.55%)	141 (0.70%)	157 (0.85%)	141 (0.85%)	Not available
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^ As at Q3

Measure 1 CPA 7-day follow up: Evidence suggests that people with mental health problems are particularly vulnerable in the period immediately after they have been discharged from a mental health inpatient ward. This measure is in place to ensure our patients remain safe and have their needs cared for after discharge from hospital to community care, and reduce risk of relapse or incident. Year to date, 97% of CPA patients received a follow-up contact within seven days of discharge, achieving the target.

CNWL considers that this percentage is as described for the following reasons: Performance is monitored locally via the Trust's Business Intelligence Systems which reports all discharges so that local performance teams can track patients who have or have not been followed up. Clinicians are alerted to those patients requiring follow up, so that they are able to take focused and informed action. The CPA policy supports operational delivery of follow up contacts, and the business rules are published and shared across the Trust to ensure data captured is representative of activity. This indicator is also published monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee and is discussed at local management and team meetings. CNWL has taken these actions to improve this percentage, and the quality of its services, and will continue to do so through the coming year to aid compliance.

Measure 2 Infection control: We have a duty of care to ensure that our patients do not get any avoidable healthcare associated infections (HCAI's) while in our services. Year to date, we are pleased to report that we did not have any MRSA bacteraemia cases. Three cases of Clostridium difficile (C.diff) were reported by the end of quarter 3. This is a reduction of 5 from the previous year. Lapse in care was not identified following the undertaking of RCA's for the c.diff cases. Each CDI case is discussed at meetings with the relevant clinical teams.

Aspects of care are explored to see what could have been done differently which might have led to a different outcome. In the cases identified, RCA's were undertaken, Lessons learnt were shared with the team and shared at the divisional subgroup meetings, quality governance meetings and at the IPCC. The rationale is to continuously improve patient safety.

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

- Cleaning and clinical environmental audits

- Essential Steps audit tool: Our services monitor their own practice and provide assurance against the fundamental principles of infection control, for example, hand hygiene, safe disposal of sharps and appropriate use of personal protective equipment
- Antimicrobial auditing and stewardship monitoring
- Alert Organism Surveillance
- Outbreak management investigation
- All IPC policies are reviewed and updated accordingly with best practice and national guidelines
- Mandatory IPC training programme for staff is yearly for clinical staff and three yearly for non-clinical staff.
- Quarterly IPC Link Practitioner meetings are held across all Divisions. The rationale being to encourage best IPC practice locally across CNWL
- Quarterly newsletters are published across all Divisions, to inform staff of recent IPC issues and national updates on IPC surveillance, upcoming events and practical application of best practice in IPC.

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

3.2. Table 10; Clinical Effectiveness;

Measure		Data source	target	2018/19	2017/18	2016/17	2015/16	Benchmark (where available): National average; and highest and lowest scores
4.Crisis Resolution Team gate keeping	The percentage of patients admitted to acute adult inpatient beds who were assessed as to their eligibility for home	Clinical system	95%	99.5%	100%	99.3%	98.9%	National Average:100% Source NHS Digital

	treatment prior to admission?							
5.Re-admission rates	Percentage of patients were re-admitted to hospital within 28 days of leaving	Clinical system	<8.1%	6.3%	5.5%	4.6%	5%	Not available
	a. For patients aged 0 - 15:			0.0%	0.0%	1.2%	1.4%	
	b. For patients aged 16 or over			6.3%	5.6%	4.7%	5.1%	
6.Early intervention in psychosis (EIP)	% of people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral		50%	84.1%	87.2%	72%	N/A	National Average: 60.7% (MHSDS)
7.Improving access to psychological therapies (IAPT):	Proportion of patients completing treatment who move to recovery (From IAPT minimum data set)	IAPTUS	N/A	49%	54%	N/A	N/A	a) National Average: 49.9% b) min: 23% c) max: 86%
	% of people with common mental health conditions referred to the IAPT programme treated within 6 weeks of referral		75%	96%	93%	94%	N/A	a) National Average: 89.7% b) min: 38%, max: 100% Source: NHS Digital
	% People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral		95%	99%	100%	99.9%	N/A	a) National Average: 98.8% b) min: 67%, max: 100% Source: NHS Digital

8.Routine delivery of Cardio metabolic assessment and treatment for people with psychosis	In patient services	NCAP & EIP National Audit	Awaiting report	45.1%	n/a	n/a	n/a	90%
	EIP Services			29.8%	n/a	n/a	n/a	90%
	Community Mental health services		Awaiting report	30.3%	n/a	n/a	n/a	65%

Crisis resolutions gate-keeping: Our crisis resolution teams assess patients when they are in crisis to quickly determine if they are suitable for home treatment rather than being admitted to hospital. It is important to treat our patients in the most appropriate settings to ensure their safety and that they receive the effective treatment. Our performance against this indicator as at quarter 3 is 99.5% against a target of 95%. **CNWL considers that these percentages are as described for the following reasons;** Performance is monitored daily via the Trust's Business Intelligence Systems which identifies all admissions and all associated gate-keeping information. The Crisis Resolution Team (CRT) policy is published and shared with all staff to support operational delivery of gate-keeping activity and the business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. CNWL has taken the following actions to improve this number, and so the quality of its services, by: Where this target is not met results are discussed and reviewed at local care quality groups, senior management team meetings or the Divisional Board. The CRT Operational Policy clearly indicates

the procedure for gate-keeping is widely circulated and published on our staff Intranet. There are clear Business Rules, which are published ensuring accurate data recording across all trust teams. This measure is also reported monthly via the integrated performance dashboard, which is reviewed by the Quality and Performance Committee. The trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

Readmission rates: Readmission rates describe how many patients get readmitted to hospital within 28 days post their discharge. It is important to monitor this as action is required if it indicates patients are being discharged before they are ready or not given the appropriate support in the community. We are pleased to report that our readmission rates are below the 8.1% target at 6.3%. **CNWL considers that these percentages are as described for the following reasons:** Performance is monitored locally via the Trust's Business Intelligence Systems which identifies all patients who were re-admitted. The business rules are published and shared across the Trust to ensure that activity is recorded and captured accurately. This indicator is also published monthly via an internal integrated dashboard, which is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings. Performance of this indicator is monitored on a weekly basis by the operational ward teams, using the appropriate business intelligence reports. Where a patient has been re-admitted within 28 days, the local team investigates the causes, looking across the patient pathway and shares lessons learnt at quality and operational management meetings. Exceptions are also reported monthly to the trust board and quality and performance committee. The trust plans to continue undertaking these activities to aid in compliance throughout the coming year.

Early interventions in psychosis (EIP); this national target measure ensures that patients with a suspected first episode of psychosis commence treatment with a nice approved care package within 2 weeks of referral. Performance was above 84% against a 50% target as at quarter 3. Performance is monitored daily via the Trust's Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings.

Improving access to psychological therapies (IAPT) This measure monitors the percentage of people with common mental health conditions referred to the IAPT programme treated within 6 weeks of referral and those treated within 18 weeks of referral. CNWL considers that these percentages are as described for the following reasons; Performance is monitored via the Trust's Business Intelligence Systems. This indicator is reported to the Quality and Performance Committee. It is also discussed at local management and team meetings.

3.3 Table 11; Patient, carer and staff experience

Measure	Source	Target	2018/19	2017/18	2016/17	Benchmark (where available): National average; and highest and lowest scores
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Admission to adult facilities of patients under 16 years old	Number of patients under 16 who were admitted to adult facility	Datix	N/A	1	0	n/a	National Average: 1.7 Upper Quartile: 2.0 Lower Quartile: 1.0 benchmarking
The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Were you given enough time to discuss your needs and treatment ?	National survey results	n/a	^	71.2%	86%	N/A
	Did the person or people you saw understand how your mental health needs affect other areas of your life?		n/a	^	67.6%	83%	N/A
	Did you feel that you were		n/a	^	79.8%	89%	

	treated with respect and dignity by NHS mental health services?						
Out of area placements	Inappropriate out of area placements		n/a	166	217	n/a	N/A
Care/treatment plans	Quality Account Priority 2018/19: Patients report that they were involved as much as they wanted to be in decisions about their care/treatment (definitely and some extent) n=17550	Local systems	85%	*96%	95%	95%	N/A

	Quality Account Priority 2018/19: Patient report that their care or treatment helped them to achieve what mattered to them (Yes, definitely + Yes, to some extent) n=16833			*96%	95%	95%	N/A
	Patients report that they were treated with dignity and respect n=12397		95%	*98%	97%	98%	N/A

Service satisfaction/ Friends and Family Test	Patient FFT: <i>Patients report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment</i> n=18604	Optimum Meridian	90%	MH *87%	MH 86%	MH 86%	National Avg MH: 90%
				CH 96%	CH 96%	CH 95%	National Avg CH:96%
	Staff FFT (internal survey +national survey): <i>Staff report how likely they are to recommend CNWL services to family or</i>	Internal system	70%	*68%	74%	65%	61.3%

	<i>friends if they needed similar care or treatment (n=4788)</i>						
	Staff FFT (national survey): Staff report how likely they are to recommend CNWL services to family or friends if they needed similar care or treatment (score reported out of 5, with 5/5 being the maximum possible)	staff Survey	5	AP	3.69	3.74	National Average: AP
		Staff Survey	70%	57%	57%	60%	61.1%

	Staff recommending the Trust as a place to work n=4788						
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KEY

^Data has not been published

* As at end of Q3

N/A; Not Applicable

CH; Community Health

MH; Mental health

AP; awaiting publication

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

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

Care/ treatment plans:

- Patients report that they were involved as much as they wanted to be in decisions about their care/treatment** (definitely and some extent) this was Quality Account Priority for 2018/19 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.
- Patient report that their care or treatment helped them to achieve what mattered to them** (Yes, definitely + Yes, to some extent: This was a Quality Account Priority for 2018/19 and is explained in Part 2. We are pleased to report that we have achieved the target for this indicator.
- Dignity and respect:** This indicator forms one of our core patient reported outcome measures which we include on all questionnaires as it provides assurance that our patients are being treated with professionalism at all times, and would provide an early warning to where service improvement is needed. We are pleased to report that overall we have achieved 98%.

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

- a) **Patient FFT results:** As at Q3 results show that 92% of our patients would be likely or extremely likely to recommend Trust services, achieving our target.
- b) **Staff FFT results:** Our staff survey showed that 68% of our staff would be likely or extremely likely to recommend Trust services as a place to receive treatment.

Table 12: Local performance against our patient reportable indicators (Patient and Carer involvements)_2018/19

Measure	Target	Mental Health Services						Specialist services						Community physical Health services			
		Brent	Harlow	Hillingdon	K&C	Westminster	Milton Keynes	CAMHS	Eating Disorder	Learning Disabilities	Rehabilitation	Addictions	Offender care	Camden	Hillingdon	Milton Keynes	Sexual Health
Patients report feeling involved in care & treatment (definitely and to some extent)	85%	82% 1201/ 1457	91% 326/ 357	86% 209/ 243	74% 366/ 493	82% 328/ 402	83% 878/ 1055	95% 230/ 241	93% 98/ 105	95% 87/ 92	87% 103/ 118	95% 712/ 747	87% 984/ 1132	96% 1765/ 1840	98% 1768/ 1802	99% 2029/ 2056	99% 3348/ 3385

Patients report their care & treatment helped them achieve what matters to them(definitely & to some extent)	85%	92% 1339/ 1457	92% 359/ 389	95% 231/ 244	89% 442/ 494	92% 371/ 403	97% 1018/ 1051	97% 235/ 242	91% 93/ 102	100% 90/ 90	91% 109/ 120	96% 709/ 740	86% 915/ 1066	97% 1571/ 1624	98% 1714/ 1742	99% 2024/ 2044	97% 3118/ 3212
Patients who report being treated with dignity and respect (Yes always + yes sometimes)	95%	97% 1424/ 1474	97% 376/ 388	94% 226/ 240	95% 476/ 502	97% 393/ 405	99% 1015/ 1026	98% 237/ 241	97% 104/ 107	98% 91/ 93	97% 113/ 117	98% 722/ 734	92% 1016/ 1099	99% 1791/ 1805	99% 1748/ 1756	99% 1939/ 1949	96% 57/ 59
Patient FFT: How likely are you to recommend CNWL services to family or friends if they needed similar care or treatment? (extremely likely likely)	90%	87% 1297/ 1496	90% 386/ 429	88% 233/ 265	84% 502/ 600	83% 385/ 465	93% 1118/ 1201	89% 511/ 571	84% 92/ 110	88% 81/ 92	86% 131/ 153	92% 797/ 866	77% 901/ 1164	96% 2461/ 2571	97% 1837/ 1894	97% 2059/ 2119	93% 2371/ 2540

Annex 1 – Statements provided by our commissioners, Overview and Scrutiny Committees (OSCs) and Health watch**Our commissioners**

This section will be populated with statements from commissioners

Our local Health watch

This section will be populated with statements from Health watch

Our Overview and Scrutiny Committees

This section will be populated with statements from OSC

Annex 2 – 2017-18 Statement of directors' responsibilities in respect of the Quality Account

This section will be completed after the full year information is available at the end of Quarter 4

DRAFT

EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Chief Executive's Office
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

To enable the Committee to track the progress of its work and forward plan.

RECOMMENDATIONS:

That the External Services Select Committee:

- 1. considers the Work Programme at Appendix A and agrees any amendments.**

SUPPORTING INFORMATION

- The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
Wednesday 13 June 2018, 6pm	CR6
Tuesday 10 July 2018, 6pm	CR6
Thursday 6 September 2018, 6pm	CR6
Wednesday 10 October 2018, 6pm	CR5
Tuesday 30 October 2018, 6pm	CR3/CR3a
Tuesday 13 November 2018, 6pm	CR6
Tuesday 11 December 2018, 6pm	CR6
Tuesday 15 January 2019, 6pm CANCELLED	CR6
Tuesday 12 February 2019, 6pm	CR6
Thursday 28 February 2019, 6pm	CR6
Wednesday 13 March 2019, 6pm CANCELLED	CR6
Wednesday 10 April 2019, 6pm CANCELLED	CR6
Tuesday 30 April 2019, 6pm	CR6
Wednesday 1 May 2019, 6pm	CR6

- The meeting dates for the 2019/2020 municipal year were agreed by Council on 17 January 2019 and are as follows:

Meetings	Room
Wednesday 12 June 2019, 6pm	CR6
Tuesday 9 July 2019, 6pm	CR6
Thursday 5 September 2019, 6pm	CR6
Wednesday 9 October 2019, 6pm	CR6
Thursday 7 November 2019, 6pm	CR6
Tuesday 14 January 2020, 6pm	CR6
Tuesday 11 February 2020, 6pm	CR6
Thursday 26 March 2020, 6pm	CR6
Wednesday 29 April 2020, 6pm	CR6
Thursday 30 April 2020, 6pm	CR6

3. It has previously been agreed by Members that, whilst meetings will generally start at 6pm, consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A.
4. As witnesses were unable to be secured for the single meeting review of post office services on 13 March 2019, it is proposed that this review be rescheduled for 14 January 2020.
5. It should be noted that the Committee is required to meet with the local health trusts at least twice each year. It is also required to scrutinise the crime and disorder work of the Safer Hillingdon Partnership (SHP). To keep the crime and disorder meetings focussed, consideration will need to be given to the topic/s that Members would like to discuss at their next crime related meeting on 5 September 2019.

Reviews

6. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Select Panels to undertake in depth reviews on its behalf. These Panels are 'task and finish' and their membership can comprise any London Borough of Hillingdon Councillor, with the exception of Cabinet Members. A Select Panel has been established to look at developments since the GP Pressures review was undertaken by the previous Working Group.

BACKGROUND PAPERS

None.

**EXTERNAL SERVICES SELECT COMMITTEE
WORK PROGRAMME**

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
13 June 2018 Report Deadline: 3pm Friday 1 June 2018	The Role of Policy Overview and Select Committees
10 July 2018 Report Deadline: 3pm Friday 29 June 2018	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon 8. Local Medical Committee
6 September 2018 Report Deadline: 3pm Friday 23 August 2018	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. Metropolitan Police Service (MPS) – new policing arrangements, knife crime; closure of the child friendly policing facilities in Northwood. Update on the implementation of recommendations from previous scrutiny reviews: <ul style="list-style-type: none"> • Criminalisation of Looked After Children • Child Sexual Exploitation
10 October 2018 Report Deadline: 3pm Friday 28 September 2018	The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection Report Major Review: Consideration of scoping report.
30 October 2018 Report Deadline: 3pm Friday 19 October 2018	Hospice Provision in the North of the Borough <ol style="list-style-type: none"> 1. Michael Sobell Hospice Charity 2. The Hillingdon Hospitals NHS Foundation Trust 3. East and North Hertfordshire NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon

Meeting Date	Agenda Item
13 November 2018 Report Deadline: 3pm Thursday 1 November 2018	Health Performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
11 December 2018 Report Deadline: 3pm Thursday 29 November 2018	Hospice Provision in the North of the Borough <ol style="list-style-type: none"> 1. Michael Sobell Hospice Charity 2. The Hillingdon Hospitals NHS Foundation Trust 3. East and North Hertfordshire NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
15 January 2019 Report Deadline: 3pm Thursday 3 January 2019	CANCELLED: Cancer Screening and Diagnostics – Single Meeting Review
12 February 2019 Report Deadline: 3pm Thursday 31 January 2019	Crime & Disorder To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. Public Health
28 February 2019 Report Deadline: 3pm Monday 18 February 2019	Hospice Provision in the North of the Borough <ol style="list-style-type: none"> 1. Michael Sobell Hospice Charity 2. The Hillingdon Hospitals NHS Foundation Trust 3. East and North Hertfordshire NHS Trust 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
13 March 2019 Report Deadline: 3pm Thursday 28 February 2019	CANCELLED: Post Office Services – Single Meeting Review
10 April 2019	CANCELLED

Meeting Date	Agenda Item
<p>30 April 2019</p> <p>Report Deadline: 3pm Tuesday 16 April 2019</p>	<p>Health</p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon 6. Local Medical Committee
<p>1 May 2019</p> <p>Report Deadline: 3pm Wednesday 17 April 2019</p>	<p>Health</p> <p>Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon 6. Local Medical Committee
<p>12 June 2019</p> <p>Report Deadline: 3pm Friday 31 May 2019</p>	<p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Community Sentencing <p>Update on Cancer Screening and Diagnostics</p> <p>Update on Potential Changes at Moorfields City Road Site</p> <p>Update on the Implementation of Congenital Heart Disease Standards (NHS England)</p>
<p>9 July 2019</p> <p>Report Deadline: 3pm Thursday 30 June 2019</p>	<p>Health</p> <p>Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon <p>Hospice Provision in the North of the Borough – Update</p> <p>Update on the implementation of recommendations from previous scrutiny reviews:</p> <ul style="list-style-type: none"> • Hospital Discharges (SSH&PH POC)

Meeting Date	Agenda Item
<p>5 September 2019</p> <p>Report Deadline: 3pm Friday 23 August 2019</p>	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health <p>GP Pressures Select Panel Possible consideration of draft final report.</p>
<p>9 October 2019</p> <p>Report Deadline: 3pm Friday 27 September 2019</p>	<p>Dental Health Services – Single Meeting Review</p>
<p>7 November 2019</p> <p>Report Deadline: 3pm Monday 28 October 2019</p>	<p>Health Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
<p>14 January 2020</p> <p>Report Deadline: 3pm Thursday 2 January 2020</p>	<p>Post Office Services – Single Meeting Review</p>
<p>11 February 2020</p> <p>Report Deadline: 3pm Thursday 30 January 2020</p>	<p>Crime & Disorder To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) 4. London Fire Brigade 5. London Probation Area 6. British Transport Police 7. Hillingdon Clinical Commissioning Group (HCCG) 8. Public Health

Meeting Date	Agenda Item
26 March 2020 Report Deadline: 3pm Monday 16 March 2020	
29 April 2020 Report Deadline: 3pm Friday 17 April 2020	Health Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
30 April 2020 Report Deadline: 3pm Monday 20 April 2020	Health Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> 1. Royal Brompton & Harefield NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. Public Health 4. Hillingdon Clinical Commissioning Group 5. Healthwatch Hillingdon
Possible future single meeting or major review topics and update reports	
<ul style="list-style-type: none"> • Telecommunications - plans in place by BT regarding advancements made in mobile technology • Mental health discharge • Post Offices • Collaborative working between THH and GPs in the community • Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough • Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride 	

MAJOR REVIEW (PANEL)

Members of the Panel:

- Councillors Riley (Chairman), Edwards, Hurhangee, Lakhmana and Prince

Topic: GP Pressures

Meeting	Action	Purpose / Outcome
ESSC: 10 October 2018	Agree Scoping Report	Information and analysis
Panel: 1st Meeting - 6 December 2018	Introductory Report / Witness Session 1	Evidence and enquiry
Panel: 2nd Meeting - 23 January 2019	Witness Session 2	Evidence and enquiry
Panel: 3rd Meeting - 27 February 2019	Witness Session 3	Evidence and enquiry
Panel: 4th Meeting - 24 April 2019	Witness Session 4	Evidence and enquiry
Panel: 5th Meeting - 29 May 2019	Witness Session 5	Evidence and enquiry
Panel: 6th Meeting - 25 June 2019	Witness Session 6	Evidence and enquiry
Panel: 7th Meeting - 24 July 2019	Witness Session 7	Evidence and enquiry
Panel: 8th Meeting - 11 September 2019	Consider Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: 9 October 2019	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: 24 October 2019	Consider Final Report	Agree recommendations and final report

Additional stakeholder events, one-to-one meetings, site visits, etc, can also be set up to gather further evidence.