

## Healthwatch Central West London response to the Central & North West London NHS Foundation Trust Quality Account 2013-2014

Healthwatch Central West London (Healthwatch CWL) appreciates our working relationship with the Central & North West London NHS Foundation Trust. We recognise the priority areas for improvement and welcome the initiatives being undertaken to enhance quality in Kensington & Chelsea and Westminster.

We are pleased to have engaged with the trust this year via their quarterly quality account meetings, their stakeholder event, PLACE visits, the CNWL Council of Governor public meetings and our busy monthly Kensington, Chelsea and Westminster partnership meetings.

We are however most disappointed about the poor Care Quality Commission reports for Beatrice Place and St Charles. We have had sight of the detailed action plans to address the problems and will monitor the situation including via direct contact with CQC officials. As with our statements in previous years, we continue to be dismayed with the nature of the data provided and the trust performance on patient involvement, carers and satisfaction with services.

As Healthwatch is commenting on a draft account (v5), our local patients, carers and citizens look forward to seeing a much more user friendly version at the time of publication. A stakeholder steering group to test accessibility prior to finalisation would be helpful.

### **Priority 1: Helping our patients recover by involving them in decisions about their care**

Whilst we welcome the various initiatives that CNWL has undertaken in the last year, we are concerned about the continued poor performance on providing patients with a copy their care plan (51% in K&C and 67% in Westminster). Local performance continues to be significantly below the 80% trust wide target and performance in other CNWL boroughs. Given this poor performance, the trust needs to highlight the service lines that are underperforming in this area.

Additional recent research carried out by Healthwatch CWL on local care planning with inpatient and community patients found only 51% of respondents felt they had jointly created care plans with staff. Further only 50% of respondents stated family, advocate or keyworkers were involved in care planning. When we couple this research with local poor performance on the inclusion of recovery goals in care planning and on risk assessments (80% in Westminster when target is 95%), Healthwatch is most concerned that the quality of care planning in K&C and Westminster is also lacking and the potential impact on personalisation and recovery. Healthwatch CWL would welcome the opportunity to work with CNWL to improve this area.

## **Priority 2: Supporting carers look after their loved ones**

We commend the trust efforts to work in partnership with various carer groups to drive up improvements in this area. However, Healthwatch understands feedback from people who have actually used the urgent advice line is increasingly negative. As stated previously, accessing services in a crisis and out of hours, particularly if you are someone experiencing a first episode and not a CNWL client, is too difficult. People can no longer access a walk in service at South Kensington or Chelsea Mental Health Centre, at St Charles nor at the Gordon. Changing service lines, pathways and points of access is confusing for people.

We would like to know how performance in these key areas raised by carers will be monitored, including the accessibility of the urgent centre line and how helpful the initiatives are for carers and patients.

Additionally, we've had a number of complaints from carers about their needs not being listened to and not being informed as next of kin e.g. when someone is sectioned. The quality account should detail how these concerns will be addressed, and how carer's involvement and satisfaction will be monitored.

The introduction of a carer's council and local mechanisms, particularly by the CNWL community recovery service line, and new developments from the third sector in conjunction with our local authority are positive. It is important to also consider the sizable percentage of patients who may also be carers and how this might be impacting on their own welfare and how this is included in care planning. We would like the quality account to state how these patients will be identified and what additional support will be provided for this patient group.

### **Complaints:**

We are pleased to see the trust has improved on its performance in responding to complaints in a timely manner. However, we would like further information on complaints including serious incidents and never events. This data should note performance, monitoring methods, recurring themes and how trends are being addressed leading to outcomes. Healthwatch would hope to work with the trust more closely on this area next year.

## **Priority 3: A caring and compassionate workforce**

Staffing is a crucial area directly impacting on patient experience and requires significant attention locally. The introduction of formal peer support workers has been a very useful addition. However, peer support to assist patients to develop person centred care plans is still under developed and at an early stage.

## Physical health and safety

Healthwatch would welcome further improvement on support for physical health among mental health patients. Healthwatch CWL is very disappointed to note 21% of patients in K&C and 29% in Westminster do not feel safe in inpatient services. Further detail is needed in the quality account to explain the difference in performance on nursing and medical health assessments post admission. Do these assessments also include side effects of medication?

We understand physical health is being proposed as priority for 2015-6; in the meantime we would like to see a much closer working relationship between CNWL and Central London Community Healthcare NHS Trust, as our local physical community health provider, to ensure integrated care planning and support.

In previous years, we have also flagged concerns over the availability of crisis cards. Although local performance is above the trust average, it is still most worrying that 17% of community patients in K&C and 24% in Westminster do not have a phone number to call in a crisis. Healthwatch CWL believes all patients should have access to this vital information and a target of 65% is disappointingly low.

## Going forward

Shifting settings of care, stepping up and down, personalisation, co-production and recovery focused service delivery are key areas moving forward. In accordance with shifting settings of care, primary care liaison nurses (PCLN's) are not mentioned in this document. Although personalisation is mentioned, we would like the quality account to provide details on how the trust is delivering services according to these principles especially patient control and choice over services received. The central feature of personalisation according to policy is that of a "transfer of power from the service provider to the service user".

We would like future quality accounts to also focus on improved coordination with adult social care and community services particularly when a patient is being discharged from inpatient care into the community.

In summary, we would like to continue our working relationship with Central & North West London NHS Foundation Trust and work together to achieve person centred care in line with the modernisation agenda. We will of course also be working closely with the Clinical Commissioning Groups to co-produce what is commissioned with our money.

As the vast majority of issues raised this year have been flagged previously with the trust, we hope that by working together progress can be made on all issues raised in this coming year.

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