Commission for
Health Improvement

Clinical governance review

West London Mental Health NHS Trust

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West London Mental Health NHS Trust

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Foreword

This report of the West London Mental Health NHS Trust clinical governance review is CHI's first report looking at forensic mental health services. CHI's clinical governance review looked at the adult and older people's local mental health services and, for the first time, their low, medium and high secure forensic mental health services, and the findings from both are set out in this report.

Child and adolescent mental health and specialist services, such as the eating disorder services, the gender identity services and the Cassel Hospital have not been included in this review.

The review of local mental health services has been undertaken as a fast track review, which means CHI carried it out earlier than it may have done, following concerns raised about the use and documentation of seclusion practices and the care programme approach (CPA) at the John Connolly Unit in Ealing. CHI's findings have been detailed and action required identified in this report.

As with all CHI's clinical governance reviews, the review of the local mental health services has been assigned assessment scores against a four point scale. These scores related to the local mental health services only.

As this is CHI's first review of forensic mental health services, it is a pilot review, and although it describes the findings from the review of forensic mental health services, it has not been assigned any assessment scores.

Forensic mental health services are provided in a range of secure settings or community specialist placements to service users who generally have commited a criminal offence. However, some users in secure settings are cared for in such settings not because of criminal offences but because their behaviour has proved so challenging that they are unable to be cared for in general mental health services. The trust's forensic service comprises assessment, treatment and aftercare and is provided in liaison with prisons, courts, probation services and other criminal justice agencies as well as general NHS mental health services. There are three levels of secure services: low, medium and high. A person is cared for and treated in the setting that represents the deemed level of risk they pose to the public and/or themselves.

Users of forensic mental health services can spend long periods of their life in hospital but, in line with their response to care and treatment, move through the service until they are discharged and cared for either in the community or an adult mental health unit or transferred to prison. Some users will spend long periods of their life in secure services.

Introduction

West London Mental Health NHS Trust (the trust) provides a range of inpatient, outpatient, community and day hospital services for adults, older people and children and adolescents living in the boroughs of Ealing, Hammersmith and Fulham and Hounslow. Local general mental health services are delivered from mental health units in each of the three boroughs.

The trust also provides low and medium secure forensic mental health services for north west London, Hertfordshire and Bedfordshire, and recent changes in the catchment area served by the trust now means it provides high secure forensic services to all of the London area and the south of England. High secure forensic mental health services are delivered from Broadmoor Hospital in Berkshire while low and medium secure services are delivered from a number of units at Ealing.

The trust was established on 1 April 2001 following the merger of Ealing, Hammersmith and Fulham Mental Health NHS Trust and the Broadmoor Special Health Authority. In April 2002, the majority of mental health services for the borough of Hounslow were transferred to the trust from the dissolving Hounslow and Spelthorne Community and Mental Health NHS Trust. Services for the Feltham area of the borough of Hounslow transferred to the trust in April 2003.

The resulting organisation is one of the largest mental health trusts in the country, with an income of approximatly £180million, employing 3,700 staff, operating from 30 sites and managing around 1,200 inpatient beds.

Seven executive and seven non executive members have been appointed to the trust board that leads this complex organisation. In addition, the trust is organised into two divisions: forensic services and local services. Each division has its own executive committee. The committee's role is to progress the strategic direction, planning and service delivery within the respective divisions, reporting to the board.

This report by the Commission for Health Improvement (CHI) gives an independent assessment of how well the trust ensures high standards of care and what it is doing to continuously improve the quality of services.

Clinical governance is the system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care, ensuring high standards, safety and improvement in patient services.

What is the purpose of the review?
CHI's clinical governance reviews set out to answer three questions:

1 what is it like to be a service user here?

2 how good are the trust's systems for safeguarding and improving the quality of care?

3 what is the capacity in the organisation for improving the service user's experience?

What is covered by a CHI review?
CHI's review assesses seven areas of clinical governance. The areas are:

1 patient, service user, carer and public involvement

2 risk management

Introduction *continued*

3 clinical audit

4 staffing and management

5 education and training

6 clinical effectiveness

7 use of information

CHI's review also describes two further areas:

1 the service user experience

2 the trust's strategic capacity for developing and implementing clinical governance

An explanation of CHI's assessments
On the basis of the evidence collected, CHI's reviewers assess each component of clinical governance against a four point scale:

i Little or no progress at strategic and planning levels or at operational level.

ii a) Worthwhile progress and development at strategic and planning level but not at operational level, OR

b) Worthwhile progress and development at operational level but not at strategic and planning level, OR

c) Worthwhile progress and development at strategic and planning and at operational level, but not across the whole organisation.

iii Good strategic grasp and substantial implementation. Alignment of activity and development across the strategic and planning levels and operational level of the trust.

iv Excellence – coordinated activity and development across the organisation and with partner organisations in the local health economy that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development.

What are CHI's conclusions about West London Mental Health NHS Trust?

What was the overall impression of the trust?
West London Mental Health NHS Trust has had to cope with the complexities of several mergers, major financial pressure and progressing change associated with the NHS plan and the national service frameworks (NSFs). The trust has also had a number of high profile serious incidents in local mental health services and the need to meet the large national agenda for forensic mental health services, including changing the way services are delivered to women and developing the dangerous and severe personality disorder service.

The trust has made considerable progress in developing the structures and processes to underpin clinical governance and good quality service delivery. However, there is still much to do, including raising awareness and ensuring staff understand the trust's vision for the future. The trust must continue to concentrate on minimising the risk of further serious incidents occurring and speed up the pace of change in some areas of clinical governance and service development.

What are CHI's conclusions based on its review of West London Mental Health NHS Trust?
CHI found evidence of strong, proactive leadership at all levels throughout the trust, although there are some capacity and capability deficits at operational level in both the local and forensic services divisions. The trust has spent a lot of time restructuring and recruiting to middle management posts, which has resulted in slow progress in addressing key issues, for example, managing complaints and developing a robust risk assessment framework, including recording near misses.

The trust's establishment in April 2001 and the further consolidation of other services into the trust have brought about a review of practice and service delivery, which has led to considerable improvements in some areas. However, work is still needed to fully address seclusion practice across the trust. Work is also needed to develop the trust's care programme approach and address bed capacity problems in the local services division. The trust also does not appreciate the value of getting service users, carers and the public involved at board level.

It is the perception of some staff and some stakeholders that, since the trust took over responsibility for Broadmoor Hospital, it has been forced to concentrate its efforts on meeting the national agenda for high secure mental health services to the detriment of other services. The trust is working hard to address this perception and ensure that other services are not compromised as a result. There is a need for the trust to address the lack of equity of investment and service delivery across the three boroughs served by local services division and the poor condition of accommodation across the trust for some service users.

The trust is seen as a good place to work, and staff recognise the difficulties the senior team have in spending time in areas where care is delivered, but generally respect and support them and feel that the organisation has the potential to improve care for service users.

What areas of notable practice were identified?
There is service user representation on the research and development consortium's steering committee and a research and development service user involvement working group has developed a user involvement strategy in collaboration with the Mental Health Foundation. A service user link worker will also be employed to liaise with all the user groups in the area and progress is being made on research led by service users.

What are CHI's conclusions about West London Mental Health NHS Trust? *continued*

CHI commends the approach taken at the Lakeside Unit where a service user group is employed to deliver therapeutic and social activities. Service users and staff have praised the group and particularly value their input in the evening and at weekends.

CHI found considerable evidence, across all disciplines in local services division, of high levels of both individual and peer group supervision, which is regular, consistent and organised within a formal framework. Staff have protected time for supervision.

In an effort to address disagreements about a person's suitability for admission to high secure services, the trust has set up an appeals mechanism as well as developing better admission policies and procedures.

CHI commends the trust's anniversary calendar operated by the chaplaincy service at Broadmoor Hospital. The calendar is set up in order to help service users deal with the anniversaries of particularly sensitive and difficult times. Service users, their families and friends find this to be of great benefit and comfort.

Service users requiring physical healthcare can access the GP led primary healthcare centre at Broadmoor. The centre offers a wide range of services, including a diabetic, heart/respiratory and hypertension clinic. The service links with dieticians and the sports and leisure team to promote health and address problems such as obesity. Users praised the service, which they found to be of great benefit.

Staff on Barron 2 ward have developed standards for how ward rounds and staff handovers are conducted in an effort to ensure a consistent approach, through which all staff can contribute to the way care is delivered. These are currently being piloted and will be shared with other wards if they prove to be of value.

What, if anything, did CHI find that the rest of the NHS can learn from?
CHI commends the trust for its organisation wide critical incident stress debrief scheme. The scheme provides staff with an opportunity to share their experiences with others following an adverse or serious incident and is really valued by staff.

What are the key areas of action that the trust needs to address to improve its clinical governance systems?

CHI expects the trust to review all aspects of this report. Here we highlight areas where action is particularly important or urgent.

- The trust must urgently implement the new seclusion policy and closely monitor seclusion practice to ensure seclusion is only used when necessary, is documented accurately and ensure that service users in seclusion are treated appropriately. The trust needs to provide staff with appropriate training to support its use.
- The trust needs to build on good work progressed to date to ensure standardised care programme approach documentation and practice in all areas, ensuring service users and carers are always involved in decisions about their care programme approach and that service users and their representative are able to attend relevant meetings.
- The trust, in partnership with the local health community and supported by the strategic health authority, must address the inequitable investment, development and access to services across the three boroughs served by the local services. This is in order to ensure national service framework targets are progressed and met within an identified time framework.
- Urgent action should be taken in conjuction with relevant health and social care partners to review bed capacity in the local adult services, that includes addressing sleeping out arrangements (where service users are cared for on one ward but must sleep elsewhere due to a shortages of beds), admission criteria, bed management, discharge planning and delayed discharges along with consideration of new ways of working.
- Access, capacity and discharge arrangements for the psychiatric intensive care unit for local services require urgent attention.
- The trust must review safety and security in some sites, particularly the Lakeside Unit and community sites like Southall and Norwood Mental Health Resource Centre, to ensure services users and staff are not put at risk. A review of the suitability of other accommodation across the trust should also be undertaken.
- The trust must progress the strategic outline business case identifying the need to redevelop Broadmoor Hospital, exploring all options.
- The trust should urgently progress planned action to deal with complaints more effectively and facilitate learning by providing feedback from complaints.
- The trust should progress the development of a trust wide service user, carer and public involvement strategy to ensure meaningful service user and carer involvement at all levels.
- The trust needs to develop a trust wide clinical audit strategy, establish clear structures for clinical audit and ensure that an audit programme is produced that details clinical audit priorities at each level.

What is it like to be a service user in West London Mental Health NHS Trust's local mental health services?

In this section we report what we observed and what service users and carers said about their experiences, through interviews and surveys or directly to CHI. We also look at what the trust's figures can tell service users about access to services, how they are involved in their own care and the outcomes of their care.

Service users experiences of the NHS are partly concerned with whether they received the care they needed at the time they needed it and whether the outcome of their treatment and care is as good as it could have been. Other aspects may be of equal importance to service users. For example, were service users treated with respect, were they involved in planning their own care, what information were they given about their care, what choices did they have in the care they received.

Are service users treated with dignity and respect?
The majority of staff are committed to caring for services users with respect and dignity and CHI received comments that praised the caring nature of staff. However, a number of service users commented on the poor attitude of some staff and lack of communication about their care. Several service users also said that some ward based staff lacked the experience and skills to provide appropriate care.

Multilingual interpreter services are available at the trust through a number of agencies. The trust has specifically recruited an ethnically diverse workforce from the local community to support effective communication and the culturally diverse needs of service users in the area. Two specialist nurses work with people from minority groups to identify and respond to special needs. The trust also has a multifaith chaplaincy service that has strong links with the local communities.

Local mental health services do not have exclusive single sex wards and bathroom facilities. The trust has attempted to create segregated female only sleeping and bathroom facilities in all three of its inpatient sites, however these are inadequate and segregation cannot be guaranteed. The provision of single sex living areas is problematic. However, the trust's new building due to open later this year at Charing Cross Hospital will ensure compliance with national requirements and plans are being progressed for a female only ward at the John Connolly Unit.

All doors to wards throughout the local services division are kept locked in an effort to prevent intruders entering and illicit drugs being brought onto wards. Notices, explaining this and processes for access and exit are clearly displayed on doors. Service users told us that this did not cause problems, as staff are always available to open doors. The trust has employed security guards and plans to introduce swipe card entry and exit systems later this year to address these problems.

Can service users access the services they need?
The trust structures its local services around the three boroughs of Ealing, Hammersmith and Fulham and Hounslow. Variations exist in the provision and delivery of services across the boroughs. This is particularly evident in the borough of Hounslow, where an inherited under investment means that service development is limited and national service framework targets cannot be met.

What is it like to be a service user in West London Mental Health NHS Trust's local mental health services? *continued*

The trust has capacity problems, particularly in adult services, with beds always fully occupied. As a result some service users cannot be allocated to a bed on an appropriate ward when they are admitted to hospital. These service users receive care on one ward during the day but are then moved to another ward to sleep and on some occasions have to be accommodated on settees in living areas. These sleeping out arrangements afford little identified personal space or privacy, and personal belongings have to be stored or carried around by the service user. Staff and service users told us that this arrangement can continue throughout the length of a person's stay in the hospital.

Service users requiring intensive care services experience difficulties accessing the psychiatric intensive care unit based at Ealing. The unit's access and assessment policies lack clarity and there is inequitable access to beds on the ward for users from both the boroughs of Hammersmith and Fulham and Hounslow. Service users have to wait several days for an assessment to be carried out and may wait again to be admitted. This means that service users may be kept in seclusion on wards and the trust may be unable to provide appropriate care for up to four or five days. The trust recognises this practice is unacceptable and plans to increase the number of psychiatric intensive care beds available across the trust during the next year.

The development of dedicated crisis response services and home treatment teams are in their infancy, with only a limited service in Hounslow, although crisis phone lines are in place across the trust and are effective. There are teams providing assertive outreach services in place in Hammersmith and Fulham and, to a lesser extent, in Ealing, as a fully stand alone team cannot be funded in this area. In Hammersmith and Fulham, MIND have provided this service successfully for three years, but funding difficulties are slowing the development of services in Hounslow. The trust aims to develop a team by December 2003, although state that this may still not operate in line with national guidance.

CHI found that some consultant psychiatrists are now holding outpatient clinics in GP surgeries in order to improve access for service users.

How good are the standards of cleanliness, food and facilities?
Many of the facilities in the local services division are old and some are of poor quality with shabby décor. The trust has undertaken a programme of renovation and is building new facilities at Charing Cross Hospital to improve the patient environment. Service users and carers are generally complimentary about facilities in older people's services. However, despite the recent renovation of adult inpatient areas at the Lakeside Unit, the renovation work is of poor quality and already shows signs of wear and tear.

The performance ratings (2003) identified that the trust scored 54 for hospital cleanliness following the patient environment action team (PEAT); 47 or above is considered to be average. CHI found that generally ward and day care areas are clean but some are cramped, warm and afford service users little access to outside areas.

Comments about food provided within the local services division are generally favourable, although portions at the Lakeside Unit are considered too small. A range of special diets are available to meet the cultural needs of service users. Most inpatient wards have 24 hour access to hot drinks and snacks and, in response to requests from service users, adult wards at Charing Cross Hospital have introduced cooked breakfasts.

What is it like to be a service user in West London Mental Health NHS Trust's local mental health services? *continued*

What do the figures show about outcomes at the trust?
The trust has more people waiting longer than the national average for their first outpatient appointment following a referral from their GP but no one has to wait longer than the national target of 26 weeks. However, there have been breeches of this target in child and adolescent mental health services.

The percentage of planned first consultant outpatient appointments for which patients did not attend is 28.6%, which is significantly above the national rate of 19.3%.

The trust's readmission rates in adult services are significantly lower than the national average as are the average in older people's services.

The trust received a one star rating in the 2002/2003 performance ratings.

What did CHI find out about how care is organised at the trust?
Both adult and older people's inpatient services are delivered from Charing Cross Hospital for Hammersmith and Fulham, the John Connolly Unit for Ealing and the Lakeside Unit for Hounslow, and links with community services are generally good.

There is a lack of clarity around the management of services users on leave (a trial period of living in the community before discharge) from wards. Service users told us that it is rare for staff to check to see if they are coping while on leave and many describe feeling isolated. Both staff and service users are uncertain about who holds responsibility for a user's care at this time. Local services division lacks a robust system to manage patients who do not return from leave when expected. The beds of service users on leave are routinely used to accommodate other service users who do not have an appropriate bed, therefore if the person needed to return urgently from leave their bed might not be available.

Activities for inpatient service users are very limited and many users reported being bored as a significant issue. There is provision for group and individual activities and for therapies but demand significantly outweighs the availability. Some users who require close supervision are often unable to go outside, as staff shortages on wards limit the ability to provide an escort. CHI commends the approach taken at the Lakeside Unit where a service user group is employed to deliver therapeutic and social activities. Service users praised the group and particularly value their input in the evening and at weekends.

The trust has an organisation wide draft seclusion policy which was revised in June 2003. However, the application of the policy varies from site to site, as does the accuracy of record keeping detailing seclusion practice. Service users felt that seclusion is, at times, used inappropriately, with a lack of respect for dignity shown when escorting service users to a seclusion room.

The trust has a higher number of people staying in hospital for longer periods of time than expected. There is evidence of service users staying on wards for long lengths of time even when the ward no longer meets their need. CHI found that some service users have been on the psychiatric intensive care unit for over a year and that some service users have been on acute wards for a number of years because of a lack of an available bed in a more appropriate setting or lack of alternative care provision. There are also delays in people being discharged from hospital due to a shortage of suitable accommodation in the local area for people with serious mental illness.

What is it like to be a service user in West London Mental Health NHS Trust's local mental health services? *continued*

The trust is making progress in developing a seamless service between health and social care and community teams. Integrated working practices are more advanced in adult community teams than in older people's.

What areas of the service user experience should the trust consider?

- The trust should review the provision of single sex accommodation at the John Connolly and Lakeside units and consider alternative ways of delivering care to maintain dignity and privacy.
- The trust needs to clarify who is responsible for service users when they are on leave and those who do not return from leave when expected to ensure adequate support is provided for them and to reduce any potential risk.
- The trust needs to ensure service users have appropriate access to activities to support their care. Access to the outside for those on close supervision should also be addressed.

What is CHI's assessment of the trust's systems for patient, service user, carer and public involvement in local mental health services?

Patient, service user, carer and public involvement describes how people can have a say in their own treatment and how they and service user organisations can have a say in the way that services are provided.

What is CHI's main assessment?
The trust board appears to be struggling with the concept of equitable and meaningful service user representation at a strategic level but they have recently developed a patient forum and have asked them to address this. However, at borough, team and ward level there is a strong commitment to the involvement of service users and carers and many initiatives have been progressed. Service users are involved in each borough's national service framework local implementation team.

CHI's assessment = ii (b)

What are CHI's key findings?
The trust does not have a trust wide service user, carer and public involvement strategy, although there is a draft strategy, which is under discussion. There is no service user or carer representation at board level or on the divisional executive committee. The director of nursing takes the lead for service user involvement and has recently set up a patient forum. Its role is to consider how best to progress meaningful and equitable service user, carer and public involvement.

However, there is a strong commitment to service user and carer involvement at borough, team and ward level. Each borough has a service users' and a carers' strategy and users and carers are involved in the national service framework local implementation teams. Community meetings are held at ward level where service users can air their views and input to local developments, and service user representatives meet regularly with sector managers and heads of service. Some wards have developed clinical improvement groups where service users are represented. It is unclear how local activity and service user comments and concerns are communicated and acted on by the board and whether there is any shared learning across the boroughs or the trust.

The local services division works with several service user groups across the three boroughs and engagement with these is good, although service users, carers and stakeholders have questioned whether there is equal and wide enough representation to reflect the diversity of the three boroughs.

Investment and resources for service user and carer involvement are minimal and, although service users and carers can claim expenses for their time, the trust does not have a policy on paying service users who give their time to contribute to the service. The local primary care trusts are unable to financially support the development of the patient advice and liaison service (PALS) therefore; only one PALS worker has been employed. The service is seen as a positive development but is too small to provide the level of service required by the trust, service users and carers.

The trust, along with the three borough based primary care trusts, has taken a decision to support the development of advocacy services, provided through a contract with MIND. Staff, service users and carers highly praised the services that are available. However, while these services are well developed within inpatient areas they are not available in all community areas yet and the available advocacy services are stretched to their capacity.

What is CHI's assessment of the trust's systems for patient, service user, carer and public involvement in local mental health services? *continued*

The trust provides a wide range of good quality information for service users and carers, which are available in several languages. There are some good examples of locally developed information, like the information pack that is given to all service users on admission to the John Connolly Unit. The trust needs to provide a consistent approach to the development of information for service users.

Many service users told CHI that they have regular discussions about their care with their key worker. Although they are asked to sign their care plan following these discussions, many are not routinely given a copy. The application of the care programme approach varies across the local services division, along with the involvement of service users and carers in meetings. Some service users have raised concerns that care programme approach meetings are often late or frequently cancelled and there is a lack of choice around who will attend.

The consent to treatment policy was approved for circulation in January 2003 and the cardiopulmonary resuscitation policy was launched in March 2003. However, CHI found that staff are still using old policies from their previous organisations and there are inconsistencies in the application of these policies, as well as confusion over the actions that should be taken. The 2002/2003 performance ratings show that the trust is significantly underperforming against the national targets for responding to and resolving complaints. The trust admits that complaints handling has proved difficult due to dealing with other agendas. It has now developed new mechanisms to deal with complaints, although these are in their infancy. The board receives regular reports about complaints but there is little evidence of feedback, which would enable learning and action planning for improvements in service delivery.

There is little evidence of a trust wide, service user focussed monitoring of services or monitoring of service user satisfaction. However, at ward level service users are encouraged to monitor service delivery, and changes have been made including improvements in staff attitude, the environment and food. At Charing Cross Hospital services users can now have direct access to a pharmacist who supplies detailed information about medication, brought about by users identifying gaps in service.

What areas of patient, service user, carer and public involvement should the trust consider?

- The trust, in conjunction with its local health community partners, needs to ensure that the PALS and advocacy services are developed to provide an appropriate level of service capable of meeting the needs of the community.
- A policy of paying service users and carers for their input and involvement should be considered by the trust.
- The trust must ensure that all staff adhere to current updated policies for consent to treatment and cardiopulmonary resuscitation and should monitor their effectiveness.

What is CHI's assessment of the trust's systems for risk management in local mental health services?

Risk management means having systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

What is CHI's main assessment?
The trust has developed a comprehensive range of strategies, policies and procedures for the management of risk, although clinical and non clinical risk lack integration and the approach tends to be reactive rather than proactive. As as result of a number of serious untoward incidents, the reporting of actual incidents is good but there is a lack of awareness of the need to report near misses.

CHI's assessment = ii (c)

What are CHI's key findings?
The clinical and research governance committee, a sub group of the trust board, regularly reports risk management issues to the board. A joint forensic and local services clinical and research governance group report to this committee. The trust has a strategy and has established a risk management forum to develop, implement and monitor clinical and non clinical risk. A wide range of policies has been developed, including some site specific ones. Staff expressed concern about how some of the trust wide policies can be applied to the local services division.

The medical director is the designated lead for clinical risk but works in close partnership with the director of nursing who holds operational responsibility for clinical risk. The director of human resources leads on non clinical risk.

Local services division has developed some good working arrangements with partner organisations and has agreed protocols and procedures covering, for example, security, child protection and the care programme approach. Each borough also has an identified police liaison officer, which is believed to be a positive arrangement.

Despite the comprehensive range of strategies, policies and procedures, clinical and non clinical risk management remain discrete activities. There is little evidence of a trust wide coordinated, proactive approach to risk assessment and there is a lack of awareness of the need to report near misses. Staff are generally unaware of the suicide prevention strategy, and work relating to this centres mainly around identifying ligature points.

Following a number of high profile serious untoward incidents, including a number of suicides over recent years, the trust has undertaken several reviews, including commissioning an external review of inpatient services at Charing Cross Hospital. Staff and service users say that this has resulted in some major improvements in safety, the environment and ways of working. The majority of staff throughout local services division are aware of the serious untoward incident policy, and reporting mechanisms, both to and from the board, are well developed. Staff are happy to report incidents and say that the culture is generally open, although the trust does not have a written fair and just blame policy.

Nursing staff undertake risk assessments for services users on admission. However there is no division wide standard form for recording these assessments. Each borough also uses different forms for recording care programme approach risk assessments.

What is CHI's assessment of the trust's systems for risk management in local mental health services? *continued*

CHI has concerns about the safety and security in some sites, particularly the Lakeside Unit (where there is a high incidence of illegal substances being brought onto wards) and the Southall and Norwood Mental Health Resource Centre. Some facilities are unsuitable for the purpose for which they are being used, are isolated with minimal security systems and lack easy access to telephones and personal alarms. However, staff are aware of the possible dangers and work hard to manage their own and service users' safety.

The trust narrowly failed to obtain clinical negligence scheme for trusts (CNST) level one accreditation in March 2003 but are hoping that a reaudit will take place later in the year.

What areas of risk management should the trust consider?

- The trust needs to progress the integration of clinical and non clinical risk and develop a robust, proactive, coordinated approach to risk assessment, including identification of trigger factors, trend analysis and the reporting of near misses.
- Local services division need to build on good practice in the forensic division in the development of individual service user risk assessment and care programme approach risk assessment process, including the development of mechanisms to ensure these are shared with team members and relevant others.
- The trust needs to review the safety and security within the division and take steps to ensure staff and service users are not at undue risk.

What is CHI's assessment of the trust's systems for clinical audit in local mental health services?

Clinical audit is the continual evaluation, measurement and improvement by health professionals of their work and the standards they are achieving.

What is CHI's main assessment?
The trust currently lacks robust structures and systems to support clinical audit activity. However, within local services division there is evidence of some good quality audit activity taking place, but this tends to be led and initiated by commited individuals and teams.

CHI's assessment = i

What are CHI's key findings?
The trust's audit systems are in the very early stages of development and are an area the trust has identified for improvement. The director of nursing is the board level lead for clinical audit but the trust does not have a strategy. There is a designated budget of £108,000 for clinical audit for the local services division.

A trust wide clinical audit and performance group has very recently been established and has identified a work programme to undertake eight trust wide audits but implementation is in its infancy. Responsibility for progressing all other audits lies with the individual divisions.

Each division has a clinical research and governance group to oversee the delivery of clinical audits. The heads of clinical governance manage clinical audit activity supported by a clinical audit team that encourages multidisciplinary audit.

Clinical audit priorities are determined at a local level and agreed with each of the primary care trusts but there is minimal involvement of partner organisations in audit. Service users are not represented on either the trust wide or the local committees, although service users have been involved in some audits carried out by the clinical teams.

There are a number of enthusiastic staff and some audit activity is taking place. However, activity is not consistent across the three boroughs and many staff are unaware of clinical audit priorities and activities. Clinical improvement groups have been set up on some wards and by some teams but these are generally in their infancy.

CHI found some examples of change in practice following audit, for example, a greater awareness of clinical waste management, improvements in the physical health management of service users and improvements in referral information provided to allied health professionals and clinical psychologists. The trust is working hard to improve the care programme approach process and an audit and reaudit has been undertaken. However, the audits mainly concentrate on monitoring compliance in completing documentation and some improvements have been made. The trust should build on this success to develop audits of effectiveness of care and outcomes for service users.

Training for clinical audit is minimal, although a one day workshop has been devised and is due to be rolled out throughout this year. Clinical audit awareness is also included in the trust wide induction programme.

What is CHI's assessment of the trust's systems for clinical audit in local mental health services? *continued*

Audit findings are shared within teams and sometimes at borough and local services divisional level; minimal audit activity is shared across the trust. The trust lacks a robust system to ensure audit findings are shared, changes in practice occur and reauditing takes place.

What areas of clinical audit should the trust consider?

- The trust should develop robust mechanisms for the dissemination of audit finding, ensuring changes in practice occur as a result and that changes are routinely reaudited.
- The trust should provide staff with appropriate opportunities to improve their understanding and ability to participate in clinical audit activity.

What is CHI's assessment of the trust's systems for staffing and staff management in local mental health services?

This section covers the recruitment, management, and development of staff. It also includes the promotion of good working conditions and effective methods of working.

What is CHI's main assessment?
The trust has a human resources (HR) strategy, a workforce plan in place and is committed to supporting and developing all staff. However, in the local services division there are some concerns about staffing levels, the use of bank and agency staff and skill mix, particularly in inpatient areas. CHI commends the approach taken in developing staff support services.

CHI's assessment = ii (c)

What are CHI's key findings?
The trust's human resource (HR) strategy (2003/2006), is based on national priorities but implementation is in its infancy. The HR director leads all HR issues and provides quarterly updates and an annual report to the board. The trust is committed to developing its workforce and is investing both time and resources in modernising HR practices. It is also working in collaboration with the Thames Valley and North West London Workforce Confederations.

Service users are involved in the recruitment process and interview panels for a range of posts, and the trust has well developed recruitment arrangements with social services and other partner organisations. Joint recruitment campaigns have been progressed and all adult community mental health teams have single line management arrangements and share facilities. However, this has led to tensions in some teams due to differing pay scales and terms and conditions of employment.

All staff are required to attend a four day corporate induction programme, which is tailored to meet the needs of each borough and felt to be of good quality. A fifth day is also provided for clinical staff. Induction to wards and community areas is patchy and there are problems ensuring locum and agency staff receive formal induction and are informed of trust policies and procedures, including fire procedures and reporting adverse incidents.

There are robust systems in place for checking professional registration at the start of employment, including for locum staff. However, not all areas have systems in place to ensure that staff maintain registration.

CHI was impressed by the dedication of staff. Morale is generally high but much work is carried out through the goodwill of staff. Staff reported a shortage of nurses on wards due to the high level of one to one observations and the need to escort patients to a variety of activities and appointments. Local services division relies heavily on bank and agency nurses. Services users and some staff reported that some of the agency nurses lack the skills required to deal with the service user group and consequently their use impacts on the quality and continuity of care. Skill mix was also reported to be an issue on some wards. The depletion of skills and numbers within some teams is seen to be seriously prejudicing service delivery. New roles, such as activity coordinators, and new ways of working have been introduced to address shortages.

What is CHI's assessment of the trust's systems for staffing and staff management in local mental health services? *continued*

CHI found considerable evidence, across all disciplines, of high levels of both individual and peer group supervision, which is regular, consistent and organised within a formal framework. A performance appraisal system is being rolled out across the trust, although it lacks consistency at present. A good majority of consultants have undergone appraisal.

Comprehensive occupational health services and an open access counselling service are available for staff. The trust has a critical incident stress debrief scheme in place to support staff following an adverse or serious untoward incident and staff find this of great value.

The trust has recently been accredited under the Improving Working Lives initiative. The older people's directorate and Cassel Hospital have both attained Investors in People accreditation.

What areas of staffing and management should the trust consider?

- The trust should undertake a review of nursing levels, skill mix and the use of bank and agency staff in inpatient areas and ensure there are adequate nurses with the right skills to meet service users' needs.
- The trust should ensure consistent induction to ward and community areas is developed along with mechanisms to ensure locum and agency staff are familiar with policies and procedures.
- The trust must ensure robust mechanisms are in place for checking maintenance of professional registration.

What is CHI's assessment of the trust's systems for education and training in local mental health services?

Education and training covers the support available to enable staff to be competent in doing their jobs, while developing their skills and the degree to which staff are up to date with developments in their field.

What is CHI's main assessment?
The trust has a positive attitude to education, training and continuous professional development, is committed to developing staff at all levels and provides a good range of opportunities. However, there is a lack of effective cohesion between investment in learning and development, improving practice and service delivery.

CHI's assessment = ii (c)

What are CHI's key findings?
Education and training is regularly discussed by the trust board and is led by the director of HR. The trust wide training and development committee holds responsibility for implementing the learning and development strategy and education and training plan and good progress is being made against all identified targets. Education panels at directorate level ensure local education needs are met.

The trust has made substantial investment in facilities and personnel to support education and training, both in training departments and through professional and practice development posts. However, there is a lack of clarity among staff about the differences in roles and responsibilities of post holders with an education and training remit, for example, there is confusion as to who should ensure mandatory training updates are carried out. Staff appreciate the commitment to their development but many are not sure how opportunities can be accessed. A database, detailing all training activity, has recently been developed to support training needs analysis.

Service users and carers contribute to the wide range of in house development opportunities. The trust also works with a large number of academic and partner organisations to offer a comprehensive range of uni and multiprofessional education and training, including several leadership development programmes. Extensive use has been made of learning account funding to support non professionally qualified staff access qualifications such as the national vocational qualification, although some staff find difficulty being released for study.

The mandatory training programme is an example of good practice. It covers a wide range of subject areas and is delivered on a modular basis. Attendance is monitored closely, through a registration system that ensures staff complete all components. Update training is proving more difficult to monitor, although a large number of staff say they have attended updates.

A large number of staff CHI spoke to said that they have no problem accessing funding or being released from duty to attend training, although some felt that training was allocated on a first come first served basis rather than according to need. The trust does not currently have a policy for ensuring fair and equal access to funding. Some staff reported frustration after completing development programmes as in some areas there is little opportunity to share learning with colleagues to improve practice. There is no requirement on staff to feedback the outcomes of attendance at education or training events.

What is CHI's assessment of the trust's systems for education and training in local mental health services? *continued*

CHI found inconsistencies in linking education and training with quality improvements. The appraisal and personal development planning processes have not yet been fully rolled out across the trust, consequently analysis of training needs is not used to inform the trust's training plan or commissioning of education and training.

What areas of education and training should the trust consider?

- The trust should develop mechanisms to ensure investment in education, training and continuous professional development is used effectively and is directly linked to the individual and organisational development needs.
- The trust should actively promote its training prospectus, clarify roles and responsibilities of staff with responsibility for education, training and continuous professional development and ensure all staff are given appropriate development opportunities.
- The trust should develop mechanisms to ensure all staff attend mandatory update training.
- The trust should continue the roll out of appraisal and personal development planning.

What is CHI's assessment of the trust's systems for clinical effectiveness in local mental health services?

Clinical effectiveness means the degree to which the organisation is ensuring that 'best practice', based on evidence of effectiveness where such evidence exists, is used.

What is CHI's main assessment?
The trust is commited to progressing clinical effectiveness and ensuring research informs practice at all levels but lacks a consistant approach to progressing clinical effectiveness. A positive approach has been taken to working with academic institutions and partner organisations to address local, national and academic research priorities. There are some good examples of evidence based practice in local services division.

CHI's assessment = ii (c)

What are CHI's key findings?
There is board level commitment to clinical effectiveness with all activity channelled from the divisional groups and clinical effectiveness sub groups to the trust's clinical and research governance group. The trust is currently developing a clinical effectiveness strategy but has a research governance strategy. There is a high research and development profile within the trust and evidence of research informing practice, although links with clinical audit are limited.

The trust has developed a framework for the implementation of National Institute of Clinical Excellence (NICE) and other evidence based guidelines but monitoring implementation of NICE guidance is inconsistent across the trust. A drugs and therapeutics committee is responsible for overseeing effectiveness of medication but has only recently established how it will work. The trust has developed a framework to aid implementation and specialist registrars are undertaking an audit of this. Although some work on integrated care pathways has been progressed, it is at an early stage of development.

The director of research and development contributes to the process for all policy development to ensure that policies have an evidence base. Much work has gone into developing trust wide policies. However, staff are concerned about the volume, length and complexity of the policies and how some of the policies can be applied to some care areas, meaning implementation is variable across the trust.

Directorate based clinical and research governance groups are responsible for coordinating clinical effectiveness activity at a local level. Activity generally is progressed on a multidisciplinary basis but this is a developing process and further work needs to be undertaken to ensure all staff can engage in the agenda.

There is still some confusion at operational level about reporting and monitoring of clinical effectiveness but a large number of staff understood the principles and there are some good examples of evidence based practice being used. For example, the psychology department has developed a database and booklet that identifies and rationalises evidence based guidelines used in its service, and the community services are using the Modernisation Agency's Essence of Care standard's and patient focussed benchmarks for clinical governance, to ensure best practice benchmarks are achieved.

The trust, in partnership with the Central and North West London Mental Health NHS Trust, has formed a research and development consortium through which all research activity is channelled. The

What is CHI's assessment of the trust's systems for clinical effectiveness in local mental health services? *continued*

consortium is responsible for ensuring integration between the research agendas of the NHS, the trusts and their academic partners, linking research governance with the clinical governance systems of the trust, and the allocation of consortium research and development funding. There are well established links with academic institutions that are reflected in the number of joint academic and clinical posts.

There is service user representation on the consortium's steering committee. A research and development service user involvement working group is established and has been involved in developing a service user involvement strategy in collaboration with the Mental Health Foundation. A service user link worker will also be employed to liaise with all the service user groups in the area, and service user led projects are being progressed.

The trust has a variety of methods to distribute information to staff, including newsletters, an intranet and holding regular conferences. Library provision and access to training courses to support critical appraisal, evidence based practice and research is very good but access to computers and information networks is variable across the trust.

What areas of clinical effectiveness should the trust consider?

- The trust should progress the development of the clinical effectiveness strategy and implement a coordinated approach to link research, evidence based practice and audit to ensure research findings from both internal and external projects are used in service development, ensuring best practice is implemented and monitored.
- NICE guideline implementation should be standardised across the trust.
- The trust, in conjunction with health economy partners, should progress national service framework implementation to ensure service users' access to services is not compromised.
- The trust should consider reviewing policies to ensure they are user friendly and applicable to care settings in order to promote consistent implementation.
- The trust should develop mechanisms to facilitate consistent dissemination and sharing of clinical effectiveness activity across the division and the trust.
- The trust needs to ensure all staff participate in the available education and training opportunities to develop their ability to engage in clinically effective practice.

What is CHI's assessment of the trust's systems for using information in local mental health services?

Using information covers the systems the trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of patient care.

What is CHI's main assessment?
The trust has good strategic vision and understanding of information management and technology. Following the mergers the trust has inherited several incompatible IT systems but the data warehouse is a positive development although access to equipment and training needs attention. Within the local services division systems, action is needed to ensure staff are aware of how to access and use the available information.

CHI's assessment = ii (c)

What are CHI's key findings?
The director of finance provides the board level lead for information management and technology (IM&T), supported by the director of information and performance management. The trust has an information, communication and technology strategy and says the key objective is to develop communication and information systems to support clinical governance. However implementation is at an early stage, particularly at operational level.

The trust has a good strategic vision and commitment to IM&T development but has a number of outdated systems and several stand alone and paper based systems, some of which are unable to produce timely information to support service delivery and development. In an effort to address this problem the trust has developed a data warehouse through which it is able to collate information from the various systems across the trust and produce useful and usable information. This has improved both the trust board's and the division's ability to monitor performance but the trust acknowledges that there is still much work to do. In some areas staff use information to develop services, but this is limited.

Many staff are unaware of how to access information or what information is available to them through the information systems. Staff are beginning to use the internet, the intranet and communication by email, but access to computers is limited in some areas. In Hounslow, access is particularly poor. However, every member of staff has the ability to log on to the trust network.

Individual service users' records can be accessed through the patient administrative system (PAS) but staff told us this was often not available due to frequent technical difficulties and can only be accessed effectively from some sites. The trust is part of a collaboration exploring the development of a London wide integrated mental health record and is progressing the development of an electronic care programme approach record.

There is limited integration of information systems with social services. Records are not currently shared across health and social care, resulting in duplicated effort and records, although protocols for interagency information sharing are being developed. The trust's current information systems do not allow electronic communication with GPs and social services, other than by email. Appreciation of Calidicott (confidentiality) requirements is patchy and some staff told us that service user identifiable information is often communicated via email.

What is CHI's assessment of the trust's systems for using information in local mental health services? *continued*

A number of training courses are available, including the European Computer Driving Licence but many staff are unaware of their availability.

A variety of newsletters help keep staff and service users up to date with developments and staff are encouraged to contribute to them. However, while staff are generally aware of what is happening in their own area, many have little knowledge of what is happening on other sites or in other teams. Mechanisms for staff to provide feedback to the trust board are not clear. It is also not clear how service users can feed back their experiences and whether this feedback is used to inform planning and service development.

The board receives quarterly information that includes clinical governance and some patient and carer indicators. Specifically tailored reports are cascaded to the divisions, directorates and clinical teams. However, some aspects of the report are not clear to staff and it is difficult to see if progress is being made.

What areas of using information should the trust consider?

- The trust should progress the development of compatible IT systems to ensure effective access and use of information.
- The trust needs to take action to improve information flow and dissemination across the trust, raise awareness of what information is available to actively promote the training available and ensure staff can access and use information to support service delivery and development.
- The trust must progress full integration of all clinical records to promote effective communication and continuity of care for service users.
- The trust should develop clear mechanisms for staff to provide feedback and for users to communicate their experience to inform planning and service development.
- The trust must ensure that all staff are aware of Caldicott requirements and must ensure that email transmitions containing patient identifiable information are in a secure format.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services?

In this section we report what we observed and what service users said about their experiences through surveys or directly to CHI. We also look at what the trust's figures can say about access to services, how users are involved in their own care and the outcomes of their care.

Users of forensic mental health services often have little or no choice over the setting or level of their healthcare and spend long periods of their life in hospital. In the provision of these services the need to minimise the risk to the wider community is a high priority and, in the high secure services at Broadmoor Hospital, the national security directions (DOH, 2000) must be adhered to.

However, many things can impact on a service user's experience of NHS service. These may include the outcome of their treatment, whether they and their relatives or carers were treated with respect, the information they were given about their care and the choices they had in the care they received.

Are service users treated with dignity and respect?
Despite the very difficult and challenging nature of their role and some poor working environments, the majority of staff are dedicated and committed to caring for service users with dignity and respect. CHI received many comments praising staff and observed numerous examples of staff dealing with particularly challenging problems in a compassionate and professional manner both at Broadmoor Hospital (high secure services) and on the Ealing site (medium and low secure services).

However, a small number of staff at Broadmoor Hospital have difficulty in accepting the positive changes that are promoting a therapeutic environment over the old style custodial one. Service users and staff described how this resulted in a lack of respect and hindered therapeutic relationships. This not only impacts on the individual service user but on all those living and working on wards and deters the very good work that is taking place.

Following recent changes, men and women at Broadmoor Hospital are now totally segregated. This affects not only their accommodation arrangements but also all aspects of their care, treatment and activities. While female service users accept that accommodation arrangements afford more privacy and safety, many say that this has had an adverse effect on access to activities, social events, education and relationships. A number of service users described how mixed sex friendships, built up over several years, can no longer continue because of this separation. However, the trust is able to allow service users in long term relationships to continue to see each other provided this is seen to be in the best interest of both parties. The trust discourages single sex sexual relationships, however some service users and stakeholders feel that the trust is not addressing this adequately, leaving some service users vulnerable and at risk from other service users.

The Ealing site has one female only ward but all other accommodation is provided in mixed sex wards. Despite good provision of single sex sleeping and bathroom facilities, women are in the minority on all wards and some find being on a ward with large numbers of men intimidating. The female only ward caters for service users with a variety of problems at different stages in their care programme, creating a complex and challenging environment that several service users describe as frightening and having adverse effect on their progress.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services? *continued*

At Broadmoor Hospital, service users are given an information pack, which includes information about available activities such as occupational therapy, sports and leisure facilities, vocational training etc. A small number of wards on the Ealing site have also developed service user information packs.

Can service users access the services they need?
The trust has put a great deal of effort into establishing effective admission procedures at Broadmoor Hospital and has set up an appeals mechanism that can be used if there are clinical disagreements about a person's suitability for admission to high secure services. However, a number of stakeholders identified that they had found some difficulty in facilitating admission for service users due to clinical disagreements about their suitability.

CHI was told of difficulties accessing psychology services at Broadmoor Hospital. Although the trust has considerably reduced the waiting time for assessment, to around three months, service users, staff and stakeholders told us that a person could wait for up to a year for specific programmes. This causes a delay in progressing through care as many service users are required to complete specific psychological programmes before they can move on to the next stage of care or be discharged from high secure facilities. Service users also expressed concern about the inequity of access to psychology services within Broadmoor Hospital. The dangerous and severe personality disorder unit has ready access to a dedicated psychology team, and both Rampton and Ashworth high secure hospitals have a higher service user/psychologist ratio than Broadmoor Hospital.

Access to occupational therapy varies across the forensic division. Some areas have very good access while other areas have minimal access. The trust feels that development of the new occupational therapy block at Broadmoor Hospital will improve the situation there. Limited access to therapeutic activities, such as music and art therapy on the Ealing site seems to be linked to the limited size of the rooms available.

Service users requiring physical healthcare can access the GP led primary healthcare centre at Broadmoor. The centre offers a wide range of services including a diabetic, heart/respiratory and hypertension clinic. The service links with dieticians and the sports and leisure team to promote health and address problems such as obesity. Service users highly praised the service, which they found to be of great benefit. The trust is planning to develop a similar service on the Ealing site where service users expressed concerns about the lack of a dedicated service.

Both sites provide access to sports and leisure facilities. The facilities at Broadmoor Hospital are particularly impressive but the Three Bridges Unit in Ealing also has dedicated sports facilities. The trust has arrangements for some service users from medium and low secure services to use local community sports facilities. A number of social activities are provided across both sites. Many of the administration staff and nursing staff at Ealing play a key role in organising events such as barbeques, bingo, concerts and other events.

The chaplaincy service on both sites received high praise from service users, staff and stakeholders. The service is available through on call arrangements 24 hours a day, seven days a week, with access to a wide range of multifaith leaders and facilities. An anniversary calendar is in operation at Broadmoor Hospital, this helps service users deal with the anniversaries of particularly sensitive and difficult times. Service users, their families and friends find this to be of great benefit and comfort.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services? *continued*

How good are the standards of cleanliness, food and facilities?
Forensic services are provided from a variety of care facilities ranging from new, purpose built units to old Victorian buildings. The Three Bridges Unit on the Ealing site is relatively new and provides a reasonably good standard of accommodation and facilities. The Tony Hillis Unit, also at Ealing, provides variable standards of accommodation, with some wards and areas benefiting from more extensive upgrading than others. Both units have access to pleasant, enclosed gardens.

The overwhelming majority of ward areas at Broadmoor Hospital are totally unfit for purpose and cannot be considered an appropriate, humane environment for modern mental healthcare delivery. It is difficult to see, in spite of the endeavours of staff at all levels, how healthcare of a sufficiently high standard can be provided in many of the current buildings, which are poorly configured, decorated and maintained and lacking in basic standards of dignity, privacy, cleanliness and amenities. The trust has developed a strategic outline business case for the redevelopment of Broadmoor Hospital, which has been discussed with the North West London Strategic Health Authority and the national Broadmoor Cluster Group. It will also be presented to the National Oversight Group (group responsible for the national strategic direction of high secure hospitals) in November 2003.

A new sports and visit centre has recently opened at Broadmoor Hospital, which includes an excellent range of gym, sports and swimming facilities to suit all abilities and needs. The visit centre is clean and functional, although service users and carers feel it is somewhat impersonal. The facilities provided for children visiting are of a very high standard and have been designed with sensitivity, are child friendly and very well equipped. The Ealing site lacks appropriate visiting facilities and the current facilities are totally unsuitable for children visiting as the majority are based on wards.

Access to fresh air is of real concern at Broadmoor Hospital. In some areas the trust is unable to meet the nationally agreed standard of 10 hours of fresh air per week in summer and four hours in winter. Wards at ground level have access to what are referred to by staff as 'airing courts'. These are small, concreted areas, often not large enough for the number of people who use them, with minimal facilities to promote activity or relaxation. Service users on other wards depend on the availability of staff to escort them outside.

Service users in the female wards at Broadmoor Hospital are concerned about the high level of noise, dust in the air and the large wall that has been erected which limits daylight and the loss of their garden area. This is due to building work currently taking place to erect the new dangerous and severe personality disorder unit. While the trust undertook a series of information briefings about the location of the dangerous and severe personality disorder unit and the building work that is involved, the impact on the quality of life for service users has only recently been realised. The trust is unable to offer a short term solution but the relocation of women's services away from Broadmoor Hospital will provide the long term solution.

Comments about food at Broadmoor Hospital are generally favourable but 24 hour access to hot drinks and snacks is limited. However, service users have many complaints about food provided at the Ealing site. Food is presented poorly, lacks variety, does not cater for specific needs and cultures, portion sizes are small and the last meal of the day is served at 4.45pm, which many consider too early. Many service users complain of being hungry and therefore regularly send out for takeaway food. The trust has recently started a review of catering arrangements within forensic services at Ealing.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services? *continued*

Maintenance on both sites is a problem. Despite the efforts of the maintenance department at Broadmoor Hospital, the fabric of many of the buildings and furnishings limits the impact of prompt maintenance. At Ealing there are long delays in getting equipment, such as washing machines, repaired. Staff and service users described difficulties in keeping gardens and outside areas on both sites clean because of people discarding litter and unwanted food. This has led to infestations of mice, cockroaches and ants. The trust recognises this as a problem.

What do the figures show about outcomes at the trust?
The number of people in medium secure or other mental health units waiting over three months for assessment and a decision for suitability for high secure services is currently nil. The number of people waiting for admission more than three months following assessment fell from one in the first part of 2002/2003 to zero for the rest of the year.

The number of people in prison waiting longer than three months for admission to high secure services also fell from one to zero.

Over the last year there has been a noticeable increase in those waiting longer than three months for admission to medium and low secure facilities from both prison and other mental health units. However, there has been no one waiting longer than six months for admission from prison, although there is a small and falling number of people waiting for admission from other mental health units.

What did CHI find out about how care is organised at the trust?
Forensic mental health care is organised around six clinical directorates. The four clinical directorates at Broadmoor Hospital provide the high secure services for women, London men's services, the South of England men's services and the dangerous and severe personality disorder service. The two directorates at Ealing include the medium secure directorate, which serves northwest London, Hertfordshire and Bedfordshire and the low security and specialist rehabilitation service serving northwest London.

Following the review of high secure hospitals (Tilt 2000), national security directions for high secure hospitals (2000) must be adhered to. This has meant building new security fences, new searching policies, including random and routine searches of service users, their rooms and lockers. There are now limitations on the volume and number of possessions a service user can have. Incoming, internal and outgoing post is checked and can be withheld, phone calls can be monitored and access to the internet has been stopped. The trust has met all the national requirements and now feels that the level of security limits risk and therefore a therapeutic environment can be further developed. However, some service users, staff and stakeholders told us they feel the security arrangements and the total segregation of the sexes are limiting access to therapeutic and social activities and fresh air, as much now relies on staff being available to escort and supervise service users within the confines of the hospital. Service users also feel that security issues have detracted staff's attention from the development of a therapeutic environment.

The accelerated discharge programme (Tilt 2000) involves the relocation of 123 people from Broadmoor Hospital who no longer need high secure services. Seventy six service users have been discharged so far and the trust is on target to ensure the rest will move to more appropriate care facilities by December 2004. The trust has recently opened a long term medium secure ward on the Ealing site to support the relocation of service users from the northwest London area.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services? *continued*

As part of the national revision of care for women requiring forensic mental health services, the trust has completed the total segregation of the women's activities, both social and therapeutic, from the men's at Broadmoor Hospital. It is working to repatriate women with the medium and low secure service in the areas where they would normally live and has also developed plans for a women's therapeutically enhanced secure unit on the Ealing site, although progress is currently behind schedule. Those women still in need of high secure care will transfer to Rampton Hospital on completion of the dedicated women's facilities. The trust accepts that the provision of accommodation and services for women at Broadmoor Hospital is below that which they would wish to deliver.

The trust has developed a pilot 10 bed dangerous and severe personality disorder unit at Broadmoor Hospital. A 70 bed permanent unit is currently being built and is due to be completed by the end of 2004.

CHI found good examples of service user involvement in their own care through the care programme approach, particularly on the Ealing site. However, at Broadmoor Hospital, although service users have access to and sign a copy of their care plan, they are not routinely involved in its development and making choices about care and treatment. Service users, carers and advocates expressed concern about the lack of involvement in care programme approach meetings on both sites. A number feel they are only being allowed to attend for short periods of the meeting, that their contribution is not valued and that decisions are made in their absence.

The trust is currently developing an organisation wide seclusion policy, which is currently being widely consulted on. However, seclusion practice is not applied consistently. Some of the facilities used for seclusion are inappropriate, for example service users' own bedrooms are used, some facilities open onto public areas and some have blind spot areas that cannot be adequately observed. Concern has been expressed at the long periods of seclusion used for a small number of people at Broadmoor Hospital, although the seclusion and monitoring review group regularly monitor this.

A dedicated forensic mental health community service supports service users who are nearing discharge from the Ealing site and those who have been discharged into the community. Good links exist with inpatient areas and community staff are involved in multidisciplinary team meetings and care programme approach meetings.

The trust provides mental health services to the Feltham young offenders institute and HMP Wormwood Scrubs. Joint protocols and operating policies have been developed to overcome differences and provide the optimum level of care to service users. These services are not covered in this report.

What areas of the service user experience should the trust consider?

- The trust needs to ensure all staff have appropriate training in customer care and understand the importance of developing and maintaining therapeutic relationships. The trust needs to enable staff to use the whistle blowing policy appropriately and ensure all staff take part in clinical supervision.
- The trust needs to ensure it provides fair access to activities, education, sports and leisure etc. for female service users, and explore with the service users how their environment might be improved at Broadmoor Hospital.

What is it like to be a service user in West London Mental Health NHS Trust's forensic services? *continued*

- The trust should undertake a review of the current way services are delivered for females at Ealing and explore options to promote safety and wellbeing.
- The trust should urgently undertake a review of psychology services and develop services that promote progression through the pathway of care.
- The trust should build on excellent practice at Broadmoor Hospital in the development of primary healthcare services on the Ealing site.
- The trust needs to provide adequate visiting facilities, including those for children visiting the Ealing site.
- The trust needs to address access to fresh air and at least meet the minimum national standards.
- Options to address maintenance problems and the cleaning of outside areas need to be explored by the trust.

What is CHI's assessment of the trust's systems for patient, service user, carer and public involvement in forensic services?

This section describes how people can have a say in their own treatment and how they and service user organisations can have a say in the way that services are provided.

What is CHI's main assessment?
The trust board is struggling with the concept of meaningful service user and carer representation at strategic level but a recently developed patient forum has been tasked with addressing this. However, at service level there is a strong commitment to service user involvement although some areas are more advanced than others. The clinical improvement groups have proved an effective way for service users to influence changes in the way care is delivered.

What are CHI's key findings?
The trust does not have a trust wide service user, carer and public involvement strategy, although there is a draft strategy, which is under discussion. There is no service user or carer representation at board level or on the divisional executive committee. However, a carers' strategy that has been developed with social services is in existence for Broadmoor Hospital, along with a carers' strategy group. The director of nursing provides the board lead for this area and has recently established a patient forum. Its role is to consider how best to progress meaningful and equitable service user, carer and public involvement at every level of the organisation.

To date, service user, carer and public involvement issues have rarely been discussed at board level and are infrequently discussed at divisional level. The trust has very recently revised its clinical governance structure in order to raise the profile of service user and carer involvement. Attention to these issues will now be given priority at both the trust wide and divisional clinical and research governance groups that provide the main strategic drive for change.

At ward and directorate level there is strong commitment to service user involvement. Ward based community meetings are held regularly and these report to ward/team based clinical improvement groups, many of which have user representation and minutes are taken. A women's forum, a black service user forum and a hospital service users forum are also in existence at Broadmoor Hospital. While information flows downwards from the strategic groups and to a lesser extent upward, there is limited sharing between the different ward and directorate groups of the many good practices and changes that have occurred. This is also true of sharing between the forensic and local services clinical and research governance group.

The trust works with several service user groups and while the trust is proactive about keeping organisations informed of changes, they are less proactive about involving service user groups in direction and planning. Service user groups identified that although the trust is willing to listen, forthcoming action is often very slow.

The trust provides a range of good quality information on a variety of subjects although it does not have a consistent approach to the production of information. Distribution of information is patchy across the trust, particularly in relation to leaflets explaining about medication, although pharmacists talk to patients on an individual basis.

What is CHI's assessment of the trust's systems for patient, service user, carer and public involvement in forensic services? *continued*

The trust is committed to meeting the needs of the culturally diverse society it serves and has several groups responsible for progressing ethnicity, diversity and transcultural issues. Translation facilities are developing well and there is a black and minority hairdressing and beauty service, with plans for other facilities to meet cultural needs in place. However, there is little evidence on wards at both sites of information, books or newspapers in different languages.

There is a trust wide complaints system but the trust is underperforming against national targets for responding to and resolving complaints. CHI found that forensic service users often made complaints through their solicitors rather than write themselves but resolution is still slow. The trust has made good progress in bringing about resolution at clinical level and has produced guidelines for complaints resolution at this level. A detailed four day course for team leaders and general complaints training to all other staff is provided. However, there is little audit of trends in complaints and little feedback to staff, therefore learning from complaints is limited.

Advocacy services in Broadmoor Hospital are well developed with advocates visiting wards on a regular basis. The service at Ealing has only recently been reinstated and is currently not large enough to meet the needs of all the service users. PALS services have not yet been extended into forensic services, although the trust plans to do so in the near future.

There is no trust wide approach to service user focussed monitoring of services, however, at ward and directorate level, user satisfaction surveys have brought about several changes, for example, improvements in physical healthcare, the establishment of a social firm (non profit making, self funding vocational services, where users are involved in making decisions about future projects as part of their therapy) at Broadmoor Hospital and the review of food at Ealing. A carers' involvement survey was carried out last year but the trust has yet to share and publish the findings.

What areas of patient, service user, carer and public involvement should the trust consider?

- The trust needs to develop a consistent approach to the development and availability of information for service users, ensuring information is available in a range of languages on wards.
- The trust should ensure that the advocacy services at the Ealing site and the new PALS are able to provide an appropriate level of service to meet the needs of service users.

What is CHI's assessment of the trust's systems for risk management in forensic services?

This section describes the trust's systems to understand, monitor and minimise the risks to patients and staff and to learn from mistakes.

What is CHI's main assessment?
The trust has developed a comprehensive range of strategies, policies and procedures and has structures in place to manage risk. However, there is little integration between clinical and non clinical risk management and the approach tends to be reactive. Good work has been progressed around security issues but ensuring adherence to some policies needs improving.

What are CHI's key findings?
The clinical and research governance committee, a sub group of the trust board, regularly reports risk management issues to the board. A joint forensic and local services clinical and research governance group reports to this committee. The trust has a strategy and has established a risk management forum to develop, implement and monitor clinical and non clinical risk. A wide range of policies have been developed including some site specific policies, for example, the management of high risk patients at Broadmoor Hospital.

The medical director is the designated board level lead for clinical risk and works in close partnership with the director of nursing who holds operational responsibility for clinical risk. The director of human resources leads on non clinical risk. The director of security leads on all aspects of security. There is clear evidence of significant investment in ensuring security issues are understood and managed but, although the trust has invested in other areas of risk management, there is much less clarity for staff as to how they are being managed.

There is little integration of clinical and non clinical risk management at both the strategic and operational level and a general lack of understanding within the service of the committees and reporting arrangements. There is greater clarity about security arrangements and structures. Reporting mechanisms for security breaches and serious untoward incident are particularly well developed.

Clinical and non clinical risk management remain discrete activities and tend to be reactive. There is little evidence of a trust wide, coordinated, proactive approach to risk assessment, other than around security issues and for individual service users through the care programme approach. Although some good work has been undertaken to develop a suicide prevention strategy, there is a tendency to focus on the identification of ligature points. There is limited understanding of the need to report near misses and the trust has no plans to develop risk registers.

The trust has developed some good working arrangements with partner organisations and has regular meetings with the prisons, police and other parts of the criminal justice system to ensure mentally ill offenders receive appropriate care. There is good evidence of partnership working between the trust's security services and other forensic service providers, particularly the other high secure hospital and the prisons. National security audit requirements are met and good practice shared with other organisations. Simulation exercises to prepare for major incidents are regularly carried out with local emergency services and other organisations.

What is CHI's assessment of the trust's systems for risk management in forensic services? *continued*

Staff on the Ealing site expressed concern at the blanket application of some security policies, finding it difficult to apply them in medium and low secure settings, and staff are concerned about the potential risk this may pose. There is confusion across the trust about the application of the search policy and evidence of a lack of compliance with the patient's property policy at Broadmoor Hospital, which poses a significant risk for the trust.

A new care programme approach policy and standard documentation has recently been introduced, which facilitates comprehensive individual risk assessment. However, implementation is in its infancy but individual risk is now well documented and consistency is improving. With the introduction of the new care programme approach policy, social services are now required to report specific risks around family issues and child protection.

There is little evidence of effective dissemination of lessons learned from risk analysis, events and trends other than for security issues, although a division wide event to share lessons learned from critical incident reviews was held in June 2003. The forensic division also circulates a daily report to senior managers and clinicians that gives an overview of events within the service so incidents can be identified and reviewed quickly and potential difficult situations can be dealt with promptly.

There are several examples of changes being implemented in response to incidents, for example, stopping mixed gender activities, a review of searching procedures for service users leaving the hospital for medical treatment and, at Broadmoor Hospital, the replacement of standard teaspoons, which could be used as weapons.

Staff have access to a wide range of training in all aspects of risk management, much of which is mandatory. Staff supervising and assessing contact with children are provided with specialist training and all staff have access to training in dealing with disclosure.

What areas of risk management should the trust consider?

- The trust needs to urgently review the application and compliance with the search policy, patient's property policy at Broadmoor Hospital and the search and security policies at the Ealing site.
- The trust should progress the integration of clinical and non clinical risk and develop a robust, proactive and coordinated approach to risk assessment, including the identification of trigger factors and the reporting of near misses.
- The trust needs to develop mechanisms to ensure effective dissemination of lessons learned from all aspects of risk management and the care programme approach policy, and documentation should be shared with local services.

What is CHI's assessment of the trust's systems for clinical audit in forensic services?

This section describes how the trust ensures the continual evaluation, measurement and improvement by health professionals of their work and the standards they are achieving.

What is CHI's main assessment?
The trust's structures and systems to support clinical audit are at an early stage of development and lack coordination across the organisation. Within the forensic division, staff are not generally involved in clinical audit, although there are a number of individuals and teams that are committed, enthusiastic and progressing some good quality work.

What are CHI's key findings?
The trust's audit systems are in the early stages of development and are an area the trust has identified for improvement. The director of nursing is the board level lead for clinical audit but the trust does not have a strategy. There is a designated budget of £112,000 for clinical audit for the forensic services division but this is currently under review.

A trust wide clinical audit and performance group has recently been established and has identified a work programme to undertake eight trust wide audits, although this is in its infancy. Responsibility for progressing all other audits lies with the divisions.

The forensic division has a clinical research and governance group that oversees the delivery of clinical audit. On the Ealing site there is, in addition, a clinical audit committee that links to the divisional clinical governance and research group. The head of clinical governance for each division manage clinical audit activity aided by a divisional clinical audit support team.

Service user involvement in clinical audit is minimal and they are not represented on either the trust wide or divisional groups. Service users can suggest topics for audit and receive feedback on audits undertaken through the clinical improvement groups. Some service users have been involved in an audit questionnaire design at the healthcare centre in Broadmoor Hospital. There is little evidence of audit being carried out with partner organisations, except in security services, where some good practices exist.

Very few staff are involved in organising, carrying out and overseeing audit projects and there is no collective approach to audit except around the care programme approach and security. However, there are a number of enthusiastic and committed individuals who are progressing some very good examples of audit. A wide range of audits are being led by the healthcare centre at Broadmoor Hospital, including audits of diabetes, asthma, obesity and smoking, all of which are leading to changes in the approach to health promotion for users. An audit carried out by the speech and language therapists has identified the need for a dedicated dysphagia (swallowing difficulties) service, which has generated trust wide action to address this.

A number of changes in practice have been brought about as a result of audit. An audit of the completion of medication cards has led to improved prescribing practice when changing service users' medication, has improved the accuracy of their completion and raised awareness of the need to seek and document consent to treatment. An audit of nursing notes has led to improved record keeping and a reaudit of the care programme approach has demonstrated improved implementation.

What is CHI's assessment of the trust's systems for clinical audit in forensic services? *continued*

The newly formed audit group has responsibility for the dissemination of audit findings. At present the results of audits are discussed at some directorate and ward groups but there is no consistent way of sharing findings across the division or across the trust.

Training for audit is minimal. Audit is discussed within the primary induction course and training sessions and seminars are held on an ad hoc basis following requests from individuals and teams. The trust is planning to roll out a one day clinical audit workshop that will be open to all trust staff, as well as staff from partner organisations.

What areas of clinical audit should the trust consider?

- The trust needs to develop a trust wide clinical audit strategy, establish clear structures for clinical audit and ensure that audit programme details clinical audit priorities at each level.
- The trust should develop robust mechanisms for the dissemination of audit finding, ensuring changes in practice occur as a result and that changes are routinely reaudited.
- The trust should provide staff with appropriate opportunities to improve their understanding and ability to participate in clinical audit activity.

What is CHI's assessment of the trust's systems for staffing and staff management in forensic services?

This section covers the recruitment, management, and development of staff. It also includes the promotion of good working conditions and effective methods of working.

What is CHI's main assessment?
The trust has a human resources (HR) strategy, a workforce plan and is committed to supporting and developing all staff. However, in the forensic division there are some concerns about staff deployment, skill mix, sickness absence and the experience and competence of staff at ward manager/team leader level. CHI commends the approach taken in developing staff support services.

What are CHI's key findings?
The trust's human resources (HR) strategy (2003/2006) is based on national priorities but implementation is in the early stages. The HR director leads on all HR issues and provides quarterly and annual reports to the board. The trust has a workforce plan, is working in collaboration with the Thames Valley and North West London Workforce Confederations and is investing both time and resources in modernising HR practices. However, across the forensic services division, service user involvement in HR, including recruitment, is minimal.

The trust has recently revised its structures to ensure that all groups of staff sit within the directorate structure. It is now the directorate's responsibility to assess the level of staff groups required to meet the needs of the service users they provide care for. However, there is limited evidence of structured plans to deliver this, particularly in relation to psychology services. Ealing Local Authority provides social services, and social work departments on both sites offer a comprehensive, well resourced service and there are good working relationships. There are no plans to integrate health and social care teams.

All staff are required to attend the four day corporate induction programme; a fifth day is also available for clinical staff. Staff also have a period of induction specifically tailored to their area of work, which is highly regarded by staff. There are robust systems in place for checking professional registration on commencement of employment, including locum staff, but not all areas have systems in place to ensure staff maintain active registration.

Broadmoor Hospital does not use agency staff due to the nature of the care it provides, but a nursing bank, which is made up of permanent staff, is in existence. Difficulties have arisen due to staff regularly working large numbers of overtime hours alongside their regular working hours. This creates a potential risk due to tiredness and some bad feeling among colleagues. In an effort to address these issues the trust has recently limited the number of hours all staff can work. Agency and bank staff are also used at the Ealing site. Staff expressed concern about the level of skills of some of the agency staff and feel that using them can compromise care.

Staff are also concerned about the numbers and skill mix of nurses in some areas, despite recent investment in nursing levels. CHI observed some wards operating below the trust's own identified nurse staffing level for that ward, mainly as a result of staff having to move to provide cover on other wards and sickness absence. Some staff feel this has had an impact on the quality of care they are able to provide to service users and increases the risk of incidents occurring due to a reduction in the time spent observing and interacting with service users.

What is CHI's assessment of the trust's systems for staffing and staff management in forensic services? *continued*

Morale is generally high and staff are committed to delivering high standards of care. Some teams, for example Bentham, Glyn and Isis wards are implementing innovative care through effective multidisciplinary team working, despite some challenging work environments as on Isis ward. However, senior managers, staff and service users expressed concerns about the level of experience and skills of some of the ward managers and clinical team leaders, which has led to ineffective team working and slow progress in developing services. The trust has not developed the modern matron role but has developed nurse consultants who input into ward care to aid continuous improvement. However, there are variations in these roles and little evaluation of the role and its effectiveness.

The trust's whistle blowing policy is currently under review. Staff told CHI they feel able to raise issues with their line managers but would be reluctant to use more formal routes.

A performance appraisal system is being rolled out with approximately 60% of the workforce having had an appraisal in the last year, although some wards and teams have made little progress. The majority of consultants have undergone appraisal. Concerns were raised about the lack of HR support in dealing with poor performance, particularly on the Ealing site. Dedicated divisional HR support is currently being considered to address this problem and other HR issues like recruitment and retention.

Clinical supervision is not consistently available across the forensic services division. Although there is evidence of both peer and individual supervision taking place, some staff lack an understanding and appreciation of its purpose.

Comprehensive occupational health and counselling services are available for all staff. The trust has a critical incident debrief scheme in place to support staff following an adverse or serious untoward incident. Staff find this of great value.

The trust has recently been accredited under the Improving Working Lives initiative and Broadmoor Hospital holds Investors in People accreditation.

What areas of staffing and staff management should the trust consider?

- The trust should develop plans to ensure successful implementation of the new directorate structures and the level and skills of staff required to deliver the agenda.
- The trust should undertake a review of the deployment of the nursing workforce across the division, addressing skill mix, ward manager and clinical team leader development and sickness levels. The trust should monitor the impact on quality of care of staff working overtime and bank hours in addition to their normal working hours.
- The trust should develop a specific whistle blowing policy and actively promote a fair and just culture.
- The trust should ensure that human resource practice and support are consistent across the trust, particularly addressing the lack of HR support on the Ealing site.
- The trust should build on the good work currently being progressed with appraisal and clinical supervision, ensuring consistent standards across all areas.

What is CHI's assessment of the trust's systems for education, training and continuing personal and professional development in forensic services?

This section covers the support available to enable staff to be competent in doing their jobs, while developing their skills and the degree to which staff are up to date with developments in their field.

What is CHI's main assessment?
The trust has a positive attitude to education, training and continuous professional development, is committed to developing staff at all levels and provides a good range of opportunities. Within forensic services division the trust needs to develop leadership skills at ward manager and clinical team leader level and address inconsistencies in mandatory training uptake.

What are CHI's key findings?
Education, training and continuous professional development are regularly discussed by the board and led by the director of HR. The trust wide training and development committee holds responsibility for implementing the learning and workforce development strategy and education and training plan. Good progress is being made against all identified targets. Education panels at directorate level ensure education needs are met at an operational level.

The trust has made substantial investment in facilities and personnel to support education and training, both in training departments and through professional and practice development posts. However, there is a lack of clarity among staff about the differences in roles and responsibilities of post holders with an education and training remit, for example, there is confusion as to who should ensure mandatory training updates are carried out. Staff appreciate the commitment to their development but many are not sure how opportunities can be accessed. A database, detailing all training activity, has recently been developed to support training needs analysis.

The trust's in house training prospectus is extensive but it is not clear how well publicised the available courses are, as knowledge of availability is patchy across forensic services division. There are good links with partner organisations and educational establishments to deliver both uni and multiprofessional education and training. However, staff say that some of the programmes need to be more responsive to current practice needs. A large number of staff reported no problems attending a range of education, training and continuous professional development opportunities linked to their personal development plans and no problem securing funding. Staff reported that some areas have difficulty releasing staff due to pressure of service delivery.

Security staff can undertake national vocational qualifications and some undertake the national control operators course. Broadmoor Hospital is looking to become a training centre for this course. While use is made of learning accounts to support non professionally qualified staff access, for example, national vocational qualifications, pressures within the service limit their uptake and the provision of study leave.

The mandatory training programme covers a wide range of subject areas and is delivered on a modular basis. Initial attendance is monitored well but there is a lack of clarity around who holds responsibility for ensuring individuals attend. This causes particular problems with the management of violence and aggression courses. Some staff fail to keep up to date and therefore are unable to assist if there is an incident on a ward, leaving colleagues who are up to date to deal with the situation. This creates a potentially serious risk for both staff and service users.

What is CHI's assessment of the trust's systems for education, training and continuing personal and professional development in forensic services? *continued*

The trust has invested in some nationally recognised leadership training but identifies problems in the leadership capabilities and experience of some grades of staff. Some staff told CHI that they feel inadequately prepared for their role. While some sharing of skills has taken place between Broadmoor Hospital and the Ealing site, with staff moving sites, there is scope to develop this further so experienced staff can share their skills and knowledge with colleagues.

The trust has excellent library facilities at both Broadmoor Hospital and at the Ealing site and is progressing a range of e learning and distance learning programmes. Dissemination of learning from education, training and continuous professional development takes place within teams but there is little sharing of knowledge across the division or trust.

What areas of education, training and continuing personal and professional development should the trust consider?

- The trust needs to develop consistent systems for ensuring staff attend mandatory training updates. The trust should ensure all staff attend updating of an appropriate management of violence and aggression course and ensure there are appropriate numbers of staff per ward per shift whose training is up to date.
- The trust should actively promote its training prospectus, clarify roles and responsibilities of staff with responsibility for education, training and continuous professional development and ensure all staff are given appropriate development opportunities.
- The trust should progress the development of a coherent clinical leaders strategy and build on good practice to ensure best use is made of expertise across the forensic services division and the trust.
- The trust should continue the roll out of appraisal and personal development planning.

What is CHI's assessment of the trust's systems for clinical effectiveness in forensic services?

This section is about the way the trust ensures that the approaches and treatments it uses are based on the best available evidence, for example from research, literature or national or local guidance.

What is CHI's main assessment?
The trust is commited to progressing clinical effectivenes and ensuring research informs practice at all levels but lacks a coherent approach to progressing clinical effectiveness. A positive approach has been taken to working with academic institutions and partner organisations to address local, national and academic research priorities. There are some good examples of evidence based practice being used within the forensic division but a general lack of understanding of how it can be developed.

What are CHI's key findings?
The medical director leads clinical effectiveness in close partnership with the director of research and development. The trust wide and divisional clinical and research governance groups oversee clinical effectiveness. The trust is currently developing a clinical effectiveness strategy but has a research governance strategy. There is a high research and development profile within the trust and evidence of research informing practice, although links with clinical audit are limited.

The trust has developed a framework for the implementation of NICE and other evidence based guidelines but monitoring implementation of NICE guidance is inconsistent across the trust. A drugs and therapeutics committee is responsible for overseeing effectiveness of medication but has only recently established how it will work. A psychological therapies committee oversees the effectiveness of psychological and other therapy programmes. The forensic division has a research and clinical governance group, a physical healthcare group looking at health screening and interventions and a seclusion monitoring group that evaluates the practice and effectiveness of seclusion.

The trust is currently progressing the development of integrated care pathways both internally and with partner organisations that provide medium and low secure care within its catchment area. While the pathway through admission and pre discharge are relatively clear, service users spend long periods of time in rehabilitation services, which often lack purpose, direction and clarity about what it is trying to achieve and provide for service users. An assertive rehabilitation pilot project at Broadmoor Hospital has recently been undertaken which aims to improve this part of the care pathway. A review of specialist rehabilitation has been undertaken on the Ealing site but further clarity is required about the purpose and function of some of the rehabilitation wards at Ealing.

The director of research and development contributes to the process of all policy development to ensure that policies have an evidence base and much work has gone into developing trust wide policies. However, staff are concerned about the volume, length and complexity of the policies and how they can be applied to some care areas, meaning implementation is variable across the trust.

There is some confusion at operational level about the reporting and monitoring of clinical effectiveness and a general lack of understanding about what evidence based practice is and how this can be developed. However, there are some good examples of the use of evidence based practice, particularly in the use of various therapies. The therapeutic programmes used on the dangerous and severe personality disorder unit has been developed from evidence and benchmarking best practice

What is CHI's assessment of the trust's systems for clinical effectiveness in forensic services? *continued*

around the world. Evaluation of the effectiveness of this service will be undertaken as part of a national evaluation of dangerous and severe personality disorder service but the trust is also progressing its own six monthly evaluations against standardised assessment programmes.

Information relating to clinical effectiveness is disseminated via a range of methods, including newsletters, journal clubs, conferences and the trust's intranet system. The clinical improvement groups also facilitate the dissemination of information and coordinate ward and team based projects, which have brought changes in practice like the involvement of users in using standardised assessment tools in occupational therapy. Research projects have also been initiated through these groups, for example, a project exploring the link between the use of a particular medication and diabetes. However, the activities of these groups are not consistent and activity is not routinely shared across the division or the trust.

Staff on Barron 2 ward have developed standards for how ward rounds and staff handovers are conducted in an effort to ensure a consistent approach, through which all staff can contribute to the way care is delivered. These are currently being piloted and will be shared with other wards if they prove to be of value.

Research and development are held in high regard within the trust and there is evidence of research informing practice but links with clinical audit are limited. The trust, in partnership with the Central and North West London Mental Health NHS Trust, has formed a research and development consortium through which all research activity is channelled. The consortium is responsible for ensuring the integration of local, national and academic agendas and ensuring evidence from research feeds into practice. There are well established links with academic institutions, which are reflected in the number of joint posts across the trust.

There is service user representation on the consortium's steering committee. A research and development service user involvement working group is established and has been involved in developing a service user involvement strategy in collaboration with the Mental Health Foundation. A service user link worker will also be employed to liaise with all the service user groups that work with the trust, and service user led research projects are being progressed.

Library provision is good on both sites but access to computers and information networks is variable across the trust. Access to the internet at Broadmoor Hospital is limited to non service user areas in accordance with the national security directions (2000).

Training to support critical appraisal, evidence based practice and research is available, although staff have little knowledge of this. Some teams and professional groups have developed learning sets to develop their knowledge base.

What is CHI's assessment of the trust's systems for clinical effectiveness in forensic services? *continued*

What areas of clinical effectiveness should the trust consider?

- The trust should progress the development of the clinical effectiveness strategy and implement a coordinated approach to link research, evidence based practice and audit to ensure research findings from both internal and external projects are used in service development, ensuring best practice is implemented and monitored.
- NICE guideline implementation should be standardised across the trust.
- The trust should develop mechanisms to facilitate consistent dissemination and sharing of clinical effectiveness activity across the division and the trust.
- The trust should consider reviewing policies to ensure they are user friendly and applicable to care settings in order to promote consistent implementation.
- The trust needs to ensure all staff participate in the available education and training opportunities to develop their ability to engage in clinically effective practice.

What is CHI's assessment of the trust's systems for using information in forensic services?

This section describes the systems the trust has in place to collect and interpret clinical information and to use it to monitor, plan and improve the quality of service user care.

What is CHI's main assessment?
The trust has good strategic vision and understanding of information management and technology. Following the mergers the trust has inherited several incompatible IT systems but the data warehouse is a positive development although access to equipment and training needs attention. Within the forensic services division, systems to ensure staff can access and use information needs to be developed along with clear feedback processes for both staff and service users.

What are CHI's key findings?
The director of finance provides the board level lead for information management and technology (IM&T), supported by the director of information and performance management. The trust has an information, communication and technology strategy and says the key objective is to develop communication and information systems to support clinical governance, however, implementation is at an early stage, particularly at operational level.

The trust has good strategic vision and is committed to IM&T development but has a number of outdated systems and several stand alone and paper based systems, some of which are not able to produce timely information to support service delivery and development. In an effort to address this and improve the quality of information, the trust has developed a data warehouse through which it can collate information from various systems across the trust and produce useful and useable information. This has improved both the trust board's and the division's ability to monitor performance against key indicators but the trust acknowledges that there is still much work to be done. In some areas staff use information to develop practice and services but this is limited.

The trust has an intranet that is used to communicate with staff, and all trust policies and procedures can be accessed through this system. Although the majority of staff have the ability to log onto the system and their own email account, access is variable due to insufficient computer access in some areas.

The trust does not have a single patient administration system (PAS) and different systems are used at Broadmoor Hospital and on the Ealing site. The trust is part of a collaboration exploring the development of a London wide integrated mental health electronic patient record and is progressing the development of an electronic care programme approach record. There are a small number of areas that have progressed integrated multiprofessional/agency records for individual service users but the vast majority keep uniprofessional records. This not only duplicates information but also has implications for continuity of care if the different professionals don't read each other's notes.

The trust provides a variety of training courses, including the European Computer Driving Licence. However, staff lacked awareness of what is available. Staff generally are aware of Caldicott (confidentiality) requirements, which are covered in both the trust wide and service level inductions.

What is CHI's assessment of the trust's systems for using information in forensic services?
continued

A variety of newsletters help keep staff and service users up to date with the latest trust news and service developments and all are encouraged to contribute to them. Staff at all levels reported difficulties with communication due to the size and complexity of the trust. Mechanisms for staff to provide feedback to managers lack clarity and it is not clear how service users feed back their experiences and whether this is used to inform planning and service development.

The board receives quarterly performance monitoring reports that include clinical governance and some patient and carer indicators. Reports are then cascaded to the divisions, directorates and clinical teams. However, some aspects of the report lack clarity for staff and it is difficult to see if progress is being made.

What areas of using information should the trust consider?

- The trust should progress the development of compatible IT systems to ensure effective access and use of information.
- The trust needs to take action to improve information flow and dissemination across the trust, raise awareness of what information is available, to actively promote the training available and ensure staff can access and use information to support service delivery and development.
- The trust must progress full integration of all clinical records to promote effective communication and continuity of care for service users.
- The trust should develop clear mechanisms for staff to provide feedback and for users to communicate their experience to inform planning and service development.

What is the trust's strategic capacity for improvement?

This section describes the ability to monitor and improve the quality of service user care within the trust's local and forensic mental health services.

What is CHI's main assessment?
CHI found evidence of strong, proactive leaders committed to providing high quality care in partnership with others, although capacity is stretched at every level of the organisation. The complexities of bringing together several different organisations with very different cultures and delivering a large national agenda is proving to be an arduous task. Integration of the two service divisions is minimal below strategic level, with noticeable differences in practice and service provision between the three boroughs of the local services division, and little joint working and affiliation between Broadmoor Hospital and the Ealing site in the forensic services division. The trust has put a considerable amount of effort into establishing appropriate structures and processes and establishing a sound financial position but the benefits of these have yet to be fully realised.

What are CHI's key findings?
The trust board has a clear vision for the future, with clinical governance embedded in plans to progress the agenda. However, some aspects of clinical governance work lack clarity, momentum and focus. Within the divisions there is strong management and clinical leadership at senior level but leadership capacity below this level is weak in some areas.

The trust has a complex set of management and clinical governance arrangements. The trust board executes the overarching, trust wide strategic functions but some members also carry accountability for the strategic direction of the divisions, as each division has its own executive board. As a consequence, the trust's executive team carry large portfolios that prevent them spending quality time within care areas. Staff do not consider the trust board to be visible, although many know who the executive directors are.

The majority of staff CHI spoke to, beyond senior level, are unaware of who the non executive directors are or what role they play in the trust. The chairman and non executive directors are involved in various committees and have an allocated service area to which they pay particular attention, but visits to clinical areas occur on an ad hoc basis.

Inequalities in funding across the three boroughs served by local services division has led to the development of different ways of delivering services and national service framework targets not being met in Hounslow. However, the trust is trying to ensure service users are not disadvantaged but need to recognise and build on the good work that is taking in place in Hounslow.

The trust is meeting all its targets in progressing the large national forensic agenda but there is slow progress in developing the therapeutically enhanced secure women's service at the Ealing site.

Services users, stakeholders and staff feel that the trust is forced to concentrate its efforts on forensic services, particularly Broadmoor Hospital, due to the need to meet the national agenda and deal with public interest, to the detriment of local services. Several stakeholders raised concerns over the lack of ability to influence the trust board's decisions.

The trust has developed some good health community working relationships and have invested a great deal of time adapting ways of working to suit the three primary care trusts that commission local services. However, there is a need to develop a more cohesive approach for health and social care

What is the trust's strategic capacity for improvement? *continued*

across the three boroughs to ensure all service users are afforded equal access and levels of service. Some positive relationships also exist with forensic services division partner organisations, although many would like to be more involved in planning future services. Some staff and stakeholders commented the partnership working with the two other high secure hospitals, apart from security issues, is minimal. However, there has been some sharing of practice in relation to the medical management of services users, nursing and psychology.

Service users and carers are not represented at trust board level or on any of the strategic groups and committees, although work has recently started to consider how meaningful representation can best be achieved. However, positive user involvement has been undertaken to involve services users at operational level in both the local services and forensic services division. The trust has made some positive progress in addressing diversity.

The trust board receives regular performance monitoring information including information about clinical governance and service user outcomes, for both local and forensic services. The quality of information available has improved recently and should help create a more systematic approach to continuous improvement, which is limited at present.

Further information

The CHI clinical governance review took place between February and November 2003.

This report sets out the main findings and areas for action from the review. The trust has been given a detailed summary of the evidence on which these findings are based.

The trust will produce an action plan that will be available from:

West London Mental Health NHS Trust
Trust headquarters
Uxbridge Road
Southall
Middlesex
UB1 3EU

or from the CHI website. The trust's implementation of the action plan will be monitored.

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Service user, self employed

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Service user, stakeholder events for local services only

Tim Daly
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Further information *continued*

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The review manager was Karen Wilson

Further details of CHI's work are available from:

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Acknowledgements:

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Dr Julie Hollyman, Chief Executive

Professor Louis Smidt, Chairman

Dr Elizabeth Fellow-Smith, Medical Director

Mr Robert Nessling, Executive Nurse Director

Mr Simon Crawford, Director of Finance

Mr Kelvin Cheatle, HR Director

Mr Ian Kent, Director of Local Services

Mr Sean Payne, Director of Forensic Services

Ms Maria Harrington, Trust coordinator and her team

CHI should like to make clear that responsibility for the content of the report and its conclusions is CHI's alone.

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