as One

Hertfordshire Partnership NHS
University NHS Foundation Trust

Quality Account 2017 – 2018

Our Values
Welcoming Kind Positive Respectful Professional

Contents

The artwork used in this report is part of an exciting project which is putting locally produced art on view in our buildings. The project sources, purchases and frames art created by local people in Hertfordshire with a lived experience of mental health and specialist services.

The Dove Ward Team received the Making a Difference award at our 2017 Staff Awards

My Story

The parents of a young person admitted to Dove Ward praise the team about the care their son received.

Our son was seriously unwell when he arrived on Dove Ward. When we went to visit him on day one, we were met by Team Leader, Craig. He gave us the reassurance we needed that our son was in the right place and in the right hands. We cannot tell you how much this helped.

From that point on the entire team was fantastic. Every single member of staff was terrific although we're sorry we cannot remember all of their names.

In the earlier days the brilliance of Chris, Serge and Mo (and all the others) in dealing with our son's aggressive outbursts in such a controlled, professional and frankly brilliant manner set the tone. The compassion and expertise shown by Marie and Hannah throughout was awe inspiring.

From beginning to end, the team have been amazing beyond words. The support from everyone involved in our son's care has been phenomenal. Bethany and Katy have both been so incredible and we cannot thank them enough for the efforts they went to in the care they provided.

Our job now is to make sure we spot any signs of deterioration long before it becomes serious again. Craig and the team have mended our boy and we will never forget you or be able to thank you enough for that. So thank you all so much.

Part 1 – Statement on quality from our Chief Executive

This Quality Account has been designed to report on the quality of our services. It offers you the chance to find out more about what we do and how well we are delivering. Our aim is to describe in a balanced and accessible way how we provide high-quality clinical care to our service users, the local population and our commissioners. It also shows where we could perform better and what we are doing to improve.

I am proud to present this Quality Account in a year when the awareness of mental health has been higher than ever and we have seen many more people accessing our services. Despite this, we not only achieved an overall 'Good' rating in our Care Quality Commission (CQC) inspection but an 'Outstanding' rating for our Leaning Disability and Forensic services.

Importantly, the CQC recognised the commitment of all our staff both in living the Trust values and demonstrating leadership at every level. I believe that this leadership of all our dedicated and hardworking staff has enabled us to perform well against increased demand – continuing to deliver great care and great outcomes for over 400,000 people across four counties.

In order to achieve our Vision of delivering great care and achieving great outcomes together we need to acknowledge where we are required to make improvements and take effective steps to address these. In November 2017 an unannounced inspection of the Broadland Clinic in Norfolk led to us receiving a warning notice from the CQC. We responded quickly to the issues around safety that were raised, completing the work in January 2018. As well as taking on responsibility for Tier 4 services for children and adolescent mental services (CAMHS).

During 2017 we have established new services including our Community Perinatal Service which supports pregnant women and new mothers. We have also expanded other services including delivering crisis care around the clock. This year we continued with our extensive transformation programme to improve the environments in our older people's services. This included the refurbishment of our state of the art dementia unit, Logandene, which won the 'External Environment' category at the Building Better Healthcare Awards 2017.

Delivering great care depends on our ability to attract and retain great people and, as with many NHS organisations across the country, ensuring we have a stable workforce remains a top priority. I am pleased to say that during 2017 we continued to develop our Collective Leadership initiative, engaging and empowering our staff. We have explored new ways of recruiting staff, including developing new roles such as nurse associates and fast track social workers, as well as ensuring that we support our staff with a bespoke health hub that delivers wellbeing initiatives – from mindfulness sessions through to physical health checks. These initiatives are reflected in us once again scoring highly in the NHS National Staff Survey. Over 90% of our scores are in line with or above the national average and we continue to score highly for staff engagement and staff motivation.

Our staff are also supported in their daily roles with IT systems that deliver real time information on safe staffing levels and bed management. Positive feedback from the CQC endorses the view that we are making excellent progress on our ambition to become a great organisation.

Part of that journey includes great partnerships and working with other organisations to deliver integrated services that treat the 'whole person'. We know that statistics show that our service users are more likely to die 20 years younger than the rest of the population and we are tackling this inequality by looking at how we can support both people's physical and mental health needs. Together with Hertfordshire Community NHS Trust, we are delivering services at our newly-opened Marlowes Health & Wellbeing Centre. We are also looking at how we can better deliver care closer to people's homes through our work with NHS partners on place-based care and on giving people greater access to mental health services through their GPs' surgeries.

I look forward to this coming year as one where we continue to champion the needs of people with mental ill health and learning disabilities across the four counties that we serve. I believe 2018 will be a year where we deliver more for our young people and their families by treating a greater number of our younger service users close to home and by developing a bespoke Place of Safety for those in crisis. We will continue to build and maintain key relationships with our colleagues across health and social care to tackle the challenges we face. As the NHS marks its 70th birthday, we will take the opportunity to celebrate all that is good about the NHS and our services.

Declaration

Data accuracy

There are factors involved in preparing this Quality Account that can limit the reliability or accuracy of the data reported, and we are required by NHS Improvement, the body responsible for overseeing our Trust, to tell you about these.

- Data is taken from many different systems and processes. Not all this information is checked for accuracy by independent assessors from other organisations, or audited by the Trust every year
- Information is collected by many different teams across the Trust. Sometimes different teams apply or interpret policies differently, which means they might collect different information or, perhaps, put it in different categories
- In many cases, the information provided is based on clinical judgements about individual cases. Because clinical judgements can vary, so can the data drawn from them
- National data definitions do not cover all circumstances and some local interpretations may differ
- We sometimes change how we collect, define and analyse data and it is often difficult or impossible to adjust older data to fit with a new method. To avoid confusion, we indicate when and where we have made these kinds of changes
- External auditors have identified issues relating to the data quality supporting the Early Intervention Psychosis (EIP) indicator. Further details and remedial actions we have taken can be found on page 90.

The Board of Directors and Executive Team have taken all reasonable steps and have exercised due diligence to ensure the accuracy of the data reported. However, we recognise that the data is subject to the limitations described above.

Tom Cahill, Chief Executive

May 2018

Date:

Background

Once a year, every NHS Trust is required to produce a Quality Account. This report includes information about the services the Trust delivers, how well we deliver them, and our plans for the following year.

Our aim in this Quality Account is to make sure that everyone who wants to know about what we do can access that information. All Quality Accounts are presented to Parliament before they are made available to service users, carers and members of the public on the NHS Choices website.

What is NHS Choices?

NHS Choices is the UK's biggest health website. It provides information about symptoms conditions, medicines and treatment, NHS services and advice about how to live as well as possible at www.nhs.uk

What the Quality Account includes

- What we plan to do next year (2018/19), what our priorities are, and how we intend to address them
- How we performed last year (2017/18), including where our services improved
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts
- Stakeholder and external assurance statements including our independent auditor's report, statements from Healthwatch Hertfordshire, Herts Valleys Clinical Commissioning Group (CCG), East and North CCG and Hertfordshire County Council Health Scrutiny Committee.

Understanding the Quality Account

We recognise that some of the information in this Quality Account may be hard to understand if you don't work in health care. We've used the coloured boxes to provide explanations and examples that should help.

This is a 'What is it?' box

These explain a term or abbreviation

This is a 'Quotes from staff, service users, carers and others' box

These support and illustrate the information in the report

This is a 'Comments' box

These include quotes from regulators and other governing bodies

See page 159 for a glossary of abbreviations we use in the Account.

Hertfordshire Partnership University NHS Foundation Trust

We provide mental health and learning disabilities inpatient care and treatment in the community for young people, adults and older people in Hertfordshire, along with:

- Learning disability services in Buckinghamshire
- Wellbeing and learning disability services in North Essex
- Forensic and learning disability services in Norfolk.

Our Vision:

Delivering great care, achieving great outcomes - together

Our Mission:

We help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well

Our principles

We provide services that make a positive difference to the lives of patients, service users and their carers and which are underpinned by the principles of choice, independence and equality.

Our strategy

In 2016, we launched our Good to Great strategy. This explains how we aim to deliver the highest quality services and become an outstanding Trust. We believe that Great Care and Great Outcomes are delivered by Great People supported by a Great Organisation and Great Partnerships and Networks. This means we shape our services around the needs of service users, involving them to continuously improve the care we deliver.

In 2017/2018 we continued to provide:

- A full range of mental health care and treatment for people in Hertfordshire with mental ill-health. This includes a comprehensive primary care service for those with more common mental health problems
- Inpatient and specialist community health care for adults with learning disabilities in Hertfordshire, North Essex and Buckinghamshire
- Secure inpatient services for adults with learning disabilities and challenging behaviour in Hertfordshire and Norfolk and an Assessment and Treatment unit for people with learning disabilities at Astley Court in Norfolk
- Specialist services for:
  - adolescents who need mental health inpatient care
  - community perinatal care (mother and baby)
  - treating severe obsessional-compulsive disorder.
- Enhanced primary care mental health services (in partnership with Mind) in Mid, North-East, and West Essex.

Across our 47 sites, we employed approximately 3000 permanent staff, with c200 on a fixed term/temporary contract and c650 bank staff, and budgeted to spend c£221m on our services. We aim to deliver Great Care and Great Outcomes, and are keen to share information about the quality of our services and how we are working to improve these. This report is one of the many ways in which we share information.

Our Partnerships

Our partnership with Hertfordshire County Council helps us to develop an approach based on a holistic assessment of each service user's health and social care needs, which focuses on recovery. Working in partnership with the Council also means we can help improve integration between mental health, physical wellbeing and social care services.

We also work with other NHS partners, including Hertfordshire Community NHS Trust (HCT). An example of this is the way in which we worked together to develop the Marlowes Health & Wellbeing Centre in Hemel Hempstead, where mental and physical health services share the same building.

As a University Trust, our close links to the University of Hertfordshire mean we can contribute to clinical research, and offer our staff excellent learning and development opportunities.

What is a Partnership University Foundation Trust?

NHS Foundation Trusts are not-for-profit, public benefit corporations. Like the rest of the NHS, they provide free care based on need, not ability to pay. FoundationTrusts have freedom to decide locally how to meet their health care obligations. These trusts are accountable to local people, who can become members and governors and are authorised and monitored by an independent regulator.

HPFT is a Partnership Trust meaning we provide health and social care for specific groups of people – people with mental and physical ill-health, and those with learning disabilities – in partnership with local authorities, the University of Hertfordshire and with the mental health charity, Mind.

Our Commissioners

We work closely with many organisations that commission and pay for our services.

What is commissioning?

Commissioning is the process of planning, agreeing and monitoring services. Commissioning groups

- **assess the health needs of their local population**
- **plan care pathways for people with specific health problems**
- **specify which services their local populations need**
- **negotiate contracts with the organisations that provide these services**
- **make sure the services those organisations provide are good enough.**

This report

If you have any questions about anything in this report, would like to comment on it or want to know more about HPFT, contact Jacky Vincent, Deputy Director of Nursing and Quality jacky.vincent@nhs.net

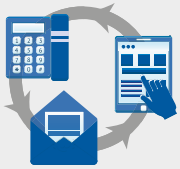
This Quality Account was published on 24 June 2018 on the NHS Choices website www.nhs.uk and on our website: www.hpft.nhs.uk.

If you would like a paper copy of this report, or to see it in other formats, please call our Communications team on 01707 253902, or email hpft.comms@nhs.net.

The Trust in 2017/2018

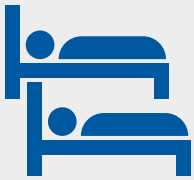
Mental Health
Community and Learning Disability Services for children and adults

335,516
secondary care contacts

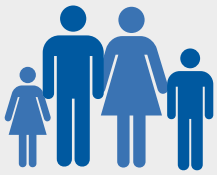


52,423
referrals through Single Point of Access (SPA)

155,159
IAPT (Improving Access to Psychological Therapies) contacts



160,288
occupied bed days



87%
would recommend us to friends and family

3,157
(permanent and temporary) Staff working across 47 Trust sites

What is SPA?

The Single Point of Access (SPA) is the telephone clinical triage service for all new referrals into the Trust. This service was set up in 2013 to ensure that that there was a single point of contact to access any our mental health care services, and it makes sure that service users are referred to the right service straight away.

What is IAPT?

IAPT is the government's Improving Access to Psychological Therapies initiative. Our Wellbeing Service is part of this and aims to reduce distress and improve general mental health through teaching coping strategies based on Cognitive Behaviour Therapy (CBT). CBT is an evidence-based psychological therapy recommended by National Institute for Clinical Excellence (NICE). It offers service users effective techniques and skills to manage distressing emotions. The Wellbeing Service is made up of a range of clinicians and mental health professionals who deliver treatment in a variety of flexible ways.

Part 2 – Priorities for Improvement and statement of assurance from the Board

We are committed to delivering great care and great outcomes for our service users. To help us achieve this, we work in partnership with other organisations, for example to identify areas for improvement. These fall into three categories:

- Patient (service user) Safety
- Clinical Effectiveness
- Patient (service user) Experience.

This part of the report sets out:

- The priorities we have identified for 2018/19 and how we decided on these
- Statements of assurance from our Trust Board
- How we performed in our priority areas during 2017/18.

In this report we show:

- how we performed in our priority areas during 2017/18
- describe our priority areas for 2018/19
- notable and innovative practices that we have introduced across our services during the past year.

What is assurance?

Data quality assurance is the process of ensuring that data is as accurate, relevant and consistent as it can possibly be.

2.1 Priorities for Quality Improvement 2018/2019

Our Board agreed our 12 key quality priorities for 2018/19 at the Board meeting on 24 May 2018.

How we chose our Quality Priorities

We:

- consulted with stakeholders including service users, carers, staff, commissioners and others
- decided to continue to build on and monitor the work we did in 2017/18 and previous years that could potentially significantly improve our services.

What is the Trust Board?

The Trust Board is the Board of directors responsible for overseeing the running and management of the Trust. It is made up of Executive Directors, including the Chief Executive, who are full-time senior staff, an independent Chairman and Non-Executive Directors who do not work within the Trust.

What is a stakeholder?

A stakeholder is a person or organisation with an interest in the Trust who should be involved in our decision-making processes.

The consultation process

We started by considering

- the feedback we have received on the quality of our services in surveys, reports and other documents

our stakeholders' (including our commissioners') priorities.

From this we developed 12 potential quality priorities.

We circulated these to our stakeholders so they could tell us which quality priorities they would like us to focus on next year.

We are grateful to all who have contributed to, supported and worked with us in reviewing and setting our quality plans for 2018/19, including:

- Adult Service User Council
- Young Person's Service User Council
- Commissioners – Norfolk, Essex, Buckinghamshire and Hertfordshire
- GPs
- Carers Council
- Trust Governors, through the subgroup that leads on Quality
- Trust Board of Governors
- Trust clinicians and managers
- Trust Audit Committee
- Trust Executive Team
- Hertfordshire Health Scrutiny Committee
- Healthwatch Norfolk, Essex, Buckinghamshire and Hertfordshire.

What we heard during the consultation

Our stakeholders reported that, overall, the proposed indicators were great and covered a wide range of service areas. One stakeholder group felt that we should choose to replace the IAPT indicator to focus on dementia treatment. Although dementia is not a priority, there is a section on our dementia services later in the document. Another group reported that the indicator on carers feeling valued by staff should include both carers supporting people with a lived experience of mental illness and carers who support individuals with a learning disability. The group felt that the goal is not enough of a stretch.

Carers expect to be valued by professionals and the group felt that the question to consider is *if the knowledge of the carers is valued by professionals*. The other aspect raised was the need for carers to be supported on their personal safety, for example what do carers do to de-escalate a potentially challenging situation other than calling the police, and for this to be in addition to the Carers Assessment.

Other feedback that the focus group would like to see us reporting on were:

- Incident data to have more detailed information provided, such as incidents per diagnosis
- Recovery rates data to also have more detailed information provided, such as breakdown of recovery rates by diagnosis
- Carers to have more robust information on the proportion of carers who receive support following their loved one/relative leaving hospital
- Service users with a learning disability and a diagnosis of dementia to have more detailed information on what support is provided
- To have more detailed information on what is available in our mental health services, what our criteria is and how this is accessed
- To have improved follow-ups after a Mental Health Act assessment
- For greater signposting to new resources as they become available in the local facility, such as New Leaf Recovery College, the Marlowes Health & Wellbeing Centre, psychosexual services etc.
- For a greater overlap between learning disabilities and mental health services with regards to knowledge, and understanding of and also the opportunity to discuss learning disabilities, as the symptoms are often similar and the conditions co-present
- Data regarding service users who access our services repeatedly
- Data regarding the proportion of mental health service users who receive written information and advice about their condition and support services
- Data regarding the proportion of service users who access DBT/emotional skills services
- An improvement in the consistency of accessing the same person in the Crisis Team and Care Coordinators.

Some areas identified in the consultation have not been included in our 2018/19 quality priorities. This is because they will be monitored and assessed through a different process, such as the Commissioning for Quality and Innovation (CQUIN). This means that our core targets represent only a small sample of the quality initiatives we are working on.

Selection and monitoring

This year, our priorities again cover all three areas of quality:

- **Safety**
  - avoiding preventable incidents whether serious (eg: suicides) or more minor (eg: slips, trips and falls)
  - helping inpatients to feel safer, reducing actual or threatened assaults in inpatient units, planning services so they are as safe as possible
  - working with service users to assess and manage their risks effectively
- **Clinical effectiveness:**
  - making sure people can access the services they need for urgent and routine care
  - enabling service users to move on when they are ready
  - providing interventions that work.
- **Service user and carer experience:**
  - recognising that a service is only good if users and carers experience it as good
  - having flexible ways of hearing from service users and carers and acting on what they tell us
  - using Friends and Family Test questions to measure quality.

Detail of each priority

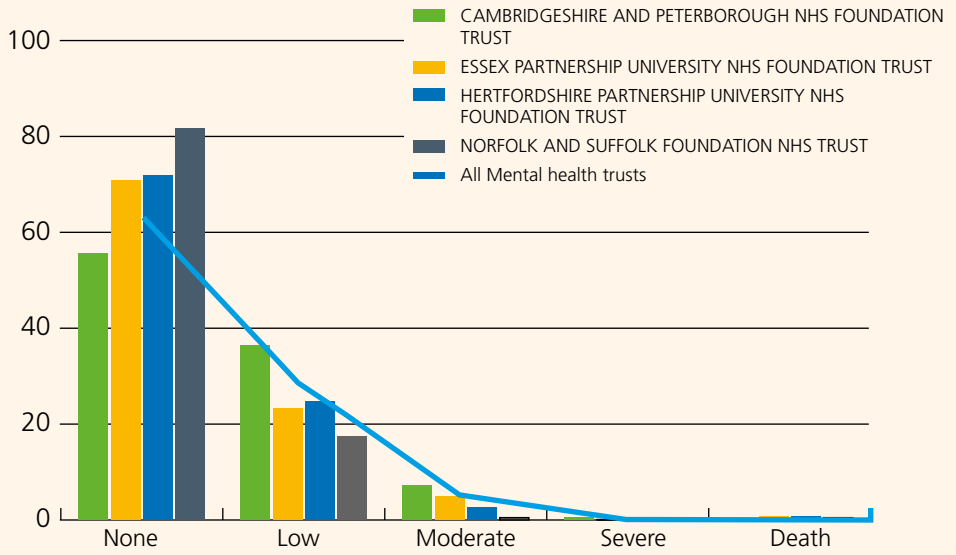
The Performance Team will report on all figures once a month for goals 1–10 and quarterly for 11–12. Data quality is important in ensuring the accuracy, validity and reliability of the Key Performance Indicators (KPIs). Where possible, the Performance Team will undertake work to ensure this. The Performance Team is internally and externally audited annually. Auditors check a sample of reports to ensure accuracy.

The quality priority areas for 2018/19 agreed by the Trust Board are:

Patient (service user) Safety	
1	100% of enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital (NHSI)
2	CAMHS 28-day target for routine referrals (chosen by the Council of Governors (COG) so is now a Mandated Indicator)
3	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)
4	Inappropriate out-of-area placements for adult mental health services (NHSI)
Clinical Effectiveness	
5	Emergency readmissions within 28 days (0-15 and adult acute) (NHSI)
6	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)
7	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period (NHSI)
8	IAPT Recovery Rate Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (NHSI)
Service User and Carer Experience	
9	Carers feeling valued by staff
10	Staff Friends and Family Test – Staff would recommend the service they work in to friends and family who may need treatment or care
11	Service Users Friends and Family Test. Service users report that they are treated according to Trust values
12	Service users reporting their experience of Community Mental Health Services (NHSI)

Name of Priority	Patient (service user) Safety 1 - 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital (NHSI)				
Related NHS Outcomes Framework Domain and who will report on them	1 - Preventing People from dying prematurely 2 - Enhancing quality of life for people with long-term conditions All Trusts providing mental health services				
Data Definition	Service user is followed up either by face to face contact or by telephone within 7 days of discharge, whether the Trust contacts the service user or the service user contacts the Trust. The 7 day period should be measured in days not hours and starts on the day after discharge.				
How this data will be collated	Data will be collated by the Performance Team and reported on a monthly basis to the Trust's Executive Team				
Validation	Data is validated and checked by Data Quality Officers and the Performance Team.				
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
	95.6%	96.8%	96.7%	96%	97%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**	**2016/17**
	97.4%	98.5%	97.3%	98.5%	98%
Target	95% rate of service users followed up after discharge from the Acute Care Pathway.				

Name of Priority	Patient (service user) Safety 2 - CAMHS 28 day target for routine referrals (chosen by the Council of Governors and is now a Mandated Indicator)			
Data Definition	Routine referrals are received in SPA and passed on to CAMHS for assessments. The indicator measures how many of the referrals that are passed on go on to be seen in a face to face appointment within 28 days of their original referral date. Applies to all Hertfordshire CAMHS routine waits.			
How this data will be collated	Data will be collated by the Performance Team and reported on a monthly basis.			
Validation	Validated by team managers and the Performance Team.			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	95.4%	79.5%	98.6%	80.5%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	95.5%	94.6%	91.1%	41.6%
Target	95% of routine CAMHS Community Team referrals to be seen within 28 days.			

Name of Priority	**Patient (service user) Safety** **3 - Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)**
Related NHS Outcomes Framework Domain and who will report on them	Treating and caring for people in a safe environment and protecting them from avoidable harm
Data Definition	The number and rate of patient safety incidents during the reporting period and the percentage of such patient (service user) safety incidents that results in severe harm or death.
How this data will be collated	The Safer Care Team uploads data onto the National Reporting and Learning System (NRLS) which is a central database of patient (service user) safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of service user care.
Validation	This data is validated via the NRLS which is managed by NHSI.
Performance in Q1 to Q4 in 2017-18	

Name of Priority	**Patient (service user) Safety** **4 - Inappropriate out-of-area placements for adult mental health services (NHSI)**			
Data Definition	This indicator measures the number of days that service users inappropriately spent out of area.			
How this data will be collated	Data is collated by the Bed Management Team and submitted by the Information Team.			
Validation	The data quality supporting Q4 indicator data has been reviewed by Deloitte as part of their limited assurance review.			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
				85.7 days
	The performance above is calculated as the average number of inappropriate out of area bed days per month, during the quarter			
Target	TBA			

Name of Priority	Clinical Effectiveness 5 - Emergency readmissions within 28 days (0-15 and adult acute) (NHSI)				
Related NHS Outcomes Framework Domain and who will report on them	3: Helping people to recover from episodes of ill health or following injury. All Trusts.				
Data Definition	This indicator measures the percentage of admissions of people who reside in Hertfordshire who have returned to hospital as an emergency within 28 days of discharge after an inpatient stay. It aims to measure the success of the NHS in helping people to recover effectively from illnesses. If a person does not recover well, it is more likely that they will require hospital treatment again within the 28 days following their previous admission. Thus, readmissions are widely used as an indicator of the success of healthcare in helping people to recover. This indicator is currently only reported for those residing in Hertfordshire, as required by the Hertfordshire Commissioners.				
How this data will be collated	Data will be collated by the performance team and reported on a monthly basis.				
Validation	Data is validated by the strategic business unit who look at all re-admissions each month to ensure accuracy of the report and explain why the re-admission occurred.				
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
	4.51%	7.8%	7.09%	5%	5.8%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**	
	4.31%	5.25%	4.8%	4.2%	
Target	<=7.5% of discharges from inpatient units excluding self-discharge.				

Name of Priority	Clinical Effectiveness 6 - Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)				
Data Definition	A maximum wait time of two weeks from referral to treatment.				
How this data will be collated	Data will be collated by the performance team and reported on a monthly basis.				
Validation	Performance and service validate the data on the waiting time.				
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
	82%	66%	69.5%	64.2%	69.7%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**	
	57.6%	78.41%	74.5%	78.8%	
Target	53% For 2018/19 – 50% for 2017/18 This indicator was subject to external audit as per NHSI requirements. Auditors have identified issues relating to the data quality supporting the reported performance". We are taking the following steps to address their findings, and improve the data quality support this indicator, going forward: • Review of auditor findings • Daily triage of new cases (already in place and on-going) • Improved clarity of expected assessment process with acute for all clinicians in PATH • Band 7 now responsible for activity recording and data entry on each assessment -clinicians are now not entering this, they are just doing relevant documents and case-notes • Operational Team Leader validating each clock stop case weekly and monthly before submission - Weekly operational oversight on assessments completed with check on appropriate use of clock stop.				

Name of Priority	Clinical Effectiveness 7 - The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period (NHSI)			
Data Definition	A Crisis Assessment and Treatment Team (CATT) provide intensive support for people in mental health crises in their own home so they receive prompt and effective home treatment, including medication. This helps prevent hospital admissions and gives support to informal carers. Teams are required to meet all of the fidelity criteria including gatekeeping all admissions to psychiatry inpatients wards and facilitate early discharge of service users. A crisis resolution team has acted as a gate-keeper for an admission if they have assessed the service user before admission and if the team was involved in the decision making-process which led to an admission.			
How this data will be collated	Data will be collated by the performance team and reported on a monthly basis.			
Validation	Validated by Data Quality Officers and the Senior Service Line Lead.			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	96%	97.8%,	99.6%	98.2%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	100%	99.3%	88.5%	96%
Target	95% of those admitted to an inpatient unit should have been gate kept by CATT.			

Name of Priority	**Clinical Effectiveness** **8 - IAPT Recovery Rate. Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (NHSI)**
Data Definition	The Improving Access to Psychological Therapies (IAPT) programme aims to implement National Institute for Health and Clinical Excellence (NICE) guidance for people with common mental health problems. NICE recommends a range of psychological therapies to treat people with depression and anxiety disorders and bring them to recovery. **Waiting times:** 75% of people referred to IAPT services should start treatment within 6 weeks of referral, and 95% should start treatment within 18 weeks of referral. **Recovery:** At least 50% of people who complete treatment should recover.
How this data will be collated	Data is collected on PC-MIS and submitted to NHS England by the Information Team.
Validation	Validated by service.

Performance in Q1 to Q4 in 2017-18

Recovery Rate:			
Q1	**Q2**	**Q3**	**Q4**
53.4%	54.1%	53%	53.1%
6 week wait:			
Q1	**Q2**	**Q3**	**Q4**
92.16%	94.81%	94.67%	92.53%
18 week wait:			
Q1	**Q2**	**Q3**	**Q4**
99.97%	99.93%	99.91%	99.96%

Performance in Q1 to Q4 in 2016-17

Recovery Rate:			
Q1	**Q2**	**Q3**	**Q4**
51.8%	52.6%	51.8%	54.7%
6 week wait:			
Q1	**Q2**	**Q3**	**Q4**
94.61%	94.19%	94.14%	91.26%
18 week wait:			
Q1	**Q2**	**Q3**	**Q4**
99.93%	99.96%	99.9%	99.9%

Target	50% recovery rate 75% 6 week wait 95% 18 week wait

Name of Priority	Service User and Carer Experience 9 - Carers feeling valued by staff				
Data Definition	Our Having your say questionnaire is offered to all carers. All questions are set against the Trust Values. One asks "Do you feel valued by staff as a key partner in care planning?" The carer can choose from: Yes; Sometimes; No; Don't Know. When we receive completed questionnaires we enter them onto the Membership Engagement System – the Trust's service experience dashBoard – and the performance team reports on them. Only replies that are recorded as 'Yes' are taken to be a positive answer				
How this data will be collated	The data quality supporting Q4 indicator data has been reviewed by Deloitte as part of their limited assurance review.				
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Our external auditor (Deloitte) also validates the data.				
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
	72.2%	80.7%	76.8%	67.9%	74.0%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**	
	88.4%	89.3%	84%	88.1%	
Target	>/=75%				

Name of Priority	Service User and Carer Experience 10 - Staff Friends and Family Test (FFT) – Staff would recommend the service they work in to friends and family who may need treatment or care			
Related NHS Outcomes Framework Domain and who will report on them	4: Ensuring that people have a positive experience of care **All Trusts** **The primary purpose of the staff FFT is to support local service improvement work**			
Data Definition	The FFT is a feedback tool which allows staff to give their feedback on Trust services. It asks how likely staff are to recommend the services they work in to friends and family who may need treatment or care or as a place to work. Participants respond to FFT using a response scale, ranging from "extremely unlikely" to "extremely likely". They can also provide a free text comment after each of the FFT questions.The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. This question is in the Trusts Pulse survey. This is also an NHS England statutory submission.			
How this data will be collated	Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken).			
Validation				
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	57%	67.7%	67%	73.9%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	76.98%	77.4%	76.1%	75.3%
Target	Staff Friends and Family Test (FFT) - recommending Trust services to family and friends if they need them >=70%			

Name of Priority	Service User and Carer Experience 11 - Service Users Friends and Family Test (FFT). Rate of service users that would recommend the Trust's Services to family and friends if they needed them			
Data Definition	Since 1 January 2015 all mental health trusts have been required to ask all service users the FFT question. Service users are asked to respond to the question on a scale of answers from "Extremely Likely" to "Extremely Unlikely". The recommend score is derived from "Extremely Likely" and "Likely" responses.			
How this data will be collated	We use Having Your Say surveys and FFT cards throughout the Trust to gather the FFT data. Survey links are available online through the Trust's website to complete FFT if people prefer this method. We input the data into the Membership Engagement System (MES). Each month, we submit our FFT figures to NHS England. We also report the figures monthly and quarterly within the Trust.			
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Our external auditor (Deloitte) also validates the data.			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	87.7%	88.0%	86.3%	85.5%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	86.8%	87%	86.3%	85.8%
Target	70%			

Name of Priority	Service User and Carer Experience 12 – Service users reporting their experience of Community Mental Health Services (NHSI)			
Data Definition	Service users are offered the Having your Say survey at their care review and on discharge. All questions are set against the Trust Values. Completed questionnaires are entered onto the Membership Engagement System (MES) and the Performance Team reports on them. Once a year an external audit is undertaken by The NHS Patient Survey Programme Team. They send a questionnaire to people's home addresses.			
How this data will be collated	Data collated by the Performance Team will be reported quarterly. Data collected by The NHS Patient Survey Programme Team will be reported annually.			
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead.			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	92.3%	94.7%	93.2%	90.3%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	90.1%	87.7%	92.2%	90.5%
Target	>=75%			

How these targets will be monitored

We will measure and monitor our progress on the implementation of each quality throughout the year. There will be additional audits to ensure that the data collected is reliable and valid.

What does reliable mean?

If data is reliable then it gives a consistent result. This means that if someone else was to collect the same information in the same way, the results would be the same.

What does valid mean?

If data is valid then it measures what it is supposed to measure.

We have put a robust reporting framework in place to make sure we keep progressing and can address any challenges that arise as early as possible. We will

- report our results to our Board and our commissioners every quarter at our Quality Review Meeting
- engage with our key stakeholders to discuss our progress throughout the year.

Once the Board has agreed targets, we will develop plans to ensure that these priorities are achieved and progress monitored quarterly.

We will report progress towards targets through our Governance structures. Our Performance Team will check and assure the quality and accuracy of our data in accordance with Trust policies.

2.2 Statements of assurances

This section of the report explains how we have provided assurance in relation to the services it provides. This is demonstrated through clinical networks, audit and our Care Quality Commission (CQC) inspection report. We have reviewed all the data available to us relating to the quality of care we provide in these services. Our total income from activities was £216.9m and out total income was £230.3m, thus 94.2%

Clinical Audits

Our Practice Audit and Clinical Effectiveness (PACE) team leads on our clinical audit work, offering guidance, support and assurance for quality and service improvement.

At the start of each financial year, our PACE team consults with our leaders and managers to develop a programme of audits. This includes the audits that every NHS Trust is required to complete, those needed to monitor our contractual arrangements, and those requested by our teams to assess and improve the quality of their own work.

When an audit is completed, we develop an action plan so that we can make and monitor improvements to our services. Our Practice Audit Implementation Group (PAIG – members include the Associate Medical Director, Chief Pharmacist and representation from other clinical disciplines) discusses and approves the reports. We then share them throughout the Trust so everyone can learn from the results.

What is a clinical audit?

Clinical audit is a way to find out if healthcare is being provided in line with standards and tells care providers and patients where their service is doing well, and where there could be improvements.

The aim is to allow improvements to take place where they will be most helpful and improve outcomes for service users.

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National clinical audits

Participating in National Quality Improvement Programmes (HQIP) and quality accreditation programmes helps us compare our performance against other mental health trusts across the country. This not only helps us to benchmark our performance, but also gives us an opportunity to provide assurances that our services are continuously striving to reach the highest standards set by the professional bodies, such as The Royal College of Psychiatrists and the National Prescribing Observatory for Mental Health (POMH-UK).

During 2017/18, we were eligible for 5 national clinical audits, all of which we participated in. We were also eligible to participate in 1 confidential enquiry which we also participated in, as detailed in the table opposite.

National Audit	Trust Participation	
	Number of cases required by the terms of the audit	Number of Cases Submitted by HPFT
POMH-UK Topic 1g & 3d Prescribing High Dose Antipsychotics	Information not available within HPFT	191
POMH-UK 17a Use of Depot / Long Acting Injectable (LAI) Antipsychotic Medication for Relapse Prevention	Information not available within HPFT	198
POMH-UK Topic 15b Prescribing Valproate for bipolar disorder	Information not available within HPFT	106 (subject to confirmation from POMH-UK)
National Clinical Audit of Psychosis	300	300 (100%)
Early Intervention in Psychosis Network	453	453 (100%)

*report not published to date – expected June 2018.

Results from national audits are as follows

The reports of 4 national clinical audits were reviewed by the provider in 2017/18; one report was not published at the time of writing this report. The results of these audits are summarised below along with the actions we intend to take to improve the quality of healthcare provided.

POMH-UK Prescribing Observatory for Mental Health) Topic 1g & 3d Prescribing High Dose Antipsychotics (Includes the following Services Adult acute, PICU, Forensic, Rehabilitation/complex needs).

There has been a reduction in the number of service users prescribed an antipsychotic above the British National Formulary (BNF) limits from the previous audit in 2012. An improvement of 21% for Acute/PICU and 47% for Forensic Services is noted. There are higher levels of prescribing above the BNF in Rehabilitation services 31% against a national average of 20%.

Proportion of service users where a single antipsychotic drug is prescribed. Compared to the previous audit in 2012, Acute/PICU demonstrated a 10% and forensic services a 40% improvement. These results were similar to national average data. Prescribing of multiple antipsychotics in rehabilitation services was 36% which is higher than the national average of 29%.

Proportion of service users prescribed regular standard dose of antipsychotic medication (as opposed to regular high dose). PRN not included. Percentage for Acute/PICU was 88% which is similar to the national average. Prescribing of regular standard dose antipsychotics in forensic services was 92%, slightly higher than the national average 86%. In rehabilitation services it was 78%, the national average was 85%.

A Statement was found in the care plan that the service users are prescribed high-dose antipsychotic medication. In Acute/PICU this occurred in just over half of the service users that were audited, more than double the national average. In forensic and rehabilitation services, no service users had a statement in their care plan regarding the prescription of high dose antipsychotic medication.

Where high-dose antipsychotics are prescribed, there should be a clear plan for regular clinical review including safety monitoring. This is a new standard for 2017. Results were for the whole sample and not separated for individual services. We achieved over 80% in 6 out of 7 measures and each one was higher than the equivalent national average result. We also achieved 69% for assessment of movement disorder over the past year; very slightly better than the national average 65%.

Actions:

- To share findings via our Quality and Risk meetings for services which participated
- To have Trust wide High Dose Antipsychotic Therapy (HDAT) guidelines
- To inform all services of updated Trust HDAT Guidelines and HDAT Alert Cards
- To re-audit HDAT prescribing in Rehabilitation Services in October 2018 (since 2017 was baseline audit).

POMH-UK Topic 17a Use of Depot/Long Acting Injectable (LAI) Antipsychotic Medication for Relapse Prevention.

Care plan

	Trust %	National average %
A service user's care plan should be accessible in the clinical records	98	93
There should be documented evidence that the service user was involved in the generation of their care plan	92	80
A service user's relapse 'signature' signs and symptoms should be documented in their care plan	63	73
The care plan should include a crisis plan	83	81
The care plan should include a clinical plan for response to default from treatment, i.e. if a service user fails to attend an appointment for administration of their depot injection or declines their depot injection	17	33

Depot/long-acting injectable antipsychotic medication: prescription and review

	Trust %	National average %
A clear rationale for initiating a depot/long-acting injectable antipsychotic medication should be documented in the clinical records	96	93
Review of antipsychotic medication should be conducted at least annually by the prescriber/psychiatrist in the responsible clinical team	92	87
Medication review should include consideration of		
• therapeutic response	91	80
• adverse effects	94	84
• adherence	82	79

The Trust's performance against the clinical practice standards was generally good overall.

Actions:

- To combine actions with the outcomes from our local depot audit
- To revise standard operating procedures for the administration of depot medication to include standards from the POMH-UK audit
- To ensure staff document service users' 'signature' relapse signs and symptoms in their care plans
- To ensure care plans include a clinical plan for responding if service users default from treatment
- To ensure care plans include a crisis plan for all service users on depot/LAI antipsychotic medication
- To remind staff to make sure the prescriber/psychiatrist/Non-Medical Prescriber (NMP) of the responsible team conducts and documents a face-to-face medication review at least every six months.

National Clinical audit of Psychosis.

A cardio metabolic screening for service users with serious mental illness undertaken within a 12 month period and a record of associated interventions recorded: areas included:

- Smoking status
- Lifestyle (including exercise, diet, alcohol and drugs)
- Body Mass Index
- Blood pressure
- Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate)
- Blood lipids.

	Trust Result (17/18)	Trust Result (16/17)	National Average
Inpatients staying on a ward 7 nights on more	91%	86%	56%
Community services on CPA	70%	48%	44%

No further information regarding other elements included in the audit have been published to date.

Early Intervention in Psychosis Network

	Trust Result (17/18)	Trust Result (16/17)	National Average
Percentage of people referred with suspected First Episode Psychosis (FEP) who commenced treatment within 2 weeks of referral	70%	64%	72%
People with an identified family member, friend or carer who supports them	81%	84%	70%
People with FEP who have been on the caseload for 6 months or more, who received a full physical health assessment and any relevant interventions in the last year	57%	21%	42%
People with FEP who had two adequate but unsuccessful trials of antipsychotic medications, that were offered clozapine	28%	1%	28%

Actions:

- We have recruited to a performance management band 7 role part of whose remit will be to monitor and prompt care coordinators when physical health checks are due
- We have established a physical health task and finish group looking at tightening up processes around how we carry out and record physical health checks
- Training is being currently delivered to band 5 and band 4 staff to establish competence in undertaking basic physical health checks
- We are also promoting venepuncture training to PATH staff.

Local clinical audit

We reviewed the reports of 97 local clinical audits in 2017/18. 59 were undertaken by the Practice Audit and Clinical Effectiveness (PACE) team as part of their annual programme and 38 were local audits registered with the PACE team by clinicians throughout the Trust. We intend to take the following actions to improve the quality of healthcare provided:

- Continue to ensure that audit findings are shared with the dedicated committees that champion that particular area of health improvement, including the Physical Health Committee, the Patient Safety Committee, the Quality and Risk Management Committees across each of our three Strategic Business Units as well as our Trust wide Quality and Risk Management Committee.
- During 2017/18, the PACE team has introduced a 2 page template report enabling staff to see the audit findings at a glance.
- We believe that the service user's voice is an invaluable part of audit; plans are now in place to ensure greater service user and carer participation in audit by inviting them to become standing members of our Audit Committee.

The full details of all these audits are beyond the scope of this report but detailed below are examples of the results that were found.

Where audits said we did well

Early Memory Diagnosis & Support Service (EMDASS)

This re-audit considered how our EMDASS East Team performed against the Royal College of Psychiatry and Trust standards in comparison to the first audit in 2016. The results demonstrate excellent levels of compliance across all standards and the actions identified in the initial audit have been implemented.

Is the service users consent to the sharing of clinical information outside the team recorded – 26% increase in 2017 from 2016 results.

Was the service user asked if they wanted to know their diagnosis – 31% increase in 2017 from 2016 results.

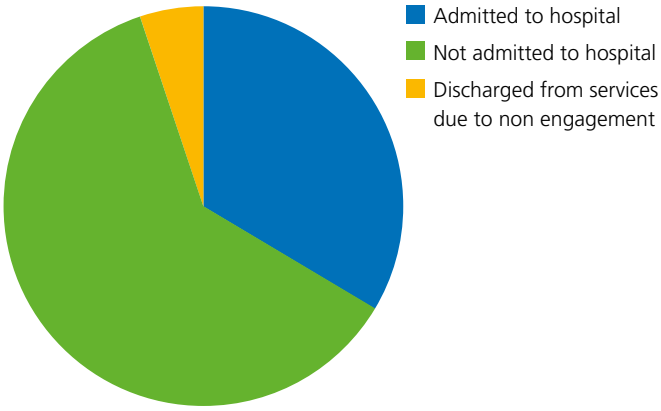
Basic Dementia and blood test completed by the GP prior to referral to EMDASS – 5% decline from 2016 results.

The recommendation to improve this was for discussions to take place on the importance of nurses ensuring that when triaging that GP referrals have dementia screening blood results attached.

Efficacy of Intensive Community Management of Anorexia Nervosa

This audit looked to determine how effectively our Community Eating Disorders Team's intensive community management (ICM) for adults with anorexia nervosa prevents admission to inpatient eating disorders units. Results suggest the treatment received by service users at risk of inpatient referrals successfully reduced hospital admissions. Of 20 service users admitted to our community eating disorders team between January 2014 and March 2017, 7 were admitted to hospital due to low weight and for 1, no recording could be found regarding possible admission to hospital as they were discharged from our services due to non-engagement (figure 1). All 7 admitted to hospital remained an inpatient 3 months after the ICM finished. For all 20 admitted to the Community Eating Disorders Service, medical monitoring, dietetics and support work input were provided.

Service users admitted/not admitted to hospital after ICM



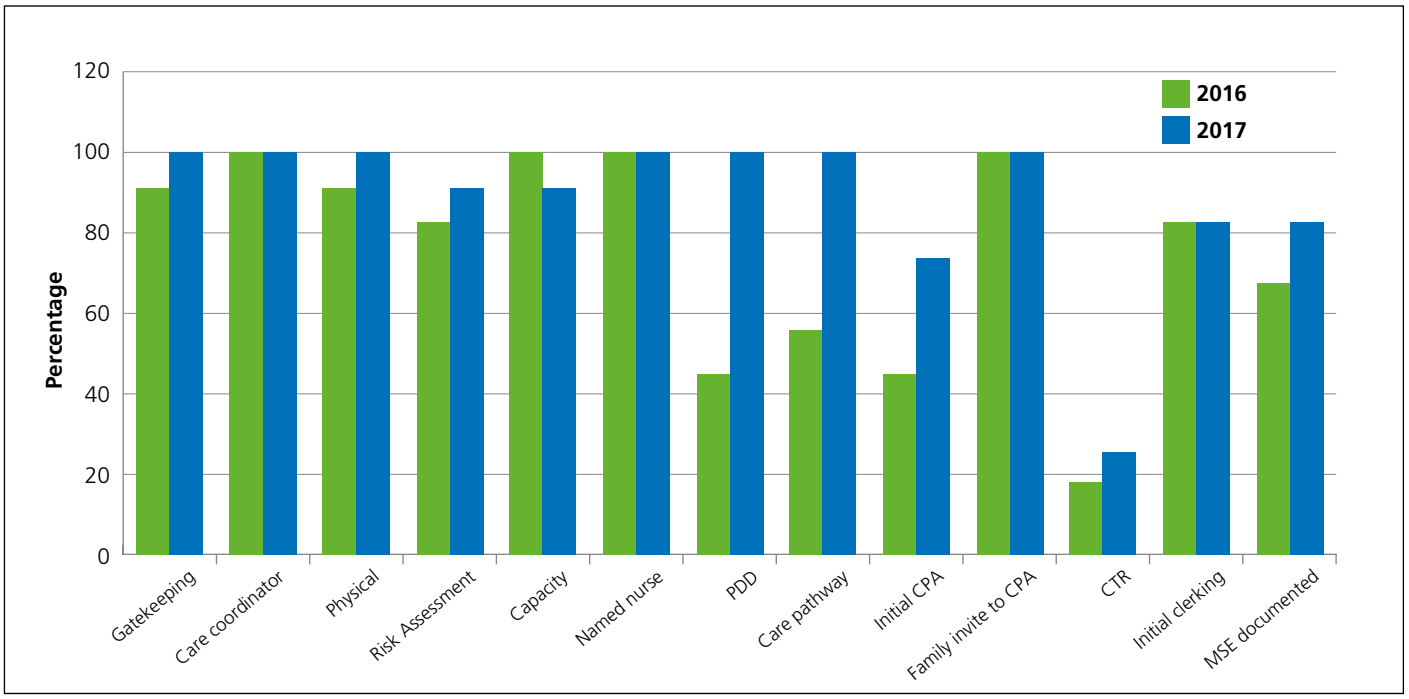
Inpatient care bundle for people with an intellectual disability and mental health or behavioural problems

This audit aimed to check that we are providing high quality inpatient care to people with a learning disability by:

- adhering to care pathways to support recovery and promote timely discharge
- effectively implementing care pathways based on evidence-based practice
- developing collaborative care plans.

The audit included all service users from one of our learning disability wards. As the graph opposite shows, our care bundle documentation has improved since the last audit in 2016. Inpatient physical health checks, risk assessments, Care Programme Approach (CPA) and Care and Treatment Review (CTR) documentation, care pathway and planned discharge date documentation have all improved. We are particularly pleased with the improvement in CPA documentation, as it follows the implementation of the previous audit's recommendations.

Percentage of tasks completed



Community Perinatal Team (CPT) accreditation baseline audit

The Community Perinatal Team (CPT) is a new service to the Trust. The team provides a specialist community psychiatric service in Hertfordshire for women with mental health problems related to pregnancy, childbirth and early motherhood.

We wanted to find out if the team meets the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI) standards in initial assessments, risk assessments, care plans and discharges. The team aims to gain CCQI accreditation in 2018.

The results indicate that the team has built a strong foundation from which to achieve accreditation.

We discovered many areas of good practice, including CCQI compliance in initial assessment areas: mental health medication; psychosocial needs; medical history and physical health medication. We also identified good practice in risk assessment measures and care planning for agreed interventions for physical and mental health.

We identified some areas for improvement:

- discharge letters need to meet the standard and contain risk assessments of mother and child
- none of the initial assessments included the service user's strengths and weaknesses.

The team was also peer reviewed in November 2017. The results of the review were very positive. We have developed an action plan to address these areas, and will re-audit to ensure this is effective.

Where audit said we need to improve

Fit for the frail and functional? An audit of the frail and functional ward admission criteria

We aimed to explore whether service users on Wren Ward meet the admission criteria we set out and whether these admission criteria are practically appropriate for the ward, once put into practice.

29/40 (72.5%) of the service users admitted to Wren Ward did not fulfil the admission criteria set out in our policy:

- Only 11/40 (27.5%) were classified as frail according to the Rockwood Clinical Frailty Scale (CFS)
- 7/40 (17.5%) were classified as vulnerable
- The remaining 22/40 (55%) were "managing well" or better.

Most service users fell into category 3 of the CFS; "Managing well; People whose medical problems are well controlled, but are not regularly active beyond routine walking."

Older people: inpatient falls

The older people inpatient falls audit was originally conducted in 2016/17. This re-audit in 2017/18 aimed to provide assurance that the Trust policy is adhered to and that improvements have been made since the first cycle. Some standards increased marginally in compliance while others reduced. A decline of 10% in compliance was particularly seen in evidence of a falls risk assessment being carried out upon admission. A 20% decline was seen in the timeliness of this assessment being carried out.

Actions coming from the audit consisted of a learning note to

be created from serious incidents and to be presented at the Falls committee in addition to discussions and correspondence with local teams around adhering to the Falls Policy to ensure an improvement in compliance.

Continued improvement of physical health on the old age psychiatric ward - neurological observations following falls

Staff pay close attention to the service users' physical health; evidence for this can be found in how they monitor physical observations using the early warning score (EWS) system. However, we found that nursing staff may not be as familiar with monitoring neurological observations following a fall, especially in using the Glasgow Coma Scale (GCS) to assess consciousness.

We developed a questionnaire to assess staff knowledge of the Trust's post-fall protocol and their confidence in implementing this protocol. We then ran a workshop that covered the following key areas:

- falls
- our post-fall protocol
- how to carry out neurological observations and assess the GCS
- the frequency that neurological observations should be carried out
- the factors that indicate that an urgent reassessment by a doctor is needed.

After staff had completed their training, we asked them to complete the same questionnaire a second time to see if their knowledge and confidence had increased. While this work only involved one ward, our aim is to contribute to continuing to work to improve the physical health of service users with psychiatric illnesses.

Feedback from staff after training:

100% were aware of the Trust's post-fall protocol.

Confidence in managing falls increased.

Before training, most said they were "somewhat confident" in managing falls, afterwards most selected "very confident."

Increased confidence in assessing the GCS; the most common response before training was "neither confident/unconfident" and after training it was "somewhat improved their knowledge of how frequently neurological observations should be carried out after a fall."

100% identified the correct factors that require urgent reassessment when carrying out neurological observations.

Research and development

Research is key for us as a University Trust and we have an increasing number of staff involved in research. We work closely with, and receive research funding contracts from the National Institute of Health Research (NIHR) and Clinical Research Network (CRN) Eastern to help us deliver and participate in research programmes. As a Trust, we have funding contracts with the National Institute of Health Research (NIHR) and Clinical Research Network (CRN) Eastern. We also collaborate with several academic institutions including The University of Hertfordshire, University of East Anglia, University of Kent, University of Southampton, and The Anna Freud Centre.

We have recently secured NIHR funding for a new collaborative feasibility study to look at trans-cranial direct stimulation in the treatment of obsessive compulsive disorder. We will be the lead organisation for this trial, which we hope to start in the summer of 2018.

All NHS Trusts have an obligation to support the NIHR portfolio, and we have supported recruitment to 16 different research studies over the last year. All research that takes place within the Trust has the appropriate level of ethical approval in place.

The number of service users receiving relevant health services provided or sub-contracted by the Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 271. The feedback from those who took part has been very positive. Most of those who completed a questionnaire rated their overall experience as very good or excellent.

We are currently recruiting participants for the following studies:

- **Identifying the prevalence of antibodies to neuronal membrane targets in first episode psychosis (PPiP)** – This study aims to establish the prevalence of pathogenic antibodies in people with a diagnosis of psychosis, and to assess the acceptability of an immunological treatment protocol for patients with psychosis and antibodies. Participants will have a blood sample taken and undergo the PANSS (Positive and Negative Syndrome Scale) assessment
- **DNA Polymorphisms in Mental Health (DPIM)** – This study is concerned with studying DNA to identify a genetic cause of mental illness. We are recruiting patients with a history of Bipolar disorder and with Schizophrenia. Participants are only seen once. Our Clinical Studies Officer will take a blood sample and conduct a short interview to obtain information about the participants' family, medical and psychiatric history
- **The mATCH study** – Understanding the aetiology and improving care pathways for people with autism detained within hospitals. To investigate whether previously defined subtypologies of people with ASD within psychiatric hospitals are valid and whether different care is required by each subtype to reduce their likelihood of being kept in restrictive

hospital settings for longer than necessary. This involves following up patients in hospital for 12 months and speaking with staff

- **Learning about the lives of adults on the autism spectrum and their relatives** – We are looking to develop a better understanding of the lives of adults on the autism spectrum and their relatives. Participants will be provided with a contact booklet to complete and return to the study team in Newcastle. Then they will be asked to complete several questionnaires which will be sent by post
- **Detecting susceptibility genes for Alzheimer's disease** – We are looking to recruit individuals with a diagnosis of Alzheimer's Disease (AD), and their next-of-kin. Participants with AD will be asked to provide a blood sample. They and their carers will also be interviewed using several questionnaires. These interviews will each take around 90 minutes
- **Delivery of Cognitive Therapy for Young people after Trauma** – This study is examining the effectiveness of cognitive therapy in young people with post traumatic stress disorder, compared with treatment as usual
- **Validation of a new measure of the impact of voice hearing experiences: The Voice Impact Scale (VIS)** – This study aims to develop a questionnaire that can be used to measure the impact of voices on the person hearing them. The University of Sussex have developed a questionnaire with help from researchers, clinicians and other people who hear voices which will now be tested in a clinical population
- **ADU Care Study** – This study is comparing Acute Daycare Units (ADUs) with crisis assessment and treatment (CAT). A cohort of people attending the ADU for more than 1 week will be compared with a cohort of people discharged from CAT team care in the same locality without ADU input. The main outcomes are readmission to acute pathway at 6 months and satisfaction with services provided.

Please contact the Research and Development Department on 01707 253836 if you would like to find out more about any of the above studies. We will be taking on additional studies during 2018/19.

What is the National Institute of Health Research (NIHR)?

The NIHR funds health and care research and translates discoveries into practical products, treatments, devices and procedures. It helps patients gain earlier access to breakthrough treatments and trains and develops researchers. The NIHR is committed to involving patients and the public in all its work.

Commissioning for Quality and Innovation (CQUIN) 2017/18

What is Commissioning for Quality and Innovation (CQUIN)?

CQUIN is a payment framework which enables commissioners to reward excellence, by linking a proportion of the healthcare provider's income to the achievement of local quality improvement goals.

The Trust's CQUIN goals are agreed with our local and specialist commissioners at the beginning of each year. A proportion of the Trust's income is conditional on achieving these goals. Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically in 'Trust Papers' in the 'About Us' section of the Trust's website: www.hpft.nhs.uk/about-us/trust-papers

1.9% of our income (£4,422k) in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between us and our commissioners through the CQUIN payment framework. At the end of the 2017/18, the final amount achieved was £3,931k (89% of plan). Our CQUIN income received for 2017/18 was £3,931k. Details of the CQUIN amounts for each 2017/18 contract are set out below.

	Commissioner	Value	Achievements17-18	
1	Hertfordshire	£3,506,000	£ 3,015,160	86%
2	NHS England	£444,200	£444,200	100%
3	West Essex LD	£222,716	£222,716	100%
4	Essex IAPT	£143,894	£143,894	100%
5	Norfolk	£49,315	£49,315	100%
6	Bucks	£55,701	£55,701	100%
Total		**£4,421,826**	**£3,930,986**	**89%**

Hertfordshire Commissioning for Quality and Innovation (CQUIN) 2017/18 in relation to the main commissioner contract in Hertfordshire

	Goal	Description of goal	Goal value £	Achieved £ (%)
1	Improving Staff Health and Wellbeing	Health and wellbeing initiatives including the offer of flu vaccinations to staff and improving access to physiotherapy for people with musculoskeletal issues.	£420,720	£245,385 58%
2	Improving physical healthcare to reduce premature mortality in people with serious mental illness	Improving the physical healthcare for people with serious mental illness in order to reduce premature mortality in this patient group.	£420,720	£344,990 82%
3	Improving services for people with mental health needs who present at A&E	Reducing the number of attendances at A&E for those who would benefit from mental health and psychosocial interventions.	£420,720	£394,459 94%
4	Transitions out Children's and Young Peoples Mental Health Services	Improvement in the experiences and outcomes for young people as they transition of out CAMHS services to other providers.	£420,720	£315,541 75%
5	Preventing ill health by risky behaviours	Tobacco and alcohol screening and the offer of interventions if appropriate.	£420,720	£312,385 74%
6	Support engagement with STPs		£701,200	£701,200 100%
7	Linked to the Risk Reserve.		£701,200	£701,200 100%
		Total	**£3,506,000**	**£3,015,160 (86%)**

Norfolk Commissioning for Quality and Innovation (CQUIN) 2017/18

	Goal	Description of goal	Goal value £ (%)	Achieved £ (%)
1.	Improving Staff Health and Wellbeing	Health and wellbeing initiatives including the offer of flu vaccinations to staff and improving access to physiotherapy for people with musculoskeletal issues.	£4,392 0.25%	£4,932 100%
2	Integrated Pathway		£24,658 1.25%	£24,658 100%
3	Physical Health		£19,726 1%	£19,726 100%
		Total	**£ 49,315 (100%)**	**£ 49,315 (100%)**

Mid, West and North East Essex Learning Disability Commissioning for Quality and Innovation (CQUIN) 2017/18

	Goal	Description of goal	Goal value £ (%)	Achieved £ (%)
1	Improving Staff Health and Wellbeing	Health and wellbeing initiatives including the offer of flu vaccinations to staff and improving access to physiotherapy for people with musculoskeletal issues	£22,272 0.25%	£22,217 100%
2	Outcomes		£89,086 1%	£89,086 100%
3	Personal Health Budgets		£89,086 1%	£89,086 100%
4	Health Equality Framework	Implementation of a systemic outcome measurement tool across Bucks learning disability services using a web based version of the Health Equality Framework	£22,272 0.25%	£22,272 100%
		Total	**£ 222,716 2.5%**	**£222,716 (100%)**

NE, Mid and West Essex IAPT Commissioning for Quality and Innovation (CQUIN) 2017/18

	Goal	Description of goal	Goal value £ (%)	Achieved £ (%)
1	Improving Staff Health and Wellbeing	Health and wellbeing initiatives including the offer of flu vaccinations to staff and improving access to physiotherapy for people with musculoskeletal issues	£16,442 0.75%	£16,442 100%
2	Carers		£89,086 1%	£89,086 100%
		Total	**£ 143,894 6.5%**	**£ 143,894 (100%)**

Buckinghamshire Commissioning for Quality and Innovation (CQUIN) 2017/18

	Goal	Description of goal	Goal value £ (%)	Achieved £ (%)
1	Health Equality Framework	Health and wellbeing initiatives including the offer of flu vaccinations to staff and improving access to physiotherapy for people with musculoskeletal issues	£16,442 0.75%	£16,442 100%
		Total	**£ 55,701 1.5%**	**£ £55,701 (100%)**

NHS England Commissioning for Quality and Innovation (CQUIN) 2017/18

Goal	Goal value £ (%)	Achieved £ (%)
Recovery	£222,100 1.25%	£222,100 (100%)
Restrictive Practice	£222,100 1.25%	£222,100 (100%
	£222,100 1.25%	**£222,100 (100%**

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The income we generated by the health services we reviewed in 2017/18 represent 1.7% of the total income generated from the provision of health services by the Trust.

The Trust is registered with the Care Quality Commission (CQC) and is rated as 'Good'. As a Trust, we have had no conditions on our registration. The CQC has not taken enforcement action against the Trust during 2017/18. We were issued with a section 29A warning notice following an inspection undertaken to the Broadland Clinic between 27 to 28 September 2017. We have met the deadline to make significant improvements by 31 January 2018.

We participated in an unannounced core service inspection and an announced well led inspection by the CQC relating to the following areas during 23 January – 9 February 2018:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health ward
- Wards for people with a learning disability or autism
- Forensic inpatient or secure services.

As a Trust, we intend to take action to address the requirements reported by the CQC against regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 18 HSCA (RA) Regulations 2014 Staffing. We are required to submit an action plan to the CQC by 4 June 2018. We also participated in a thematic review of child and adolescent mental health services by the CQC during the reporting period.

Clinical coding

We use clinical coding to categorise the information we gather about our service users and the services and treatments they receive from us. This information is then used to analyse the data that informs our quality indicators.

Although we were not part of the Payment by Results (PbR) clinical coding audit conducted during 2017/18 by the Audit Commission, in November 2017, an external auditor carried out a clinical coding audit for inpatient discharges. The results were Primary diagnosis: 98% secondary diagnosis: 91.5%. This result ensured that we maintained level 3 for the Information Governance Toolkit submission expected in March 2018.

What is the Information Governance (IG) Toolkit?

The IG Toolkit is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' assessments.

This year, our clinical coders have attended junior doctor workshops and induction days to raise awareness of clinical coding and the importance of good quality recording of patient (service user) information on Paris.

What is PARIS?

PARIS is the electronic patient record and information system that is used within our Trust.

What is Hospital Episode Statistics (HES)?

Hospital Episode Statistics is a database containing details of all admissions, A&E attendances and outpatient appointments at NHS hospitals in England.

The Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the service users' valid NHS number was:

- 99.4% for admitted patient care
- 100% for outpatient care.

The percentage of records in the published data which included the service users valid General Medical Practice Code was:

- 99.5% for admitted patient care
- 99.9% for outpatient care.

Ethnicity April 2017 – March 2018

The percentage of records in the published data which included the service users' ethnicity was 90.2%. We plan to improve our data quality and clinical coding by:

- conducting regular audits
- supporting staff with data quality issues through reviewing Key Performance Indicator guides
- developing front end reports which are updated daily.

The Trust submitted our Information Governance Assessment Report (Toolkit) to the Health and Social Care Information Centre (HSCIC) at the end of March 2018. Our overall score for 2017/18 was 85% (82% in 2016/17) level 2, with a green satisfactory rating. The results were broken down into the following areas:

Information Governance Management	100%
Confidentiality & Data Protection Assurance	95%
Information Security Assurance	80%
Clinical Information Assurance	80%
Secondary Use Assurance	75%
Corporate Information Assurance	100%
Overall	**85%**

Patient safety

This section shows how we ensure that we are providing safe care.

Duty of Candour

We are committed to the principles of openness, honesty and transparency. We aim to learn from all incidents and engage service users and families in the review process. Our Duty of Candour policy defines the incidents to which Duty of Candour applies and sets out the duties and responsibilities of senior staff after an incident.

We have reviewed and updated the policy so that, where harm has been caused or may have been caused, staff have clear guidance on their roles and responsibilities in contacting service users and families in a way that is:

- timely
- embraces the principles of open, honest and transparent communication.

We have also included information on how we meet the duty for moderate harm incidents.

During 2017/18 we have continued to make progress with the implementation of the Duty of Candour policy. Clinical leads are being consistent in contacting bereaved families to offer condolences and identify support needs when a death has been reported as a serious incident. We acknowledge the impact on families and friends who are bereaved by suicide or a sudden unexpected death.

When a serious incident is reported, we send a Duty of Candour letter to the person who uses our services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment affected. This is to advise on:

- our internal investigation process
- how they can contribute to establishing a factual chronology of events and help us learn from what has happened.

The person leading the investigation contacts the family and any questions or concerns the family raises are gathered, considered and included in the serious incident report. Once completed, the full report is always shared with the family and the Coroner. Trust commissioners monitor compliance with our Duty of Candour and procedures when reviewing and quality assuring serious incident reports.

National Confidential Inquiry into Suicide and Homicide (NCISH)

We contribute to the NCISH. Clinical teams provide data to the national coordinating centre at Manchester University.

Our services also use the NCISH toolkit to ensure we use learning from the nationally published data to improve the services we provide. We review our self-assessment annually and use the new data published each year to benchmark our record on suicide.

Learning from deaths

From April 2017, all Trusts were required to collect and publish information on deaths and serious incidents, including evidence of learning and improvements being made as a result of that information. This is part of a systematic, NHS-wide approach to reviewing and learning from deaths, being led by the Department of Health, NHS Improvement and the Care Quality Commission (CQC). Guidance for Trusts was published in March 2017 to provide a consistent approach to identifying and reporting, investigating and learning from deaths, and where appropriate, sharing information with other services and organisations.

We have implemented the national guidance including meeting the requirement to publish a 'Learning from Deaths' policy by the end of quarter 2 and a dashBoard by the end of quarter 3. The data provided in this report reflects the work undertaken during the year and in particular the development of systems and processes to record and review deaths. This implementation during the year explains why data in quarters 1 and 2 is limited in comparison to quarters 3 and 4.

At the time of publication, there was no national guidance on the review of deaths for Trusts providing learning disability and mental health services. The Royal College of Psychiatrists is to commence a pilot to test the tools adapted from the Royal College of Physicians Structured Judgement Review used in acute care settings.

We have implemented interim arrangements to review deaths ahead of the outcome of the national pilot for mental health trusts. All deaths identified to us are reported onto Datix. All service user deaths and those service users who were discharged less than 12 months ago are considered by our Mortality Governance Group.

The deaths reported are those identified to us by families and carers, other health providers, the Coroner and other statutory bodies such as the police. There is no current system to ensure that we are notified of all deaths of service users previously known to us. One of the national actions arising from the guidance, is that NHS Digital will assess how to facilitate the development of provider systems and processes so that providers know when a service user/patient dies and information from reviews and investigations can be collected in standardised way. This work has yet to be completed.

The data reported in the table opposite is based on the information made available to us and reported by local teams onto Datix as our incident reporting system. Each death is categorised according to whether it was a result of natural causes and whether it was expected or unexpected (with reference to time frame).

During 2017/18, 350 service users (or those discharged in the last 12 months) were reported to have died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 81 occurred in the first quarter of which 73 were reported in the first quarter
- 76 occurred in the second quarter of which 68 were reported in the second quarter
- 96 occurred in the third quarter of which 95 were reported in the third quarter
- 97 occurred in the fourth quarter of which 111 were reported in the fourth quarter.

Of the service users who died, 37 were in our in-patient services at the time of death. A further 4 service users were transferred from our care shortly before their death. A more detailed analysis is presented of the 41 deaths of in-patients. 0 representing 100% of the in-patient service user deaths during the reporting period are judged to be more likely than not to have been owing to problems in the care provided to the service user. In relation to each quarter, this consisted of: 0 representing 100% for the first quarter; 0 representing 100% for the second quarter; 0 representing 100% for the third quarter; 0 representing 100% for the fourth quarter. These numbers have been estimated using the review of deaths at the Mortality Governance Group. One death reviewed in quarter 1 was subject to a serious incident investigation.

Quarter	Number of service user deaths	Detail
1	8	• All inpatient services • 6 older age adult services; on agreed end of life care pathway • 1 adult Psychiatric Intensive Care Unit (PICU) (investigated as SI with natural cause conclusion (physical health cause) reached after post mortem; no concerns raised regarding the care by the coroner • 1 learning disability ward; collapsed and transferred to acute hospital for care where later died. At the time of writing the inquest into the death of this service user is still to be held.
2	10	• All older age adult inpatient services • 6 on an agreed end of life care pathway • 4 died of physical health causes. No concerns have been raised regarding their deaths.
3	11	• All inpatient services • 2 in an acute hospital following appropriate escalation and transfer from older aged adult services • 9 in older aged adult services. 78% had an agreed end of life care pathway • All died of physical health causes. No concerns have been identified to indicate that any of the deaths were caused as a result of the care received by us.
4	12	• All older age adult inpatient services • 9 had an agreed end of life care pathway • 1 transferred to an acute hospital for care where they died • 2 died of physical health causes. No concerns have been raised regarding their deaths.

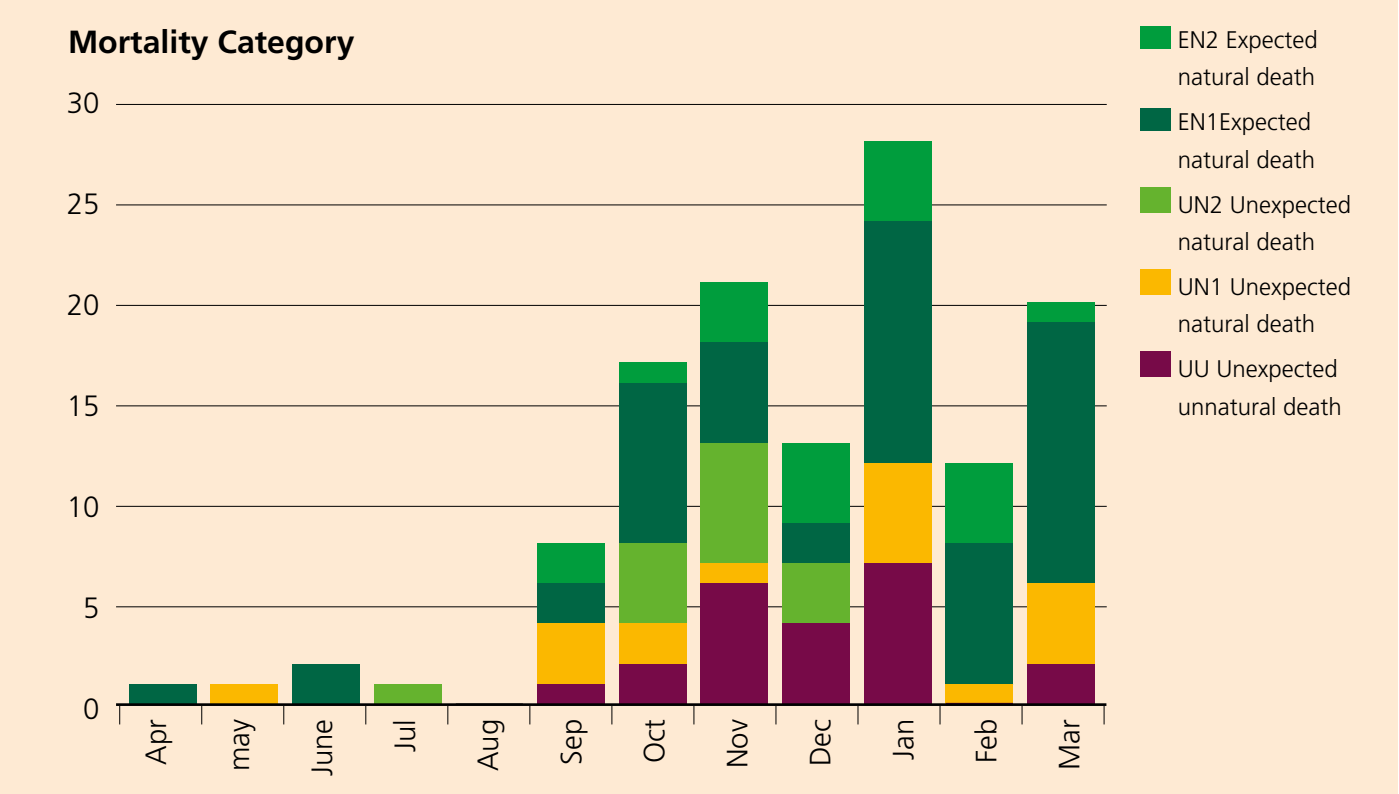
There were no unexpected unnatural deaths recorded in our in-patient services in 2017/18.

By 31 March 2018, 49 serious incident investigations have been carried out in relation to 350 deaths included above. The investigations were a full root cause analysis investigation as set out in the nationally prescribed Serious Incident Framework. By 31 March , 3 case record reviews and 49 investigations have been carried out in relation to 350 of the deaths. In one case, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 10 in the first quarter; 10 in the second quarter; 15 in the third quarter; 17 in the fourth quarter. 1 case note review was commenced in the fourth quarter.

2017/18 is the first year we have been required to include details on our approach to learning from deaths in the Quality Account. 24 serious incident investigations were completed after 31 March 2017 which related to deaths which took place before the start of the reporting period, as detailed below:

- 14 completed in quarter 1
- 4 completed in quarter 2
- 5 completed in quarter 3
- 1 completed in quarter 4.

Our policy on Learning from Deaths adopted the categorisation of deaths as set out above. From quarter 3, our Mortality Governance Group has assigned a category to a death where information is known about the cause of death. For some deaths, the information is lacking owing to delays in post mortem outcomes and lack of information on the cause of death made available by other health organisations. The table overleaf shows the breakdown of all the deaths reported during 2017/18 as at 18 April 2018.



As there is no agreed review tool for mental health trusts to review deaths, we have adapted the current Royal College of Physicians tools whilst waiting for the outcome of the national pilot. Without agreed methodology and definitions of problems with care, we are not able to report fully as set out in the Quality Account guidance.

The Learning Disability Mortality Review Programme (LeDeR) has been implemented in a phased way by the local areas where we provide services. During 2017/18, 61 deaths have been reported by us to the LeDeR programme.

- 12 in the first quarter
- 13 in the second quarter
- 15 in the third quarter
- 21 in the fourth quarter.

Each of the Local Authority Areas implementing the LeDeR programme have done so in a phased way with different approaches to the process. A significant number of reviews have still to be finalised and this process is overseen by the Local Authority. We have a number of reviewers trained in the LeDeR methodology to support the programme. Learning from the programme is shared via our Mortality Governance Group. Findings of reviews to date include:

- The need to ensure that Advanced Care Plans are in place for service users with dementia, in particular ensuring GPs are aware of how they can support service users
- The need to ensure end of life care is provided to service users with a learning disability
- The need to manage the risk of aspiration pneumonia.

All deaths in learning disability services are screened using an adapted screening tool. The outcomes of the reviews are discussed at our Mortality Governance Group. In quarter 3 and 4, no deaths required a more detailed review following this process. All the deaths will also be reviewed by the LeDeR programme. One review undertaken in quarter 3 identified a concern regarding the care home in which the service user had lived. This was referred through to the Local Authority as a safeguarding concern. The issue identified was unrelated to the care we provided.

During 2017/18, 7 cases were reviewed following receipt of a complaint letter. The details of the cases reviewed are set out below:

- Case 1, the complaint related to the contact we had with a Housing Association and was unrelated to the service users death which occurred in an acute hospital
- Case 2 was a case investigated as a serious incident
- Case 3, a family member raised concerns about the care provided to the service user. The case had been investigated as a serious incident. The next of kin did not have any concerns about the care and treatment we provided. The review did not find any evidence of concerns with care provided
- Case 4, a family member raised concerns about the care provided to the service user. An inquest was held into their death and no concerns were raised. The inquest recorded a natural cause conclusion. The family remain unhappy with the findings of the internal review. The case has been referred for an external review

- Case 5, a family member raised concerns about the care provided to the service user. A review was undertaken and no evidence was found to identify concerns with the care provided. We are meeting with the family to inform them of the findings of the review
- Case 6 related to the care provided by both us and another NHS provider who are leading on the complaint. We are undertaking a review to support the lead provider
- Case 7 is being investigated as a serious incident.

The reviews of in-patient deaths identify the need to ensure high quality end of life care and consideration of the physical health needs of service users being an important aspect of the agreed care plan. During the year, we have reviewed and updated our End of Life Care Policy to support the older aged adult wards in ensuring they are able to meet the needs of service users receiving end of life care. A number of staff have been trained in bereavement support and we have created a booklet for services to give to families and carers following the death of their loved one. We have also completed and submitted serious incident reports to our Commissioners as required in the National Serious Incident Framework. Actions plans are in place where learning was identified and learning has been shared across our services.

The reviews identified the following areas of importance:

- Robust handover/transfer of care between shifts and between teams
- Signposting on to other services where clinically indicated
- Offer of post incident support for staff involved in a critical incident
- Reviewing and Updating of risk assessment documentation
- Physical health monitoring
- Joint working with Spectrum Drug and Alcohol Service for service users with dual diagnosis
- Engagement with families
- Recording of significant other details on electronic patient records.

In response to the learning identified, we have undertaken a number of actions:

- Review and update of our physical health strategy and actions to improve physical health monitoring across all services
- Audit and re-audit of the quality of risk assessment documentation to ensure it
- captures the service users' mental health history, relapse signatures, early warning signs and symptoms and diagnosis
- Learning from incidents and serious incidents to inform the annual Clinical Audit programme and ad-hoc audits are identified and undertaken throughout the year as identified by Operational Service Leads and Medical Leads
- Updating and refreshing the mandatory clinical risk training programme to include key areas of learning from serious incident investigations and to also be informed by research and the NCISH Reports
- Learning from Prevention of Future Death Reports issued by Her Majesties Coroners is summarised and disseminated for discussion at the SBU Quality Risk and Patient Safety meetings to inform practice and policy.

At the end of quarter 3, we published what we have learned from our deaths dashBoard at a Public Board meeting the. Because the Trust is expanding the scope of our review processes, we are still developing this dashBoard. We have also reviewed the Terms of Reference and membership of the Mortality Governance Group, so we can widen representation to include CCGs and physical health leads. We ensure all deaths of service users with a Learning Disability are referred to the national mortality review programme (LeDeR).

2.3 Reporting against our core indicators

This section of our Quality Account sets out how we performed against our 2017/18 priorities. These are the priorities we set at the beginning of the year and published in the 2016/17 Quality Account. We will look at each of these in turn after considering the nationally mandated quality indicators set by the NHSI Regulation Framework.

What is the Single Oversight Framework (SOF)?

SOF is NHS Improvement's approach to overseeing and supporting NHS Trusts and NHS Foundation Trusts by providing an overall framework which helps NHS Improvement identify where providers may benefit from, or require, improvement support, if they are to meet the standards required of them, in a safe and sustainable way.

Core Indicators

1. **The Percentage of service users on CPA who were followed up within 7 days after discharge from psychiatric inpatient care during the reported period.** The Trust considers that this data is as described for the following reasons: extensive validation of this indicator takes place on a weekly and monthly basis to ensure accuracy. We have taken the following actions to improve this indicator and so the quality of its services, by implementing a stricter, 3 day follow-up for psychiatric inpatients after discharge.

Performance in Q1 to Q4 in 2017-18	Q1	Q2	Q3	Q4
	95.6%	96.8%	96.7%	96%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	97.4%	98.5%	97.3%	98.5%
Target	95% rate of service users followed up after discharge from the Acute Care Pathway.			

2. **The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.** We consider that this data is as described for the following reasons: extensive validation of this indicator takes place on a weekly and monthly basis to ensure accuracy. We have taken the following actions to improve this indicator and so the quality of its services, by implementing gatekeeping protocols and a review of recording in 2017/18 with an improved automated process of recording to be introduced in 2018/19.

Performance in Q1 to Q4 in 2017-18	Q1	Q2	Q3	Q4
	96%	98%	99%	98%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	88.8%	80.1%	88.5%	95.9%
Target	95% rate of service users to be gate-kept.			

While we want to share information about how our performance compares with other providers of health services, this has proved challenging, as many of the targets set are tailored to our local economy and we are therefore unable to benchmark ourselves against other mental health trusts.

National bench marking data comparing trust performance against other mental health Trusts

CPA 7 day follow ups:

	Highest	Lowest	National Average	Trust
Q1 2017/18	100%	71%	96.7%	98.1%
Q2	100%	87.5%	95.4%	96.6%
Q3	100%	69.2%	95.4%	96.4%
Q4	100%	68.8%	95.5%	96.2%

Crisis Assessment and Treatment Team (CATT) Gatekeeping

	Highest	Lowest	National Average	Trust
Q1 2017/18	100%	88.9%	98.7%	95.9%
Q2	100%	94%	99%	97.8%
Q3	100%	84.3%	98.5%	96.6%
Q4	100%	88.7%	98.7%	98.1%

Artwork supplied by the HPFT Art Collection

Quality priority areas for 2017/18

Patient (service user) Safety		Target	Q1	Q2	Q3	Q4	2017/18
1	Every discharge 7 day follow up (NHSI mandatory)	95%	95.6%	96.8%	96.7%	96.01%	96.60%
2	CPA Reviews within 12 months	95%	96.0%	93.5%	94.03%	97.42%	Snapshot
3	Service users receiving a physical health check within 24 hours of admission	90%	98.6%	93.1%	93.38%	95.51%	95.74%
4	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI mandatory)	-	1241* Incidents 1.13% (14)	1284* Incidents 0.78% (10)	1289** Incidents 0.69% (9)		
Clinical Effectiveness		**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
5	*Delayed Transfer of Care (DToC)	7.5%	7.94%	7.8%	6.83%	4.75%	7.09 %
6	Emergency readmission within 28 days (NHSI mandatory)	<=7.5%	4.5%	7.8%	7.09%	5.01%	5.83%
7	Improving Access to Psychological Therapies (IAPT) recovery rate	50%	53.4%	54.1%	53.0%	53.1%	53.36%
8	First Episode Psychosis (FEP) waits 14 days (NHSI mandatory)	50%	79.4%	66.0%	69.5%	64.18%	71.73%
Service User and Carer Experience		**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**2017/18**
9	Service users reporting their experience of Community Mental Health Services (NHSI mandatory)		92.3%	94.7%	93.2%	90.3%	93.75%
10	Carers feeling valued by staff	≥= 75%	68.7%	69.8%	71.43%	68.67%	72.49%
11	Staff Experience Friends and Family Test	≥= 70%	57.0%	67.7%	67.0%	73.90%	68.28%
12	Service Users Friends and Family Test	≥= 70%	87.7%	88.0%	86.3%	5.46%	86.9%

**As the incident data is subject to a quality assurance review at local level and also by the Safer Care Team prior to uploading to NRLS incident data provided for each quarter may be subject to change in future reports.

Part 3 – Other Information

This part of the report gives us an opportunity to celebrate some of the notable and innovative practice that has taken place across our services in 2017/18 and to present information relevant to the quality of the health services we provide. It is not meant to be an exhaustive list, rather a sample of the many and varied initiatives our staff, service users and carers have developed and implemented to improve the quality of our services.

Local Quality Indicators

The local quality indicators were set out in the Quality Account 2016/17. The performance against each target is set out in the table below. A brief narrative is provided on each of the indicators following the table.

Local Indicators	
Patient (service user) safety	
1	Feeling safe and protected from avoidable harm
2	Over prescribing of medication within LD services (STOMP)
3	SPIKE
Effectiveness	
4	Delayed Transfer of Care
5	New SPA operating process/model
6	EMDASS
Service user feedback	
7	Carer Pathway
8	Peer experience listeners work
9	Staff engaged and motivated

1. Feeling Safe and protected from avoidable harm

Making Our Services Safer (MOSS) has focused on four key areas to support the management of positive, proactive and safe care:

- Data informed care: review of incidents and data for themes and learning
- Restrictive intervention reduction: use of approaches, such as safewards
- Support planning: through positive behavioural support, wellbeing plans
- Post incident support: to offer support post incident.
- Local approaches focusing on feeling safe, by piloting the use of Safety Huddles (real time discussion on safety concerns)
- Safety Crosses (locally generated visual recording of incidents, shared with staff and services users). This was designed to empower staff at ward level to review incidents and take local actions, based on real-time feedback about issues and events
- Adding to the repertoire of proactive techniques already in place (Safewards) to support less restrictive approaches to care.

We wanted to see how effective these approaches were in helping people to feel safe, so we tested these in four clinical areas:

- Acute mixed gender mental health
- Child and adolescent mental health services (CAMHS)
- Learning disability services
- Women's acute mental health services.

We:

- Audited current interventions using an amended Safewards fidelity assessment
- Audited the use of pilot interventions (Safety Huddles and Safety Crosses)
- Agreed consent for the pilot interventions, and gave feedback to the wards that piloted them
- Undertook a pilot of interventions in the identified areas over 2 months
- Evaluated the effectiveness of the interventions.

Safety crosses: recording of Datix recordable incidents over a 24 hour period, using a visual 'at a glance' breakdown of incidents

These practice enhancements helped staff identify zones or trends where/when incidents are prevalent and also showed that incidents were not happening constantly. However, they also presented practice challenges, in terms of capacity and open sharing with the service users (examples including some who may deliberately show behaviour to get a 'score' on the safety cross and also some may be so unwell, they might not understand what the safety cross means). Our next step is to modify the safety cross methodology to record when a huddle was called to evaluate the frequency, time and location of the incident.

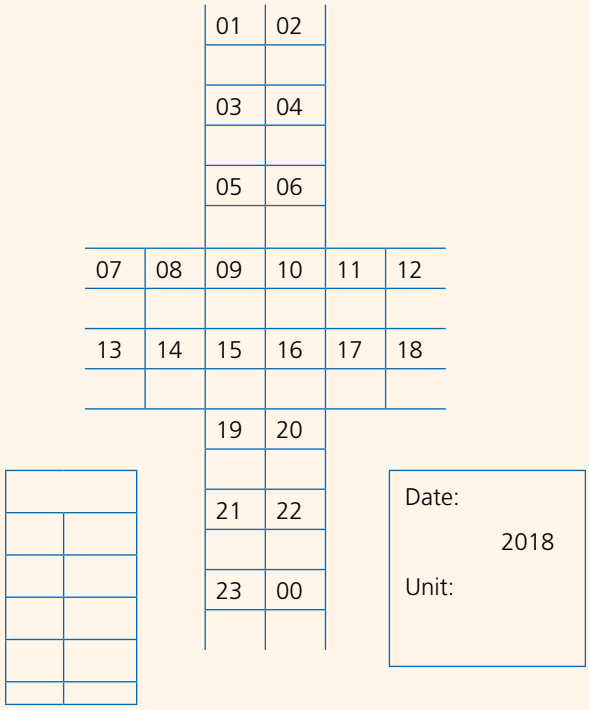
Safety huddles: The 'huddle' is a discussion of what is going on, clarifying strategy and who does what. It lasts no longer than 15 minutes and all the people involved usually remain standing. We conducted an audit to assess the current approaches within four contrasting clinical areas (wards) using both safety huddles and crosses.

The four wards reported that this model has had a positive impact in empowering staff to speak up when addressing local concerns. The methods used were staff members calling for a brief meeting to ask the following questions:

1. Do you feel safe or do you have a concern?
2. Which service user is unhappy with their care
3. What is the plan (and who is going to implement this and when?)

A whole team huddle at the start of the day is considered most effective. This approach has led to enhanced communication, continuity and a unified approach; and provided reassurance that everyone is aware of plans for the management of complex and challenging cases.

Safety Cross



Incident
Red – a DATIX reportable incident

Near miss
Yellow – warning behaviours.

Incident free
Green – incident free

Sexual
Blue – any sexual comment/innuendo - not Datix reportable

Huddle
Gold – if a huddle had taken place

"…it keeps us well informed and we are able to contribute in any changes or development that the nurse in charge or the team are not aware of"

Healthcare Assistants

What we learned from the audit:

- Identification of triggers is important, so we can avoid 'things that trigger events'
- Both care and positive behavioural support (PBS) plans are used in the clinical areas we investigated
- Wellbeing plans are used effectively in acute mental health services
- Care Plans support effective communication, medication management, alternative strategies, distraction, and work with a therapist
- The effective tools and techniques staff use to de-escalate and provide support include:
  - soft words
  - a 'calm down' box
  - 'Getting to know you' (Safewards)
  - a multi-sensory room, distraction activities combined with a supportive de-brief
  - bad news mitigation and talk down (Safewards)
  - engaging with and listening to the service user.

Child and Adolescent Mental Health Services (CAMHS) support through keyworker sessions using 'Who am I?' sheets, 'Getting to know you', and the use of positive words (Safewards). A key area of development was allowing the young person to RAG (Red, Amber Green) rate themselves after an incident by wearing a coloured wrist band to signal how they are feeling (i.e. green wrist band = 'I'm ok').

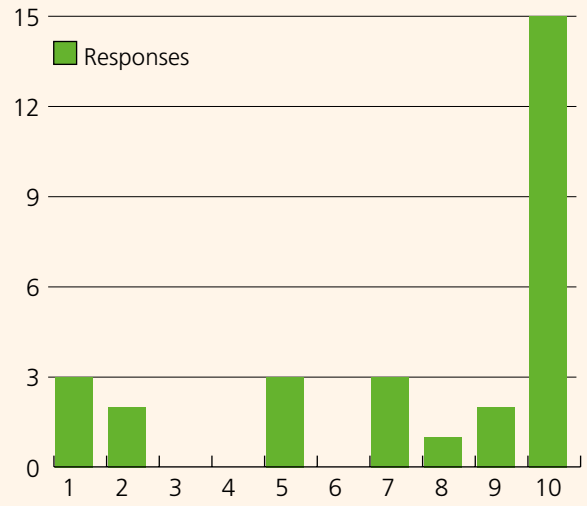
Key messages from the pilot interventions

Theme:	Comments
• Identification - times and situations in which incidents most likely to happen	• Fixed days identified, allowing targeted review • Focus on flashpoints, review of interventions • Highlight busy times and highest time for risk, which may impact on safety • Additional resources, post ward round, meal times, twilight periods or school holidays for Child and Adolescent Mental Health Services (CAMHS) • Visual data acts as a focus and supports thinking and 'hunches'.
• Clusters of events, happening at the same time, or on fixed days	• The visual display of the crosses has allowed a better understanding about "aggression" or "behaviours that challenge" in the unit; it's not happening all the time • Carers gave input on visual response to support service users.
• Huddles allowed for brief communication on safety issues at peak times of concern	• Huddles can be increased, dependent on needs, help team feel in control, share ideas and agree best approach • Health Care Assistants describe being empowered and more involved in care • During challenging situations shift leader acts as team leader • The huddles made the team feel that "they were always in control"; when service users' behaviours changed, staff would readily form another huddle • Huddles allow all team members "to share ideas and to come up with the best plan". They are quick and effective • Safety huddles have proved popular: there are at least 2 per day. During a recent emergency admission, one team were also using ad hoc huddles as the acuity had increased significantly. They used huddles between three and five times per day.

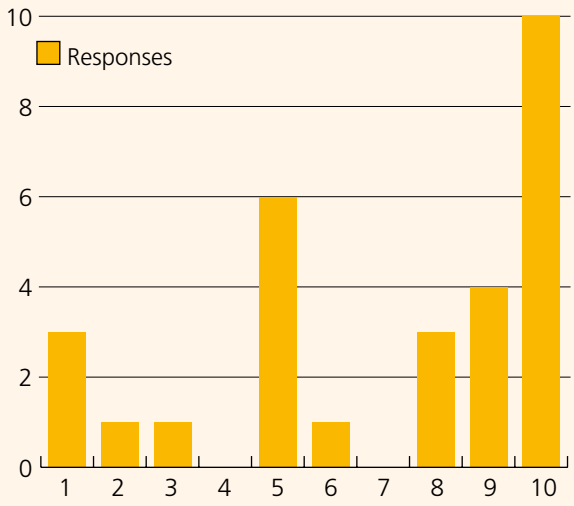
Our next step will be to scale up the use of safety huddles across all wards, using trigger risk assessments/criteria to activate the use of safety huddles.

We also aimed to measure the experiences of people using inpatient services. 52 service users agreed to participate in our survey. It was carried out by the Learning Disabilities and Forensic Practice Governance Team across selected wards. A majority of service users reported that they felt more safe when with staff.

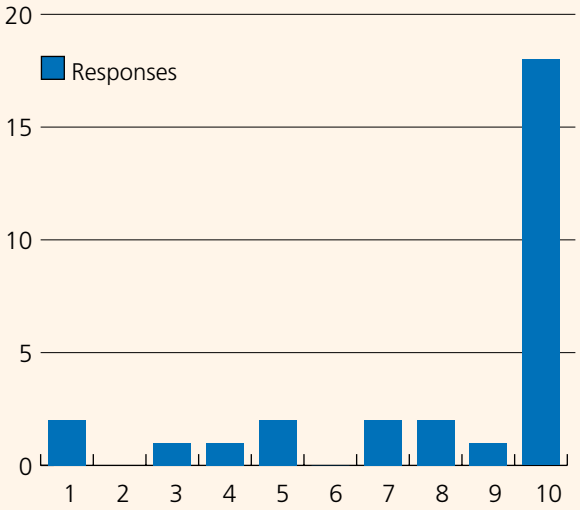
Q1. Do I feel safe when I am on my own?



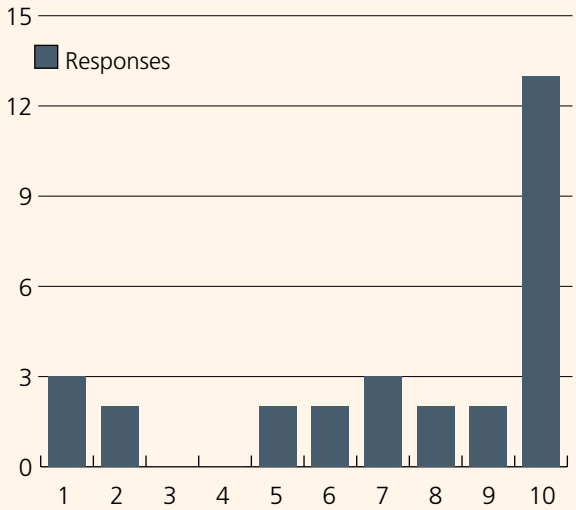
Q2. Do I feel safe when I am near other patients?



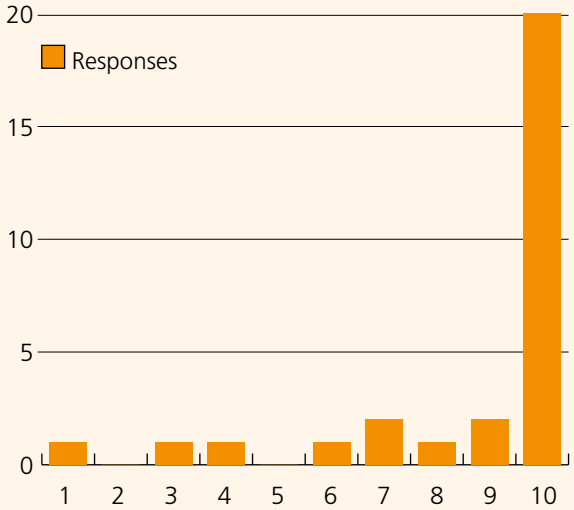
Q3. Do I feel safe when I have staff with me?



Q4. Do I feel safe on the ward (shared areas?)



Q5. Do I feel safe when people visit me?



2. Over prescribing of medication within learning disability services (STOMP)

As a result of the NHS England call to action regarding the overprescribing of psychotropic medicines in people with learning disability and/or autism who do not have a documented mental health diagnosis (STOMP), our Pharmacy and Medicines Optimisation Team together with the learning disability psychiatrists, have implemented the following:

- Developed a factsheet for healthcare professionals outlining information about the de-prescribing of antipsychotics in people with learning disability without a documented mental health diagnosis
- Developed a 'SMART' database to establish the baseline of psychotropic prescribing and to track the de-prescribing (or reduction/withdrawal of medication) of these medicines following each outpatient appointment.

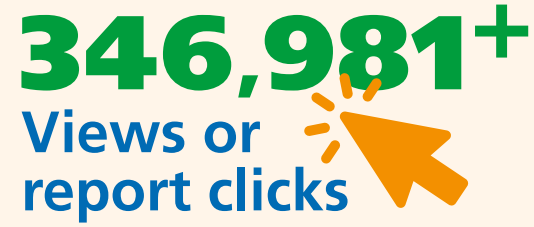
The key performance indicator (KPI) consists of the number of service users currently undergoing the de-prescribing process. We have also documented reasons for not currently de-prescribing and how it contributes towards qualitative analysis. The database is not yet complete and therefore the data is currently unavailable.

3. Service user Practitioner Information Knowledge Excellence (SPIKE)

- SPIKE is our new reporting tool for the Trust, which went live on 16/01/17. It is one place stop for all information and reporting requirements. The vision is to have all information under one roof. The data on SPIKE is updated on a daily basis (7pm as of previous day).

"For me, SPIKE has proven extremely useful. In the past I would physically contact the duty desk for the number of cases sitting in SPA which would usually take up to 90 minutes with all the filtering and sorting needed. Now it takes just a few minutes to run the report. A huge plus for me in time saving and accuracy of data"

SPA Administrator



> "Managers use SPIKE during supervision to review staff performance on various aspects. SPIKE has made it easy for them to have these discussions"
>
> **Service Line Leader**

As part of our Good to Great strategy and on the success of SPIKE, we have agreed to invest and tackle the use of data and information within the Trust to the next level, therefore SPIKE version 2. This version will be rolled out during 2018/19 with different phases.

We will be using the best enterprise software in the market - Open Source – and will be one of the very few Trusts within the NHS sector to fully 'Go-live' using Open Source as platform for Business Intelligence purposes.

The data will enable us to minimise data accuracy issues and building a single data warehouse including data from all systems.

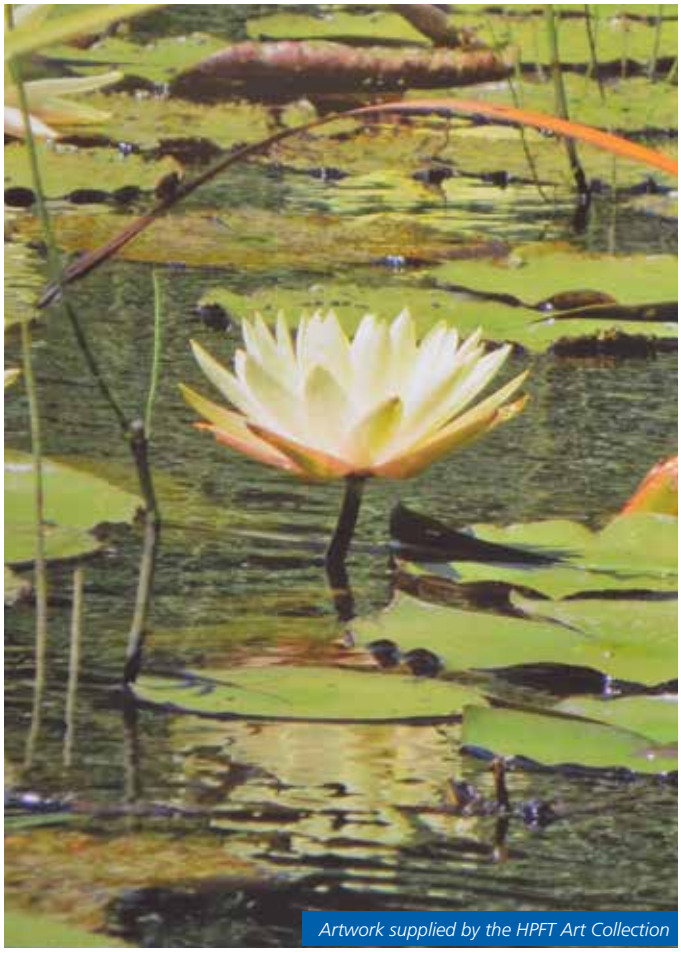
A wide range of reports that cover all information needs are available, which are highly interactive and accessible online. Some examples include:

- Service user dashBoard: Explains the journey of a service user within the Trust. Also includes past interactions with us
- Staff dashBoard: Tailor made dashBoard for staff from each profession, telling them at glance who they are responsible for and their status.

4. Delayed Transfer of Care (DToC)

By taking a cross-service approach to managing the flow of service users through the acute pathway, there has been a positive reduction in the number of people considered Delayed Transfers of Care and the number of resulting bed days lost.

A weekly system call reviews all service users either on the DToC list or whose predicted date of discharge is within the next week. This is to ensure plans are on track, that each adult treatment ward has a weekly bed monitoring meeting involving the inpatient team, bed management team, community and crisis teams and senior operational managers to oversee planning and progress using the principles of Red to Green. Also reports have been made available within SPIKE, our online performance monitoring system, for the community teams to see at a glance which service users are in a bed to support local multi-disciplinary team discussions. A series of Standardised Operating Procedures have been rolled out for community and inpatient staff to clarify roles, responsibilities and expectations relating to flow through inpatient services.



Artwork supplied by the HPFT Art Collection

5. New Single Point of Access (SPA) operating process/model

The Single Point of Access (SPA) is the telephone clinical triage service for all new referrals into the Trust. It was set up in 2013 to create a single point of contact to access our mental health care services.

The SPA team's target is to screen and triage referrals within 14 days of receipt. Early in 2017/18 the team's performance slipped, meaning service users were waiting longer than expected. To improve the performance of SPA this year, we have:

- Recruited to posts to ensure the team was stable
- Redesigned key leadership posts to refocus the team's performance. So, two of posts now require call centre management skills and knowledge together with an understanding of how data can be used to help predict demand, set standards and assess team performance against these standards
- Introduced team training posts to ensure that our team are well trained, skilled and knowledgeable
- Designed and implemented changes to the IT/telephony systems so our staff can respond to referrals in a timely manner and unnecessary administration is reduced.

The SPA team's current performance against the 14-day target (aiming for a target achievement of > 95%) in quarter 3 and quarter 4 of 2017/18 is:

Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
99.91%	99.95%	99.95%	99.67%	99.72%	97.80%

The people referred into our services now have their needs considered in a timely manner and their cases are passed quickly to community teams who carry out an in-depth assessment and agree a plan of care.

Throughout 2018/19, we intend to develop the SPA service further by:

- Implementing further changes to our IT/telephony system to further improve efficiency. Eg, we are planning to make some of our forms self-populating, and for our system to recognise caller ID to enable quick access to service user records
- Introducing an improved clinical triage tool to help our SPA clinicians ensure service users are referred to the appropriate clinicians and that treatment plans are implemented after initial consultation
- enabling SPA to provide intelligence data to the receiving community teams to help them understand and meet the referral demands for their areas.

6. Early Memory Diagnosis and Support Services (EMDASS)

We have provided Early Memory Diagnosis and Support Services (EMDASS) in Hertfordshire since 2011. Nationally, expectations are that service users receive their assessment and diagnosis in a timely way, enabling them to start treatment as soon as possible they have the best chance to live well with their dementia diagnosis. In 2017, EMDASS remodelled their memory service by implementing a One Stop Model in both the Northwest and East areas, using a single appointment system.

- The Single Point of Access (SPA) receives a referral from a GP
- SPA send it to the EMDASS nurse within 48 hours
- The nurse contacts the service user and performs an initial assessment over the phone, checking that
  - EMDASS is the right service for the individual
  - they can attend the One Stop Clinic
- If they can, an appointment is made for them to attend the clinic
- If they can't attend, we arrange an appointment at their home.

The benefits of the One Stop pathway:

- Improved service user/carer experience
- Immediate post-diagnostic support (PDS)
- Single appointment system delivering assessment and diagnosis
- Efficient and effective pathway aiming to reducing waiting time by 50%
- Service users seen and diagnosed within 6 weeks of referral, supporting the Five Year Forward View
- Nurses' role extends to give non-specific dementia diagnosis.

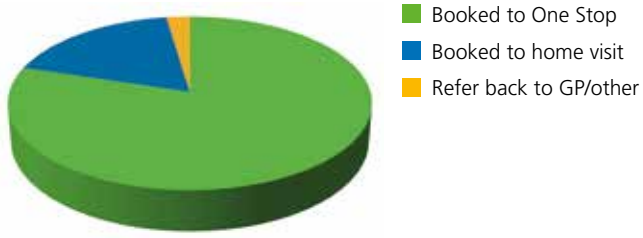
During the appointment, the service user and carer also receive initial post diagnostic support and are signposted towards further care and support. Results from the pilot in the Northwest shows we are consistently delivering appointments within 6 weeks of referral in at least 80%, and up to 92% of cases. Service users have given positive feedback. In a small survey of those who attended the One Stop clinic:

- 87.5% rated their overall experience as good
- 87.5% felt that the sensitive way in which their diagnosis was disclosed to them was very good.

> "It was nice that it was all done in one visit".
>
> **Service user**

Triage Outcome

Chart 1 - NW One Stop - Triage Outcome



Referral back to the GP at triage stage was associated either with the service user already having a dementia diagnosis or declining the offer of assessment and diagnosis at the triage stage. Each of the 4 EMDASS teams have all been accredited by the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI). This means that the teams have been measured against a set of national quality standards to check that the right things are in place to encourage good quality care.

Next Steps in 208/19

- GP with special interest Memory Clinic Pilot. This initiative forms part of our integrated working across the NHS boundaries and enabling GPs to work in partnership with us to diagnose and treat people with dementia within the primary care setting. A pilot project started in May 2018 in the Lower Lea Valley area. Two GPs are delivering this pilot service
- One Stop Pathway. Full implementation of the One Stop pathway
- Partnership working: Build on the services after diagnostic support through integrated work with the local Alzheimer's Society.

7. Carer Pathway

To increase the numbers of carers being identified and improve offers of carer support (including carer assessments) whilst embedding the Triangle of Care principles

What is the Triangle of Care?

The Triangle of Care is an alliance between service user, staff and carer that promotes safety, supports recovery and sustains wellbeing.

The Care Act 2014 clarified and enhanced the rights of carers in relation to their own support and wellbeing (independent from those they care for). Our carer pathway was co-produced and launched in 2016. Over the past year there has been a closer focus on scrutinising performance of teams. Additionally, all providers in Hertfordshire have since adopted our carer pathway focused around the following five principles:

1. Carers are identified
2. Carers are welcomed
3. Carers are supported
4. Carers are involved
5. Carers are supported through service changes/transitions.

In 2017/18, we

- Focused on embedding the carer pathway across our community services
- Met our target of offering 50% of carers a needs assessment within the previous 12 months by 1 April 2018 (our adult services achieved 53.8%, our older aged adult services, 71.3%). The biggest improvement was seen in quarter 4 after targeted work with teams addressing performance issues.
- Focused on ensuring all teams were working within Carer Pathway processes.
- Worked to increase the numbers of carers we are identifying.

We note when a carer assessment has been offered and accepted or declined on the service user's Paris record, and also combined this with data where an assessment was provided in the past 12 months, but no offer recorded. This helps ensure a more accurate overview of performance. Over the year we achieved a 41% increase in new carers identified (compared with the previous year).

The next 12 months will see:

- Further implementation of the pathway across community services
- A stronger local focus on the Triangle of Care through locality based practice groups focused on carer services
- All community teams recruiting new Carer Support and Wellbeing Workers.

Our audit schedule for 2018/19 includes an audit focused on the Triangle of Care and its impact within services. Our targets for increasing offers of assessments to carers are:

- Quarter 1 – 60%
- Quarter 2 – 70%
- Quarter 3 – 80%
- Quarter 4 – 90%.

8. Peer Experience Listeners work

To develop opportunities for gathering qualitative feedback from service users and carers: people with lived experience conduct semi-structured interviews. We developed the Peer Experience Listening Service (PELS) to provide an alternative way of gathering feedback from service users. We recruit and train volunteer Experts by Experience (EbE) who have a lived experience of mental illness, teaching them to conduct semi-structured interviews with current service users.

The programme is both directed and delivered through co-production: with departments including Practice Audit and Clinical Effectiveness (PACE) and Strategic Business Units' practice governance. Targets for peer listening are set on an individual basis depending on the project. These can vary from the numbers of interviews conducted, to the impact of the findings on improving quality of services. Overall, the programme aims to provide a varied programme of feedback led by people with lived experiences. Our target for 2017/18 was to complete projects gathering feedback on:

- Street Triage
- Host Families
- Safety on wards
- Improving the responsiveness of community services.

85 semi structured interviews were conducted across all projects during the year. By 1st April 2018, we had completed all data collection. In March 2018, PELS was included as a case study in Valued care in mental health: Improving for excellence a quality improvement guide published by NHS Improvement .

The next 12 months will see

- Further development of projects
- Revisiting key pieces of work to see if findings have affected service quality.
- A project focusing on quality around initial assessments
- A project exploring the quality of Rapid Assessment, Interface and Discharge (RAID) services.
- Discussion amongst EbEs to decide which areas to focus on for the rest of the year.

9. Staff engaged and motivated

We have maintained our commitment to staff engagement, and value the input of all staff at all levels. We have a planned programme of events throughout the year sponsored and delivered by our Executive Team to ensure staff can participate effectively in making key decisions. These events capture staff ideas and feedback. This is then collated, analysed and reported in a 'you said we did' summary to which all staff have access.

Engagement events for the year included the Big Listen events and Local Listen events in Buckinghamshire, Essex and Norfolk. These are open to all staff and give our Executive Team the opportunity to hear employees' views on key topics and priorities, informing actions and improving employee satisfaction and wellbeing.

Examples of activity resulting from feedback at Big Listen events are:

- More health and wellbeing activities – including mindfulness sessions –delivered locally
- Locally delivered Schwartz rounds (these provide opportunities for staff to reflect on the emotional aspects of their work)
- A review of all hub working environments
- Recruitment of more staff.

The Senior Leaders' Forum brings together the top 70 leaders from across our organisation regularly throughout the year for a multi-disciplinary, strategically focused engagement session, including joint problem solving and development topics. Our Chief Executive holds breakfast meetings to which he invites different groups of staff so they can:

- Express their views
- Describe their experiences of working for the Trust
- Suggest ways in which we can improve the quality of care for service users.

Our Executive Team have also held face-to-face engagement sessions with staff across the Trust. These

- Focus on the development of the Trust Strategy 'Good to Great
- Enable staff to discuss issues with our Executive Team and provide feedback on the five areas of interest so that we can go from 'Good to Great'. These five areas are service user and carer experience, staff experience, innovation and improvement, adds value and relationship and partnerships.

As well as these face-to-face engagement events and the national staff survey, we hold quarterly 'pulse surveys' to review staff satisfaction levels. We analyse the survey responses and they are reported to our Trust Board. The themes from this anonymised data inform local activity and plans.

Safeguarding adults and children at risk of abuse or neglect

In line with our strategy of delivering 'Great care, Great outcomes – Together' our Safeguarding Team aims to improve the quality of safeguarding practice so we can prevent harm and enable safety through:

- Vigilance
- Competence
- Personalised outcomes-focussed practice.

2017/18 has seen an increase in safeguarding activity for both adults and children. This is in response to increased awareness and action locally and nationally, particularly in the areas of:

- Historic child sexual abuse
- Domestic abuse
- Radicalisation.

To improve our vigilance and competence in recognising and responding to potential abuse and neglect, we:

- Reviewed mandatory adult and child safeguarding training for all staff in all areas during quarter 1 of 2017/18
- Introduced enhanced training for all clinical staff.

- Require non-clinical staff to undertake safeguarding training (e-learning).

Because the Trust now works across four counties, the Safeguarding Team has been expanded. It has also taken on additional responsibilities for specific groups including looked-after children and care leavers, and for risk areas (radicalisation). With the establishment of a new leadership team, additional team staffing resources and a clear vision for safeguarding to improve towards, 207/18 has laid the foundations for a focussed improvement in all aspects of safeguarding.

Spot the Signs and Save a Life

This suicide prevention initiative is delivered in collaboration with the two Mind organisations in Hertfordshire. It concentrates on training people in Herts who come into contact with those who may be in crisis and thinking about ending their lives.

Nationally, about two-thirds of people who kill themselves have not been in touch with mental health services in the weeks and months before doing so, and so it is important to try to build bridges and create opportunities for them to connect. Almost 200 GPs have participated in training sessions. During 2017, 700 staff from other public and private sector organisations have also attended.

The training aims to break down the myths that sustain the silence which leads to suicide. The suicide rate in the UK had been growing over the last few years but data for 2016 suggests a downturn and there are some strong indications that this is due in part to initiatives like Spot the Signs.

Safer Systems in Mental Health

In October 2016, a group involved in our Health Foundation Project learning from the aircraft industry about analysing systems and identifying hazards, started a new 12-month project to look at other areas within the crisis teams and Acute Day Treatment Unit (ADTU) services identified as potential hazards. We had already implemented a follow-up care call and a moving on plan in those services. Involving clinicians, service users and carers, we revisited our original maps of the services and carried out further safer systems analysis.

We all agreed it would be beneficial to look at how the crisis teams and ADTU work with carers. Our current project is "Improving Collaborative Working with Service Users' Support Networks". We surveyed crisis team staff about their knowledge and understanding of working with carers and confidentiality, and then co-produced a training package and posters to be delivered by service users and carers with clinicians.

The 2016 National Confidential Inquiry into Suicide and Homicide by People with Mental Illness identified that a third of suicides in the community could have been prevented by involving a person's support network. Our aim is to give staff the confidence to work collaboratively with service users' support networks and understand what confidentiality allows so we can improve outcomes and reduce future deaths.

Absent Without Leave (AWOL)

The West Strategic Business Unit (SBU) led on a quality improvement initiative with a focus on improving on time return from section 17 leave. The Strategic Business Unit (SBU) produced a project plan which included visits to discuss and observe the management of leave with the allocated Security/Safety Nurse and Team Leader on the inpatient wards reporting the highest number of AWOLs.

On review of the AWOL incident data, the following actions, opportunities for improvement and learning were identified:

- Asking a carer to accompany the service user to the reception area to ensure they return safely at the agreed time
- Adding the time of return and the reason for not returning on time to the electronic patient record if a service user does not return from leave at the agreed time
- Considering the leave length and conditions when agreeing these with the service user, to ensure sufficient time to get to and from the agreed destination within the agreed leave period
- Reminding service users and carers where appropriate of the conditions of leave prior to them leaving the ward. This is an opportunity for service users to be made aware that staff may worry if they don't return at the agreed time. We have produced a leaflet for service users on this subject
- Checking the service user has a working, charged mobile phone and that the correct number is on the electronic patient record before the service user's leave starts.
- Using two-way radios during periods of escorted leave to aid timely communication with the ward should a problem arise or if an AWOL incident occurs.

The next phase of the project is to further engage all multi-disciplinary team members in the AWOL project.

Workforce

National NHS Staff Survey results for 2017

Our 2017 National NHS Staff Survey findings show further improvements, building on our a progress since 2015:

- 13 of the key findings are above average across Mental Health Trusts
- 16 average
- 3 below average
- 90% of our scores are in line with or above the national average across Mental Health Trusts.

Top five ranking scores (against other Mental Health and Learning Disability Trusts).

Top 5 ranking scores				
	2016	2017		Trust Improvement/ Deterioration
	Trust	Trust	National Average	
Effective use of service user feedback	3.78	3.88	3.72	Improvement
Quality of non-mandatory training, learning or development	4.18	4.14	4.06	Deterioration
Staff motivation at work	4.05	3.97	3.72	Deterioration
Staff confidence and security in reporting unsafe clinical practice	3.80	3.80	3.71	No change
Staff recommendation of the organisation as a place to work or receive treatment	3.84	3.85	3.67	Improvement
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	88%	85%	85%	Deterioration

Bottom 5 ranking scores				
	2016	2017		Trust Improvement/ Deterioration
	Trust	Trust	National Average	
Percentage of staff working extra hours	79%	76%	72%	Improvement
Percentage of staff experiencing physical violence from staff in last 12 months	2%	3%	3%	Deterioration
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23%	24%	21%	Deterioration
Support from immediate managers	3.87	3.89	3.95	Improvement
Percentage of staff experiencing discrimination at work in the last 12 months	16%	17%	14%	Deterioration

The lowest five ranking scores are listed above and relate to errors and incidents, staff experience of bullying, harassment and violence from service users and members of the public, and staff working additional hours. Lowest five ranking scores (against other Mental Health and Learning Disability Trusts)

Our Pulse Survey

Every three months we run a survey, based on the National NHS Staff Survey questions, giving us consistent quantitative feedback from staff on their experience with the Trust. Scores indicating whether staff would recommend the Trust as a place to work or receive treatment are at an all-time high. They have improved by 30% over the last three years.

We will review the Pulse Survey during 2017/18 in the context of our new Organisational Development Strategy.

Health and wellbeing

In 2016/17 we introduced our Staff Health and Wellbeing Strategy. It focuses on providing consistent, evidence-based and evaluated wellbeing support to staff. We have also established a Health and Social Committee with representatives from each locality.

The Committee's remit is to:

- collect local intelligence about wellbeing needs
- communicate our initiatives
- encourage involvement in our initiatives.

In 2017/18, we ran team challenges, provided mini-health checks and piloted mindfulness programmes in four locations. Following evaluation this will be rolled out across the Trust.

Staff engagement

We continued with the staff engagement calendar, including:

- the Big Listen
- Inspire Awards
- Annual Staff Awards
- Chief Executive Breakfast meetings.

Over 200 staff, managers and Board members attended our Staff Awards ceremony on 30 November 2017, at Tewin Bury Farm. This year, we developed 'Local Listens' which take place shortly after the 'Big Listen', and occur locally at outlying sites such as Little Plumstead in Norfolk and Lexden in North Essex. The purpose of these is to provide additional opportunities for staff who may find it difficult to attend a Big Listen to speak directly to our Executive Team about issues that matter to them. A number of initiatives have arisen from our engagement events, including the creation of a Trust Leadership Academy, a Service Line Leader Development programme and the Staff Health Checks that are taking place across the Trust.

Collective Leadership

The Trust completed the discovery phase of the Collective Leadership programme during 2016/17. The project team, known as Lead Ambassadors, presented the findings to our Board in June 2016. Subsequently, the Lead Ambassadors participated in a Culture Workshop with members of the Board and Senior Leaders in the organisation.

The purpose of the workshop was to utilise Collective Leadership

findings and other available staff engagement intelligence to describe the next phase of our culture. This has been used to inform the Good to Great Strategy and the Organisational Development Strategy.

Leadership development

We continue to provide leadership development through our Leadership Academy. In addition to the Leaders and Emerging Leaders programmes, a new programme was developed this year, targeted at Service Line Leadership by our Chief Executive and Deputy Chief Executive. This programme was developed as a result of conversations within a Chief Executive breakfast meeting with Service Line Leaders and is co-produced with the attendees.

Additionally, we continue to provide the Managing Service Excellence programme – a management training programme targeted as a refresher for existing managers and a practical

course for new managers. We are working with neighbouring NHS Trusts within the Sustainability and Transformation Plan footprint into delivering a local version of the NHS Leadership Academy Mary Seacole Programme, of which this financial year cohort will commence during 2017/18.

We have continued to invest in our Senior Leaders Forum, which enables the top 70 leaders in the organisation to hear key messages directly from the Chief Executive and to work on key cultural and operational issues.

The table below shows how many staff benefited from each programme in 2017/18.

Senior Leaders Forum	70
HPFT Leadership Academy – Service Line Leaders	16
HPFT Leadership Academy – Leaders	19
HPFT Leadership Academy – Emerging Leaders	23
NHS Leadership Academy – Mary Seacole	5
HPFT Managing Service Excellence	56

Learning and development

As a University Trust, we recognise the importance of investing in our workforce to continue to deliver the right care in the most effective way, based on a sound evidence base and continuing professional development.

We provide opportunities for our staff to develop their full potential through defined career pathways. This is a core component of the NHS constitution on which we are focused. Continuing professional development (CPD) is an important requirement for professional and medical occupations within the Trust and is prioritised each year using an organisational training needs analysis working with partners such as the University of Hertfordshire, the University of Bedfordshire, Anglia Ruskin University and the University of Essex to deliver programmes of learning to enable our staff to provide the best support to service users.

153 staff have accessed short courses such as Physical Health Monitoring, Dementia, Asperger's Awareness and the popular Clinical Supervision.

30 staff attended Preparation for Mentorship module.

26 staff are currently on a pathway of study towards a BSc and an MSc and we currently have 41 people waiting to start.

A bespoke Care Coordination Training programme was developed and delivered by the University of Hertfordshire during 2017/18 and 100 staff were trained.

We have also supported 33 individuals to pass the NHS Leadership Academy Mary Seacole Programme and a total of 178 up to and including the current cohort 9 of our Leadership Academy.

Statutory and mandatory training

Over the last year, we have developed and then continued to streamline our mandatory courses and saved over 21,000 hours that can be re-focused on direct clinical care and related activities. Our induction programme was attended by over 500 new employees in the last financial year, giving them an early insight into our values and expectations.

Back to Basics training for independent assessors and frontline community clinicians

Two days in March 2018 have been booked for refresher training.

HEEoE Quality Performance Review

The first Highlight Summary Risk Report was submitted to HEE in January 2018.

Mock CASC Exam

For the first time we opened this event to all core trainees in the East of England region and was advertised by HEEoE and took place on Monday, 8 January 2018.

Library Services

Library and Knowledge Services hosted a two day conference on 'Dementia' which we collaborated with the University of Hertfordshire, Hertfordshire Public Libraries, and other Trusts in our region as well as Dementia Friends and our Research and Development team to form an informal partnership.

The Library subscribes to 'Knowledge Share', an alerting service for specialist area of interest. Updates are personalised and targeted to individuals. The updates focus on the evidence that can change practice and provide links the latest article, websites, reports and guidelines in chosen areas.

Our Library was assessed through the Library Quality Assurance Framework (LQAF) which correlates to the strategies of Health Education England's (NHS Library and knowledge services, 2017) and for the third year running obtained 94%.

Apprenticeships

We are now investigating additional Apprenticeships for all bands of our staff to enable upskilling the workforce. Since the start of the Levy in April 2017, we have engaged three independent providers to provide Adult Care Level 2 and Lead Adult Care Level 3, Business Administration and Medical Administration Apprenticeships. We are in the process of procuring another training provider to deliver Customer Service Apprenticeship Level 2 and Level 3 for receptionist and staff working in our Single Point of Access (SPA). The Nursing Associate Apprenticeship will commence in May 2018 with a further intact in September running alongside a Nursing Degree Apprenticeship. Other future Apprenticeships are being discussed but we are awaiting the standards to be agreed and then further providers identified.

Name of Priority	**11. Staff Experience Friends and Family test**			
Related NHS Outcomes Framework Domain and who will report on	4: Ensuring that people have a positive experience of care. All trusts. The primary purpose of staff Family and Friends Test (FFT) is to support local service improvement work.			
Data Definition	The FFT is a feedback tool which allows staff to give their feedback on Trust services. The FFT asks how likely staff are to recommend the services they work in to friends and family who may need treatment or care and also as the employer of choice. Participants respond to FFT using a response scale, ranging from "extremely unlikely" to "extremely likely". They also have the opportunity to provide a free text comment after each of the two FFT questions. The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. This question is in the Trusts Pulse survey This is also an NHS England statutory submission.			
How this data will be collated	Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken).			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	70.4%	68%	67%	74.9%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	76.98%	77.4%	76.1%	75.3%
Performance in Q1 to Q4 in 2015-16	**Q1**	**Q2**	**Q3**	**Q4**
	63.7%	62.3%%	70.7%	72.5%
Target	Staff Friends and Family Test (FFT) – recommending Trust services to family and friends if they need them >=70%.			

Name of Priority	12. The percentage of staff recommending the Trust as a place to work			
Data Definition	As stated above the FFT is a feedback tool which allows staff to give their feedback on Trust services. To measure this target the Trust will follow the process described above. The percentage of staff that would recommend the Trust as a place to work. This is an NHS England statutory submission.			
How this data will be collated	Staff FFT data will be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken).			
Performance in Q1 to Q4 in 2017-18	**Q1**	**Q2**	**Q3**	**Q4**
	56.1%	62.4%	66.6%	64.1%
Performance in Q1 to Q4 in 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	69.0%	67.8%	68.8%	65.8%
	How likely are you to recommend HPFT to friends and family as a place to work?			
Performance in Q1 to Q4 in 2015-16	**Q1**	**Q2**	**Q3**	**Q4**
	51.2%	49.6%	56.4%	55.6%
Target	>/=55%.			

Compliments, comments and complaints

We place great value on the comments, compliments and complaints sent in by service users, their carers, relatives and friends. We encourage people to raise concerns with staff on the units, to use the comments, compliments and complaints leaflets available on all wards and outpatient units. Alternatively they can complete a form on the Trust website at http://www.hpft.nhs.uk/contact-us/compliments-and-complaints/online-form/ or call our dedicated phone line 01707 253916.

We also invite all service users and carers to provide ongoing feedback on their experiences by completing *Having Your Say* forms or Friends and Family Test postcards, either on paper or electronically, during their recovery journey. Service Experience Volunteers visit our adult acute inpatient and rehabilitation units to provide an impartial listening ear as well as support for service users and carers providing feedback through *Having Your Say.*

What is the NHS Friends and Family Test (FFT)?

The NHS Friends and Family Test (FFT) was created to help service providers like the Trust understand whether service users are happy with the service we provide, or where we need to improve. It is a quick and anonymous way to give views after receiving care or treatment.

What we do with compliments, comments and complaints

We use information received through comments and complaints, together with the outcomes of any investigations to improve our services. We work closely with the Safer Care and Practice Governance Teams to ensure that lessons learnt are turned into action plans to change and develop practice. Each quarter, every team is required to produce a 'you said, we did' poster based on all the feedback they have received, sharing what they will do to improve the service with those who have taken the time to provide feedback.

We also feel it is important to celebrate what we do well, and all teams are encouraged to send details of compliments received to the Patient Advice and Liaison Service (PALS) and Complaints Team to make sure we capture the overall picture of service users and carers' experiences. We record all the compliments we receive and these are published in the e-magazine for staff. Satisfaction levels are monitored through Having Your Say and FFT.

Patient Advice and Liaison Service (PALS)

PALS provide people with advice and assistance if they have a concern or enquiry. This year we received 861 contacts - an increase of 13% on last year. The table below shows the number and main categories of PALS contacts, comparing 2017/18 with 2016/17, 2015/16 and 2014/15. As in previous years most contacts raised issues for resolution by the PALS team or, more commonly, by the clinical teams. This year we have added a new category of contact: 'informal complaints', which explains the reduction in the number of 'issues for resolution'

We are also being more rigorous about defining comments as feedback, which has meant an increase in contacts in that category compared to previous years.

Number of PALS contacts and main categories

Category	2014/15	2015/16	2016/17	2017/18
Advice	12	41	40	67
Enquiry	70	67	140	176
Feedback	76	98	100	240
Issues for resolution	387	363	446	183
Informal complaints	-	-	-	135
Other	0	0	1	0
Translation request	1	1	0	1
Non HPFT	16	36	32	59
Total	**562**	**606**	**759**	**861**

Formal complaints

When we investigate complaints we aim to provide a fair, open and honest response, and to learn from them, so service users and carers can benefit from the resulting changes. The number of complaints received in 2017/18 was 206 compared to 250 received in 2016/17. This is an 18% decrease. The table below shows the number of complaints categorised by the main issue each complaint focused on, comparing 2014/15, 2015/16, 2016/17 and 2017/18.

Category	2014/15	2015/16	2016/17	2017/18
Assault / abuse	11	11	3	3
Clinical practice	92	98	93	89
Communication	23	39	35	24
Environment etc.	7	3	2	4
Staff attitude	30	29	31	26
Security	0	3	0	6
Systems & Procedures	83	84	84	54
Transport	2	2	2	0
Total	**248**	**269**	**250**	**206**

Emerging themes

Some PALS 'issues for resolution' and 'Informal complaints' are transferred to the formal complaints process, either because they cannot be resolved within one working day, or because they raise the serious issues. Most issues and enquiries are dealt with immediately, or very quickly, by the clinical teams and do not result in a complaint.

The 89 complaints where clinical practice was the primary issue fell into 12 sub-categories. The majority of the complaints fell into the following groups:

- Direct care (38)
- Assessment and treatment (17).

The 54 Systems and Procedures complaints fell into 14 sub-categories. Most complaints were in the following groups:

- Access to treatment (19)
- Confidentiality Breach (11)
- Direct Payments (4)
- Discharge (4)

The 3 complaints of alleged assault were about

- use of restraint (under investigation and subject to safeguarding)
- alleged physical abuse to a service user by another service user (partially upheld)
- a service user being verbally abused by another service user (partially upheld).

All allegations were carefully considered by the multidisciplinary team, and through safeguarding where appropriate. During 2017/18, we received 7 requests for files from the Parliamentary and Health Services Ombudsman (PHSO)/Local Government Ombudsman (LGO):

- 3 decisions were received with no further action
- 4 complaints remain under investigation.

We were also notified of 1 complaint referred to the PHSO and which they decided not to investigate as it is out of time (we were not previously aware that the complainant had taken their case to the PHSO).

Compliments

All teams are asked to forward letters of thanks from service users, carers, advocates and visitors to the PALS and Complaints Team so that they can be logged and reported. In line with increased numbers of other contacts there has been a 3% increase in the number of compliments forwarded to the team.

Year	Compliments
April 2011 – March 2012	674
April 2012 – March 2013	673
April 2013 – March 2014	942
April 2014 – March 2015	1262
April 2015 – March 2016	1622
April 2016 – March 2017	1915
April 2017 – March 2018	1981

In 2017/18, we recorded nearly 10 times as many compliments as formal complaints.

Clinical Networks

What is a clinical network?

These networks are dedicated to providing assurance and sharing good practice so we can improve the health service for all those who work in and use it.

We are members of the following networks:

- Learning Disability Clinical Network
- Clinical Outcomes and Research Evaluation (CORE) CAMHS
- AIMS Accreditation Scheme (Royal College of Psychiatrists)
- East of England clinical senate
- The Trust is part of the larger Eastern Clinical Research Network (CRN). CRN Eastern is funding two consultant psychiatrist research sessions as well as one consultant psychologist research session.
- The Psychiatric Liaison Accreditation Network (PLAN)
- Quality Network for Forensic Mental health Services (Adult Forensic) Community
- Quality Networks for Community Forensic Mental Health Inpatient
- Quality Networks for Early Intervention Psychosis
- Quality Networks for Child & Adolescent Eating Disorder Community
- Quality Networks for Child & Adolescent Inpatient
- Quality Networks for Child & Adolescent Community
- Quality Networks Inpatients Child & Adolescent Inpatient
- Quality Networks for Peri-natal inpatients
- Quality Networks for Peri-natal community
- Quality Networks for Rehabilitation services Inpatient.

In 2017/18, all our acute assessment and treatment services for people with learning disabilities have been accredited as meeting the standards of AIMS-LD (Accreditation for Inpatient Mental Health Services – Learning Disabilities). We achieved this through

- 3 years of preparatory work
- membership of a quality network
- hosting and leading peer reviews of services nationwide.

Our forensic inpatient services

- belong to the Quality Network for Forensic Mental Health Services
- participate in peer review and annual audit of best practice standards

Our clinicians in learning disability services

- contribute to the development of transforming care partnership arrangements in all our service areas
- have supported the learning disability mortality review programmes by training clinicians as LeDeR reviewers in Norfolk, Essex, and Hertfordshire.

We continue to

- contribute to the regional and national transforming care programme through regional expert reference groups
- work with Health Education England on the development of competency frameworks to create and sustain models of good practice in community learning disability and forensic teams
- support NHS England in the development of service specifications and quality commissioning products through our membership of the regional senate and national clinical reference groups.

CAMHS Eating Disorders Team

The CAMHS Eating Disorder Team has signed up to the QNCC-ED quality network. This currently involves peer reviews but eventually we aim to seek accreditation once we can work together to facilitate this. We have had one peer review so far and are awaiting the report that will highlight actions points for the team to take forward. As part of the peer review system we also review other services and our team have completed one of these reviews.

We also participated in the following accreditation schemes:

Service Accreditation Programme and Quality Improvement Network			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
AIMS Rehab: A Quality Network for Mental Health Rehabilitation Services	Hampden House	Participating	66
AIMS Rehab: A Quality Network for Mental Health Rehabilitation Services	The Beacon	Participating	66
APPTS: Accreditation Programme for Psychological Therapies Services	Health in Mind - North East Essex	Not yet assessed	32
APPTS: Accreditation Programme for Psychological Therapies Services	Health in Mind - Mid Essex	Not yet assessed	32
APPTS: Accreditation Programme for Psychological Therapies Services	The Wellbeing Service	Accredited	32
APPTS: Accreditation Programme for Psychological Therapies Services	Healthy Minds - West Essex	Not yet assessed	32
EIPN: EIPN: Early Intervention in Psychosis Network	Hertfordshire Early Intervention Service	Accreditation not offered by this Network – No longer member	155
MSNAP: Memory Services National Accreditation Programme	Early Memory Diagnosis and Support Services North Hertfordshire	Accredited	75
	Early Memory Diagnosis and Support Services East Hertfordshire	Not yet assessed	
MSNAP: Memory Services National Accreditation Programme	Early Memory Diagnosis and Support Services South West Hertfordshire	Accredited	75
MSNAP: Memory Services National Accreditation Programme	Early Memory Diagnosis and Support Services North West Hertfordshire	Accredited	75
Perinatal: Perinatal	Hertfordshire Partnership Foundation Trust	Member	51
Perinatal: Perinatal	Thumbswood Mother and Baby Unit	Accredited	51
PLAN: Psychiatric Liaison Accreditation Network	Lister RAID (The Lister Hospital and Queen Elizabeth II Hospital)	Accredited	81
PLAN: Psychiatric Liaison Accreditation Network	Watford RAID Team (Watford General Hospital)	Accredited	81

Service Accreditation Programme and Quality Improvement Network			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
QNCC: Quality Network for Community CAMHS	CAMHS Eating Disorders	Participating but not yet undergoing accreditation	42
QNFMHS: Quality Network for Forensic Mental Health Services	Beech Ward (Kingsley Green)	Accreditation not offered by this Network	83
	Eric Shepherd Unit	Accreditation not offered by this Network	83
	Broadland Clinic	Accreditation not offered by this Network	
QNIC: Quality Network for Inpatient CAMHS	Forest House Adolescent Unit	Member	131
QNLD: Quality Network for Inpatient Learning Disability Services	Assessment and Treatment Unit Lexden	Accredited	41
QNLD: Quality Network for Inpatient Learning Disability Services	Dove Ward	Accredited	41
QNLD: Quality Network for Inpatient Learning Disability Services	Astley Court	Accredited	41
QNOAMHS: Quality Network for Older Adults Mental Health Services	Prospect House	Participating	87
QNPICU: AIMS PICU: Psychiatric Intensive Care Units	Oak Ward	Accredited	38
QNPMHS: QNPMHS: Prison Mental Health Service	HMP The Mount	Accreditation not offered by this Network	40

Care Quality Commission

As a Trust, we were registered with the Care Quality Commission (CQC) on 1 April 2010 to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

We were inspected in April 2015 as part of a planned comprehensive inspection and achieved an overall rating of 'Good'. The report focused on 5 different domains of quality:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

The Trust received the written report in September 2015 and drew up an action plan with a list of 'Must do' and 'Should do' recommendations to address shortfalls that the CQC identified. The Integrated Governance Committee to the Board oversaw the implementation of the action plan and it was formally closed at the Committee meeting on 8 June 2017. We have completed the following actions:

Recruit to fill vacancies, decrease the number of agency staff and increase permanent staff:

- Recruitment and Retention Group continues to focus on initiatives to fill vacancies and decrease the number of agency staff. We have been proactive with our recruitment initiatives and the Trust has made progress with recruitment. The challenge continues to reduce vacancies while we are expanding our First Episode Psychosis and IAPT service and increasing staff numbers in Acute Services and the Perinatal community service
- We started increasing staff numbers in Acute Inpatient Services from May 2016. This is to help with high levels of acuity and to reduce pressures on staff working in a challenging environment. This increase enables services to be managed safely and effectively.

Environmental safety concerns addressed and improvements made. We have:

- Completed the removal of anchor point ligature risks through a planned programme of work. The installation of CCTV in key areas within units has also been completed, reducing the line-of-sight risk

- Redecorated one of our adult acute inpatient units and provided new furnishings, so the unit continues to meet the high standards of other, newer units, supporting the care, treatment and recovery of service users
- Sound-proofed therapy and interview rooms at one of our community hubs to improve the privacy, dignity and confidentiality of service users during sessions
- Created a new purpose built seclusion room in one of our forensic inpatient units, providing an improved and safer environment.

Ensure risk assessments and care plans are up to date, include risk histories and involve carers and service users.
We have:

- Developed our electronic patient (service user) record (Paris) to facilitate the documentation of service user, family and carer involvement
- Improved our initial assessment form and supporting letters now require the inclusion of service users' previous risk history. This is so care plans can include previous risk histories and evidence the service users' and their carers' involvement, so we can provide better care and treatment.

Medicines Management:
We have:

- Developed new Community Prescription Charts so community teams don't have to use inpatient prescription charts. This reduces confusion and improves accuracy of completion.
- Arranged for two identified older people inpatient units and two Rehabilitation units to receive their medicines from the Kingfisher Court dispensary. This provides a safer and standardised process for medicine supply.
- Embedded pharmacy-led Medicines Reconciliation as part of the routine clinical Pharmacy service. It is audited through the quarterly Medication Safety Key Performance Indicators.

Improved focus on Physical Health of service users:
We have:

- Launched our Physical Health Strategy. This aims to address the disparity in life expectancy and physical health outcomes between service users with mental health disorders and the general population.

On 1st November 2017, we were issued with a warning notice under section 29A of the Health and Social Care Act 2008, this was following the CQC's unannounced inspection of the Broadland Clinic (Medium Secure Forensic Inpatient Unit), Little Plumstead Hospital, Norfolk. We took this matter very seriously and implemented a comprehensive action plan to address the concerns raised. We completed this work in January 2018.

In September 2017, we received our Provider Information Request (PIR), this contained a mixture of quantitative and qualitative questions as well as a list of documents that we were required to submit to the CQC. The PIR is a pre-requirement of the Trust's annual CQC inspection which includes an unannounced inspection of core services and an announced inspection.

The unannounced inspection of core services started on 23 January 2018 and lasted 3 days.

The following services were inspected:

- Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units
- Forensic Inpatients wards
- Wards for People with Learning Disabilities or Autism
- Child and Adolescent Mental Health Wards.

The announced inspection started on 5 February 2018 and lasted 4 days. This was a Trust-wide assessment of leadership, governance, management and culture. It involved interviews with Board members and senior staff, staff focus groups, analysis of data, strategic and Trust-level policy documents, and information from external partners. It focused on discovering whether the Trust is well led.

Our Trust has been rated as 'Good' overall. Two core services – forensic inpatient services and wards for people with a learning disability – were rated 'Outstanding'. Full details of the ratings we received are shown in the matrix opposite.

The report included many examples of where staff are delivering good and outstanding care. The CQC saw that our staff are:

- Caring and compassionate
- Proud to work for the Trust
- Dedicated to their roles.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for sevices and using our professional judgement.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement → ← Apr 2018	Requires improvement ↓ Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Requires improvement ↓ Apr 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Forensic inpatient or secure wards	Good ↑ Apr 2018	Good → ← Apr 2018	Outstanding ↑ Apr 2018	Good → ← Apr 2018	Outstanding ↑ Apr 2018	Outstanding ↑ Apr 2018
Child and adolescent mental health wards	Requires improvement → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018
Wards for older people with mental health problems	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Wards for people with a learning disability or autism	Good → ← Apr 2018	Good ↑ Apr 2018	Outstanding ↑ Apr 2018	Good → ← Apr 2018	Outstanding ↑↑ Apr 2018	Outstanding ↑↑ Apr 2018
Community-based mental health services for adults of working age	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Mental health crisis services and health-based places of safety	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Specialist community mental health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community-based mental health services for older people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community mental health services for people with a learning disability or autism	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall	Requires improvement → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018	Good → ← Apr 2018

"We were impressed by the way all staff embraced and modelled the values. The values were embedded in the services we visited and staff showed the values in their day-to-day work CQC Report"

The CQC also recognised that:

- Our leaders and managers at all levels are visible and approachable
- We have a strong emphasis on co-production and good engagement with staff, service users and partners
- Our investment in IT systems and the innovation hub is having a positive impact, enabling us to deliver improved safety and better outcomes for service users.

They also praised our safeguarding and incident reporting for its transparency and the way our teams share lessons learnt.

There are areas where we need to improve and we will be working hard to address these. They include:

- Being responsive to changes in pressures within services
- Making sure that we address all ligature risks
- Reviewing our seclusion and restrictive practices.

We also need to maintain our focus on recruitment and retention to ensure that all services are staffed effectively.

You can read the full report at http:www.cqc.org.uk/provider/RWR/reports

Mental Health Services Data Set (MHSDS) Metrics

The MHSDS data set is a national reporting requirement designed to make sure all mental health service providers improve the accuracy of the data they report.

Our Sustainability and Transformation Plan (STP)

What is an STP?

Across England, NHS and Social care organisations have been encouraged to work together more closely to deliver more effective, joined up and affordable services. The country has been divided into 44 'Sustainability and Transformation Partnerships' or 'STP' areas by the national organisation, NHS England. Hertfordshire and west Essex is one of these 44 STP areas.

The STP for Hertfordshire and West Essex has gained momentum during the year. We now have mental health embedded in every part of the discussion and planning as we transform care and services for young people, adults and older adults. One of STP workstreams focuses on 'frailty'. Our mental health colleagues are providing leadership and influence in this work, so we can aim to meet the needs of people who are frail, and who have physical and mental health problems, including dementia.

The organisations involved in the STP have been developing care pathways for people, particularly for people who are frail. The aim is to provide care pathways that are joined up across physical and mental health services and which take account of the social needs of the person and their family.

We are also in the final stages of developing a template for a single personalised care plan for people. This can be used across all our services, ensuring our care and services are more 'joined up' for the person at the centre.

'Place-Based Care' is also key to us working differently. This means staff work across the usual organisational boundaries, coming together and thinking about how they might best meet the needs of people in a specific location. This has led to some excellent work, including:

- Our integrated multi-disciplinary teams for people with complex needs and frailty in Stort Valley and Villages
- The innovative approach to falls and fall prevention in Hertsmere
- Staff are working together across organisational boundaries to implement practical solutions creating more joined-up care for service users, including people
  - in care homes
  - with Chronic Obstructive Pulmonary Disease (COPD)
  - with complex needs.

Working across organisations has enabled our staff to develop and implement creative and practical ways of working more effectively.

> "We now have a joint agreement with our community service colleagues so that our Occupational Therapy staff can assess and prescribe basic physical equipment from the community trust's equipment service. This care supports people's independence and can reduce the risk of falls and importantly it happens more quickly now with less bureaucracy for the person, as we avoid the need to refer them on to another organisation"
>
> **Staff member**

A Healthier Future will map the improvement journey health and care services are committed to take in order to improve all of our vital NHS and social care services to help the people of Hertfordshire and west Essex live happier and healthier lives.

Quality Improvement

The Executive Director of Quality and Medical Leadership and the Executive Director of Quality and Safety/Chief Nurse lead the Trust's organisation-wide approach to quality improvement. Over the past 12 months more people have come forwards with ideas for innovations and improvement that boost safety, efficiency, effectiveness and the improve the experience of service users, carers and staff in receiving and delivering services.

Some examples:

Quality improvement project focused on outpatient appointment processes.

This has established a new, simplified and standardised appointment process across all our adult community services. We have changed the wording of our letters so they

- are clearer to service users
- better reflect our values.

We have also

- reduced the likelihood of mistakes and errors in our letters
- decreased the time it takes to complete the task
- removed some of the frustrating aspects of the work.

This makes better use of staff time and has increased staff satisfaction.

Improving access to services through our Single Point of Access

In early 2017, the volume of telephone calls coming into our Single Point of Access (SPA) meant that a typical waiting time for a call to be answered was 10 minutes. This was unacceptable, so we instigated a Quality Improvement initiative to tackle the problem.

Our Single Point of Access team were supported to use 'improvement thinking' and tools to understand the problem and think differently about how the work could be done. They came up with some simple ideas that we implemented. These led to the typical waiting time falling from 10 minutes to 1.5 minutes – an 85% improvement.

Patient Portal System

The Wellbeing Team at Tekhnicon House have set up a new electronic portal to improve service user engagement. The previous manual system was inefficient, requiring the information from approximately 1000 forms to be manually uploaded every month. With the new system:

- Service users receive automatically-generated text messages, reminding them to access the portal
- Staff can more easily identify and follow up with patients who have failed to access the portal
- Morale has improved and the discharge rate has dropped significantly as staff have more time to interact with service users.

The Innovation and Improvement Fund has also helped other ideas to be realised during 2017/18. These include:

- trialling the use of Nutritics, a dietary analysis computer package. As a result:
  - our dietician spends less time completing nutritional analyses (a 78.5% decrease)
  - we have increased the accuracy of dietary analysis of a person's food intake
  - staff have access to clear graphical reports to compare intake and requirement.
- testing a digital and portable tool (Talking Mats) that supports people with communication difficulties to express their wishes and concerns. The feedback on this tool has been that it has been an incredible enabler.

"I was genuinely touched to see a service user express so much and so easily via Talking Mats. It was like hearing her speak out for the first time despite having known her for four years"

Healthcare Assistant

"I didn't think (an individual service user) would have been able to engage in the discussion around her care and support plan without the use of the talking mats resource"

Psychologist

"I felt it was the first time people had properly explained about diabetes to me"

Service user

Service user and carer involvement

In 2017, our service users and carers – Experts by Experience – contributed to interview panels, forums, working groups and helped us design and deliver our services. In total, people with experience of our services participated in 2600 hours of involvement activity.

In October 2017, we began a co-produced review of involvement work to ensure the involvement opportunities we offer are recovery-focused, beneficial to the Trust and – most importantly – provide development for EbEs to move on from involvement programmes to other activities.

By January 2018 we had:

- reviewed all documentation
- introduced new feedback mechanisms for involvement

A new project this year sees a vocational service providing placements for people (from secondary services) in the Trust. These placements started in April 2018 and follow the Individual Placement and Support (IPS) model. The project is designed to ensure the Trust is an exemplar employer providing opportunities for people with experience of mental illness.

Carer engagement

Our carer engagement programmes have continued to grow over the past year, this in part is due to our dedicated works for carer services based within community teams.

We reviewed these services during 2017/18 and, as a result are bringing in more workers to support carers' needs and improve our performance in this area. During 2018/19, three areas of particular focus will be:

- Carer assessments
- Personal budgets
- How effectively we engage with carers across our acute settings.

Carer Council

Our Carer Council aims to help improve the Trust's services. It:

- comprises up to 15 members
- meets approximately every six weeks.

During the past year the Council has:

- Looked at scrutiny of care coordination and physical healthcare within the Trust
- Contributed to:
  - reviews of practice including survey reviews within community and inpatient settings
  - development of Trust policy and strategy.

11th Annual Recovery Events

This year we arranged five one-day events, four in Hertfordshire and one in Norfolk. The people of Watford, Bishops Stortford, Stevenage, Hatfield and Norfolk were invited to a celebration of Personal Development and Shared Decision Making with contributions from New Leaf, the new Wellbeing College in Herts.

The events attracted 177 people in Herts and 50 in Norfolk with over 35% of the attendees being carers or people with lived experience. More people attended for the first time than is usual. These events were interactive and co-produced from start to finish. They provided opportunities for people to share their experiences of mental health and recovery. Next year we may push the local theme further still!

"Reinstalled my faith in humanity"

Attendee

"Opportunity to be inspired and develop"

New Leaf: The Hertfordshire Wellbeing College

New Leaf College is based on the Recovery College model and provides a range of courses and workshops to enable people to take better control of their wellbeing, learn practical skills and provides an opportunity for people to reflect on their own situations and how they can build on their strengths to achieve better wellbeing.

Led by the Trust and run by Druglink Ltd, the college has been co-produced with stakeholders – including service users – across Hertfordshire. Since the college opened in November 2016, it has attracted 977 students (70% female). There are currently 37 students on the Peer Involvement Pathway, which supports students to give back to celebrate their learning achievements by getting involved in the college's activities, including Peer Tutoring.

Recovery stories

"Having now completed most of the courses the college offers, I have learnt so much about myself. The college has shown me what I am good at and given me added confidence in the skills that I always had but which were sometimes masked by my anxiety. … Since starting, my confidence levels have gone from strength to strength… I feel optimistic for the future"

Physical Healthcare

During 2017/18:

- More than 800 people in our services have had a physical health check conducted by our staff
- We have increased our staff's knowledge and awareness and developed new resources to help them support our service users' physical health. These include useful links, handouts and other services and community activities for our staff when working with people's physical health and a shared care agreement with our GP colleagues, ensuring we have a joined-up approach across primary care.

Integrated care

We are committed to bringing care together across physical and mental health, and removing the barriers to integrated care that can sometimes develop. Our projects in this field include

- three pilot programmes to provide mental health services closer to people's homes
- an integrated service for people with diabetes
- a state-of-the art building shared with community services colleagues.

We have been developing pilots in three different areas of Hertfordshire for mental health services to provide a service closer to home. Our new service is sited within GP practices, and aims to ensure people with mental health problems are seen by the right person much more simply and quickly. It also reduces bureaucracy.

Integrated service for people with diabetes

Working with our community Trust and acute care colleagues, we have been providing joined-up care for significant numbers of people with diabetes since April 2017. We train our staff so they have some specialist skills in treating long-term physical health conditions, and our recovery rates for our service users with diabetes are well above the national average.

We are keen to extend this joined-up approach to a range of other long term physical health conditions.

Clozapine Pathway Service Development and Improvement Plan

In October 2017, we convened a service development and improvement meeting. This generated a proposal to redesign the clozapine pathway, after which a senior pharmacist completed short scoping exercise on the current clozapine pathway.

Clozapine is an atypical antipsychotic used in the treatment of schizophrenia. It is the only antipsychotic shown to be effective for treatment-resistant schizophrenia. Clozapine treatment requires (1) regular blood monitoring in our clozapine clinics, (2) the responsible consultant and (3) dispensing pharmacy to be registered with the pharmaceutical company in order to prescribe and dispense clozapine.

As part of phase 1 of the quality improvement plan, a one-stop clozapine clinic model for care testing and medication supply was introduced in St Albans in March 2018. Where, previously, they had to wait three days for blood test results and medication, service users now receive results (samples are tested in the clinic, rather than sent off to a lab) and medication on the same day they have their bloods taken.

Early feedback from service users has been overwhelmingly positive. Clinic staff have also welcomed the changes which have significantly reduced the time they need to spend chasing blood results and ensuring that service users collect their medication. This frees them up to spend more time discussing other aspects of clinical care with service users.

In 2018/19, we a plan to roll out this the new clozapine clinic model to other sites throughout the Trust.

Pressure ulcers – zero tolerance

The Trust continues our zero tolerance approach to avoidable pressure ulcers. The past year has seen a further 16% reduction in pressure ulcer and moisture lesions reported by inpatient services in the Trust: 37 during 2017/18, compared to 44 in 2016/17. Of the 37 reported during the year 19 were acquired in the Trust and 18 were acquired external to the Trust.

We now have a robust system in place for providing medical devices, including pressure relieving mattresses, cushions and boots.

A dressing formulary is also available on each inpatient ward. Our local Pressure Ulcer champions monitor progress, and are having a positive impact promoting efficiency and evidence-based practice across the Trust. The procurement team and head of nursing continue to monitor the hire and use of air mattresses and cushions.

Staff continue to receive training in how to prevent and treat pressure ulcers and care for wounds from the Tissue Viability Nurse (TVN), seconded to the Trust from the Hertfordshire Community NHS Trust (HCT).

We:

- Now have a robust system in place for providing medical devices, including pressure relieving mattresses, cushions and boots
- Have made a dressing formulary available on each inpatient ward
- Have local Pressure Ulcer champions monitoring progress. They are having a positive impact promoting efficiency and evidence-based practice across the Trust
- Supported the 'Heel Alert' campaign in 2017: evidence suggests that heels are the second most common site for pressure ulcers, and that these are becoming more common
- Ran our annual 'Stop the Pressure Ulcer' conference on 16 November 2017. The TVN gave a presentation on pressure ulcers
- Have displayed 'React to red' screensavers and posters across the Trust and worked with the Bedfordshire and Hertfordshire Tissue Viability forum to send these out to GP surgeries across Hertfordshire, Bedfordshire and Essex
- Continue to monitor pressure ulcers and to report our findings to the Trust's Physical Health Committee.

The procurement team and head of nursing continue to monitor the purchase and use of pressure relieving mattresses and cushions, and staff continue to receive training in how to prevent and treat pressure ulcers and care for wounds from the Tissue Viability Nurse (TVN), who also works for the Hertfordshire Community NHS Trust (HCT).

Our audits suggest staff feel more confident and competent in preventing and managing pressure ulcers. This is predominantly due to the ongoing support from the TVN and discussions with other senior nurses.

Artwork supplied by the HPFT Art Collection

Nutrition and Dysphagia Steering Group

The Trust's Dysphagia and Nutrition Steering Group leads work across the Trust to make sure inpatient service users' nutritional needs are met. We use the Care Quality Commission (CQC) nutritional and hydration standards to guide our work.

Our work and future plans

- In March 2018 we launched new menus designed to meet the varying needs of all our service users.
- We are collecting instant feedback from service users to check they like the new food options.

Safe and effective screening
We are:

- Taking part in an NHS Improvement Nutrition Collaborative. This is helping us develop and test improvements in screening compliance and quality
- Building a screening tool into our electronic patient record. This will make completion easier for staff and help us monitor and evaluate our standards.

Supporting staff.
We are:

- In the final stages of developing our eLearning package for staff which is designed to provide the knowledge required to complete the screening tool
- Trialling training packs to use in our units for short, sharp training.

Nutrition and Hydration Week March 2018

- We celebrated the role food plays in our emotional wellbeing, encouraging all to share their food memories
- We shared knowledge of dysphagia signs and symptoms.

Medical education

We remain strongly committed to investing in learning and development for all our staff.

General Medical Council (GMC) Trainers and Trainees 2017 Survey

In the GMC Training Survey 2017, our clinical supervisors gave the Trust the highest score amongst the 5 mental health Trusts in the region. GP trainees and Foundation Year doctors placed in the Trust also rated their experiences very positively giving us a rating that made a joint top for trainees experiences amongst the 5 mental health Trusts. The survey outcome highlights the emphasis we place on Training and Development of our staff, both as supervisors and trainee doctors

Our Foundation Year 1 and 2 doctors rated us as highest in the region. The responses from the trainees' survey suggest we are also one of the top two Mental Health Trusts in the East of England.

One of the other academic highlights for the Trust in 2017/18 was the award of Doctor of Philosophy (PhD) to Dr Dilini Jayalath, a specialty doctor in old age psychiatry. Dilini was the first graduate of the MSc in Psychiatric Practice to obtain a PhD in the Postgraduate Medicine department at the university and their first one from Psychiatry.

At the 2017 graduation ceremony other Trust staff members were awarded the Master of Health and Medical Education and the MA in Contemporary Therapeutic Counselling.

What is the MSc in Psychiatric Practice and Mental Health Practice?

This MSc degree programme was jointly set up and funded by the University of Hertfordshire and the Trust to provide psychiatric trainees with an academic course to help prepare them for the Royal College of Psychiatrists examinations, and to give them and other members of staff the opportunity to obtain a master's degree.

Health Education England coaching and mentoring funding 2016/17

The Medical Education Team submitted a successful bid to Health Education England for funds to run a coaching and mentoring programme for trainee doctors. We were awarded the full amount: £1500.

Integrated GP teaching programme

In collaboration with Bedfordshire & Hertfordshire Local Medical Committees (LMC), the Trust ran an integrated GP teaching programme of six modules from February to June 2017. Senior clinicians and consultants in mental and physical health will facilitate each module.

We held the first module 'Mental and Physical Health during Pregnancy and the Postnatal Period' on 23 February 2017. The feedback was excellent.

Integrated GP teaching programme

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Homefirst

Run by Hertfordshire County Council and supported by the Trust, HomeFirst is one of the largest programmes helping integrate services across the areas we cover. It combines health and social care, providing a rapid response and case management service which supports the frail and elderly with multiple long term or complex conditions. Their services help service users stay:

- well
- independent
- in their own homes, rather than going into hospital or residential care.

HomeFirst teams operate across the North and East Hertfordshire including Lower Lea Valley, North Herts, Stort Valley and Villages, Upper Lea Valley, Stevenage, Hatfield and Welwyn. People using the service, carers, staff and GPs have provided excellent feedback. Since HomeFirst started, substantially fewer people have been admitted to the Emergency Department (ED), hospitals or referred iinto Secondary Care Services.

> "I can't believe the transformation in [patient name]… I recall this patient calling A&E all the time before the psychologist was involved and now she is so much more settled"
>
> **Age UK**

> "Sympathetic and very helpful with all my concerns – thank you"
>
> **Service user**

Crisis Assessment and Treatment Team

After a successful pilot our crisis service is now providing home treatment and urgent assessment to people in Hertfordshire 24 hours a day, 7 days a week. Out of hours GPs, Street Triage, Rapid Assessment Interface and Discharge (RAID) teams and others are all referring people to the service. People in crisis are seen in their own homes and offered detailed assessment of their needs and treatment.

This

- Prevents some people attending A&E to access mental health treatment
- Improves their experience of our services
- Provides an effective pathway from other services directly into mental health treatment. For example, someone might come to the attention of the police, be seen by Street Triage and then referred to the crisis team.

The service is offered in the community, meaning service users can continue to receive support from friends and family in a safe and familiar environment.

Section 136 Team

The dedicated Section 136 team is made up of registered nurses and health care assistants. Based at Kingfisher Court, the team supports both the Trust and Hertfordshire's Police Force in ensuring that, when a service user is detained under Section 136 of the Mental Health Act:

- The process causes as little distress as is possible
- They feel supported and cared-for.

The Section 136 team have been key in implementing the new standards relating to Section 136 by taking the lead in co-ordinating the assessing multi-disciplinary team and monitoring the time spent in the Section 136 suite. They work closely with:

- Our Acute Assessment Unit (Swift Ward) to ensure a seamless transfer for anyone requiring further assessment of their mental health
- CGL Spectrum to ensure that people requiring intervention relating to substance misuse can be provided with an assessment or appointment
- The Trust's community-based services for those requiring follow up.

Street Triage

Street Triage has now been operating for over a year and is achieving good outcomes. Clinicians are based with the Police at their Headquarters in Welwyn Garden City, and go out with them from 8.00pm to 4.00am seven days a week. We are seeing more and more people, and since December the Police now have to consult a health professional before using their powers to detain individuals under Section 136 of the Mental Health Act. The Street Triage team works with a paramedic on one of the shifts. By working together, we have been able to support and treat people in the community, which means they can avoid attending A&E and being detained under Section 136.

The feedback from the Police is overwhelmingly positive. They:

- Value the access to mental health expertise
- Say that Street Triage saves many hours of police time and ensures that people who need access to mental health services are supported to get it in a timely and efficient way
- Feel that working with the Street Triage team has increased their knowledge and understanding of mental health.

Our Street Triage team love their roles and value working with the police and ambulance services, sharing their expertise to bring a positive outcome for the person involved.

Extending services to new groups of people

Our Improving Access to Psychological Therapies (IAPT) services in West Hertfordshire have made great progress in supporting people with long-term physical health issues, such as diabetes or respiratory conditions, better manage the psychological effects of their condition.

The teams have had a specialist training to help improve health outcomes for people with long-term conditions and are also working with those who suffer with:

- chronic pain
- irritable bowel syndrome (IBS)
- fibromyalgia and ME/Chronic Fatigue Syndrome.

The teams work closely with community and hospital colleagues in physical health services, to help identify people who may need psychological support and provide them with Cognitive Behavioural Therapy (CBT), ensuring they receive care which takes into consideration both their physical and psychological needs. Early results are very promising with an approximate 39% reduction in physical health care appointments after treatment from an IAPT therapist. It is hoped that over the coming year the IAPT service can widen its scope to include people with cardiac problems and other long-term health issues.

Child and Adolescent Mental Health Services (CAMHS)

New models of care

Our new care model transforms the existing pathway of care to fully integrate the Tier 4 and Tier 3 pathways ensuring care is provided in the least restrictive environment close to home. Our model enhances and connects our existing services across:

- Community clinics
- Children's' CATT (C-CATT)
- High Risk Pathway and Forest House Assessment Unit, together with a combination of Dialectical Behaviour Therapy (DBT), Structured Clinical Management (SCM), Home Treatment and Supported Discharge functions.

The Home Treatment Team will provide:

- An alternative to admission by offering short-term intensive care in the community
- Supported discharge.

to ensure that young people are treated in the least restrictive environment and are cared for at home whereever possible, stepping up if/when appropriate.

Did Not Attend (DNA) in CAMHS

We have continued to monitor DNA rates through the year and report on the number of DNAs at our quarterly meetings with Commissioners. We have seen a decrease in the numbers of service users who DNA. As part of our practice governance agenda and working in conjunction with our Practice Audit and Clinical Effectiveness (PACE) team, there will be a repeat DNA audit taking place.

This will provide an overview and scrutiny of:

- The overall process
- How we manage DNAs including communicating with partner agencies.

DNA rates are discussed as part of a weekly conference call with senior managers and are closely monitored within local teams.

28-day waits

We worked hard throughout 2017 to bring our waiting times for routine appointments back in line with our agreed target of 28 days. To support this process we have collaborated closely with colleagues in the Performance Team and SPA.

We met our target by working to a clear recovery plan which enabled the team to better

- predict the number of appointments
- manage the demand for a service
- better move resources where they were needed.

After a challenging 8 months, we were back on target by September 2017.

Quality Network Decider Group, CAMHS West

The group is designed to deliver CBT mental health skills in a fun, interactive and easy to use format. It teaches 32 coping skills and strategies which aim is to help individuals cope effectively and positively with distressing emotions and situations. The skills focus on four key areas; distress tolerance, mindfulness, emotion regulation and interpersonal effectiveness.

Young people currently accessing Tier 3 CAMHS in the West quadrant were able to access the group and were referred by their care coordinators. Group members gave positive feedback, with one key area being young people appreciated having a space to meet others experiencing similar difficulties.

> "It was nice not to have to talk"
>
> **Young person**

Future groups will run, allowing more time for reflection on how the skills can be used effectively and some changes to the way the skills are illustrated to ensure they are relevant for young people.

The Skills Group, CAMHS West

The group was designed to deliver CBT mental health skills in a fun, interactive and easy to use format. It teaches 32 coping skills and strategies which aim to help individuals cope effectively and positively with distressing emotions and situations. The skills focus on four key areas; Distress Tolerance, Mindfulness, Emotion Regulation and Interpersonal Effectiveness.

Verbal feedback from group members suggested that they found it helpful in giving them tools to deal with their difficulties and validating to meet others experiencing difficulties. However it was felt that more robust measures were needed to evidence if the group was effective and the summer was not a good time to run the group as people were away and missed sessions.

Below is a table showing the verbal comments given in response to the ESQ question "What was really good?"

"The amount of advice and skills offered trying to help"
"I like the worksheets and different ways to tackle certain problems, always gave me ideas/ solutions for personal issues"
"I learnt new skills"
"They listened to me and made the meetings interesting so we didn't get bored"
"Different experiences, new people"
"The group was really helpful and if something was arranged like this again could you please let me know"

Introducing a three-day admission within Forest House Adolescent Unit

This initiative forms part of the Trust's drive to improve our 'Tier 4' service. We realised that many young people who needed to be admitted had lengthy waits in acute hospitals that, in some cases, had an impact on their recovery. We therefore developed a three-day admission, which started in December 2017.

Since then, we have had 6 such admissions. They focus on:

- Providing a break from the external factors which have led to the crisis
- Assessing the challenges in a low risk setting
- Sharing that assessment with the young person and all those involved in their care.

The CAMHS crisis teams have noted the ability to admit young people quickly. Referrers have also found the nursing and the multi-disciplinary team observations made during the brief admission very helpful. Young people have fed back positively about being able to return home after a short period of time and the parents have found the nursing feedback and advice practical and useful.

Think Ahead – the fast-track social worker scheme

As part of our recruitment, retention and workforce development initiative, the Trust hosts a national scheme to fast-track promising graduates into positions as mental health social workers.

Think Ahead places four graduates within the Trust. They receive intensive practice-based, 'on-the-job' training while studying for a Master's degree, with the prospect of full-time employment after the two year programme.

They are supervised and supported by the Think Ahead Consultant Social Worker who acts as an educator and a role model for Think Ahead participants in the workplace in Year One of the programme. The Think Ahead Consultant Social Worker post provides an exciting career development opportunity for social workers who want to remain in a practice-based role rather than move into management.

The trainee social workers start with a three-to-six week classroom-based curriculum, followed by a one-year practice placement during which they study for a postgraduate diploma in Social Work. In their second year, they undertake the Assessed and Supported Year in Employment (ASYE) and complete a Master's degree in Mental Health Social Work.

"Think Ahead provides a great opportunity to bring new talent into the Trust, and promote the valuable contribution that social work practice makes to transforming the lives of people experiencing mental ill health and their families. This initiative will also help address the recruitment shortfall in this area and develop potential leaders. These will be busy demanding placements but offer great opportunities for the right candidates in an interesting and highly rewarding field of work"

What is the Psychosis, Prevention, Assessment and Treatment (PATH)?

This is a specialist team who work specifically with individuals who are experiencing psychosis for the first time, referred to as a 'first episode of psychosis'.

The aim of this service includes:

- **Early detection, assessment and treatment of symptoms**
- **Optimistic views about recovery focused interventions**
- **Provide a wide range of psycho-social interventions and support**
- **Provide support and interventions for family and carers**
- **-Work in partnership with a range of statutory and non-statutory services.**

What is an Associate Practitioner (AP)?

This group of staff have gained a Psychology Degree and form part of the PATH workforce. They work alongside our qualified social workers, nurses and psychologists to provide specialist care, including the delivery of carers' programmes and family interventions.

What is a Support Time and Recovery (STaR) worker?

STaR workers also work with the PATH workforce, providing practical support for service users and carers.

In the PATH service, we have launched an innovative workforce model, aimed at delivering high quality, responsive care to people with higher levels of need. We call this our mini team model, in which a band 6 Care Co-ordinator works in partnership with a band 5 Associate Practitioner and band 4 STAR worker to manage a caseload together.

We have created a skills framework to support this model, which will ensure our staff develop the right skills and competencies to work together to support the recovery of people who use our service. We have now begun our evaluation of the of the mini-team model.

As part of this work, we have received feedback from service users and carers telling us that the mini teams have worked with them to go above and beyond in meeting people's complex needs.

In the cases we evaluated, we have seen that:

- Crisis situations were well managed
- Further mental health deterioration avoided
- Workloads were effectively shared.

This allowed the mini teams to provide a very supportive service where:

- people receive specialised, targeted and intensive interventions
- carers are given the time and support they need.

SafeCare programme update

The Allocate Safecare module is a software tool that allows us to compare staffing levels and skill mix to our service users' clinical needs. Following a successful pilot, our project team has implemented SafeCare in all our inpatient units and a small number of our community teams. All areas are using the system to input service user acuity data to enable them to match staffing levels and skill mix to the service user's needs and acuity level on a daily basis.

We have integrated the data available from the SafeCare system into some of our daily operational reporting structures to enable nurses on the wards and operational managers, to review the system each day. This allows access to real-time information so we can make decisions in a meaningful way to support safe care and treatment. The system:

- Enables us, as an organisation, to have visibility across services
- Transforms rostering into an acuity-based daily process that unlocks productivity and safeguards safety for service users and staff.

We are proud to be the first mental health trust to have implemented this solution in a community service.

Spotlight on Nurse Education

Trainee Nursing Associates

Last year, Health Education England (HEE) introduced the new role of Nursing Associate to support the work of Registered Nurses. The Trust has been the lead for the Nursing Associate programme implemented across the STP.

Working with five provider organisations and the University of Hertfordshire, the progamme provides 69 places, of which 11 were allocated to the Trust. Plans are in place to celebrate its first year. There are also plans to recruit to a further two cohorts during 2018/19. The Trust will continue to lead the programme.

"Nurse First" MSc accelerated nursing programme

We have been selected by Health Education England (HEE) to participate in an exciting pilot programme. Inspired by Teach First, the new accelerated postgraduate nurse programme is designed to encourage and incentivise high-potential graduates with leadership potential and relevant degrees to choose a career in nursing. We are one of three organisations piloting the mental health nursing strand and, of the ten graduates in this pilot cohort, four have been seconded from our Trust.

Working to the Boundary of Registration: Best Practice and Innovation in Mental Health

Our staff spoke on "Nurse Prescribing in 'depot' clinics: Back to Basics and Beyond" at the National Mental Health Nurse Director Forum event – "Working to the Boundary of Registration: Best Practice and Innovation in Mental Health" – at Warwick University in November 2017. This event enabled nurses to showcase innovative practice that demonstrates how they are working imaginatively to create the best services for the people that use them. It also showed how moving away from more traditional service models and practice can make nursing careers even more interesting and rewarding.

This innovative pilot involves nurses working with a specified group of service users who attend the depot clinic. Rather than being allocated a care co-ordinator in the community team, or seen in outpatient clinics for regular reviews by a psychiatrist, the nurse prescriber becomes the main clinician for service users who are happy to agree to this approach.

The nurse prescriber undertakes a review of the service user's mental, social and physical health needs; depot antipsychotic medication (including prescribing) and clinical care plan if/when the service users mental and physical health needs change.

They are also responsible for communicating with the service user's GP and depot clinic nurse about any prescribing decisions or changes regarding the depot medication and care plan.

The pilot is:

- Testing the appropriateness and safety of nurse prescribers leading care and treatment during the maintenance phase for service users who are 'stable' and prescribed maintenance treatment through depot antipsychotic medication.
- Aiming to discover whether nurse prescribers can:
  - have a positive impact in creating capacity in the team by reducing the need for care co-ordination and for outpatient reviews by psychiatrists for this group of service-users
  - enable quicker access to medication reviews for service-users who attend depot clinic.

The nurse prescribing-led depot clinic initiative is part of a wider initiative in East and South East Adult Community Team exploring the feasibility of developing a low intensity adult community team. This team will also include other new job roles including a community health care assistant and develop a clear pathway for social care, psychological and occupational therapy interventions for this service user group.

Modernising our estate

Through continued innovation, energy initiatives, refurbishment and upgrade programmes, during 2017/18 the Trust has continued to provide an improved, more aesthetically pleasing internal environment that contributes to our quality service and enhances user experience.

Some examples of refurbishments during the year include:

- Refurbishment at Centenary House for adult community mental health services; the building went live in 2018
- Refurbishment of Letchworth Wellbeing Centre, co-locating with Mind; the project went live in June 2017
- Upgrade and modernisation programme and future proofing of services at Lexden
- Six Facet survey (fire compliance) throughout the estate portfolio.

The Marlowes Health & Wellbeing Centre

We collaborated with colleagues in Hertfordshire Community NHS Trust to develop a state-of-the-art, integrated healthcare facility providing both mental and physical health care services.

The Marlowes Health and Wellbeing Centre, which opened in March 2018, is in the centre of Hemel Hempstead, a location selected to improve access for service users. The centre will offer the following mental and physical health services

Mental health services:

- outpatient clinics for Child and Adolescent Mental Health Services and Adults
- initial assessments
- CPA and clinical reviews
- one to one consultations
- group activities
- Clozapine and depot clinics
- blood tests
- physical health checks
- family therapies
- art therapy.

Physical health services:

- dentistry
- leg ulcer care
- sexual health services
- podiatry
- children's audiology, speech and language therapy, eye care and a range of other paediatric services.

The building also offers open plan office spaces and meeting rooms. Sharing the Centre with Hertfordshire Community NHS Trust enables us to work more closely together. We are introducing new ways of working to improve clinical outcomes and efficiency, enabling us to provide more holistic, seamless and integrated care for people using our services.

CAMHS Unit

In early 2017, we submitted a proposal to develop a Section 136 Place of Safety (PoS) for Children and Young People (CYP) for Hertfordshire. Despite the new building project's location within the Green Belt, we heard in December 2017 that we have secured planning permission. Our current facility does not have a CYP PoS, and lacks the space required to ensure the state-of-the-art CAMHS service we aspire to: we aim to provide a service that fully meets the needs of young people and the requirements of regulatory bodies.

The proposed Section 136 Place of Safety (PoS) suite will be designed to comply with the latest health building notes and health technical memoranda. It will include best practice from across the country. The facility will provide:

- a bedroom
- an ensuite shower room
- a receiving/sitting room
- staff areas including an office and a kitchenette.

The building will sit within its own gardens with a secure area provided. Our selected location also allows vehicles to park immediately adjacent to the building.

Logandene won Building Better Health Care Award

Logandene, a standalone NHJS dementia care assessment and treatment unit, was recognised in the 'External Environment' category at the Building Better Healthcare Awards in November 2017.

The state-of-the-art refurbishment is part of a £42 million investment into older aged adult services, which will ensure vulnerable and elderly adults always receive excellent care and treatment.

Buckinghamshire Services

Since joining the Trust, the Buckinghamshire Community Learning Disability Health Team has become an active part of the wider learning disability services, linking specifically with Dove Ward at Kingfisher Court and the Hertfordshire Assessment and Treatment services.

We have gained professional leads in:

- Occupational therapy
- Speech and Language Therapy
- Psychology, and
- secured a part-time Modern Matron position to support our nurses.

The Occupational Therapists continue to develop sensory integration services, attending the Sensory Special Interest group and submitting a quality improvement bid to develop specialist sensory assessment clinics and supporting the development of a bed rails risk assessment.

The Speech and Language Therapists successfully implemented the dysphagia and communication pathways and continue to provide local dysphagia training to carers and other health and social care professionals, to make sure they can spot the warning signs of a swallowing problem and also ensure our service users receive timely access to assessment and treatment.

The Allied Health Professionals within the team have taken on projects including the introduction of the East Kent Outcome System (EKOS) and a review of the falls pathway.

The Physiotherapy team have developed several complex health pathways including postural, falls/mobility and respiratory management. They have also created additional resources for the falls work. This includes producing an easy read leaflet on:

- being safe
- managing falls with exercise
- how to get up if you fall.

We have set up clinics to support people's transitions to hospitals and to help maintain chest health, one of the areas highlighted as an increased risk of poor health and death in people with a learning disability. The team have done some important work around the Epilepsy Pathway and their contribution to developing the epilepsy practice and pathway in Buckinghamshire for people with intellectual disabilities, has been acknowledged by the Royal College of Psychiatry.

Our Intensive Support Team now has more staff and is delivering a more comprehensive and wider service. We are also developing a positive behavioural support strategy and a threshold tool for those on the risk register.

Our nursing team has adopted the Health Equalities Framework which is based on an understanding of the factors that lead to health inequalities, and is designed to help commissioners, providers, people with learning disabilities and their families understand the impact and effectiveness of services.

In 2018/19, our Buckinghamshire services will be piloting a STOMP CQUIN (Stopping Over-Medication of People with Learning Disabilities) in order to inform a national STOMP CQUIN in 2019/2010.

Our Intensive Support Team will continue to

- Expand to ensure people can remain in their homes even at difficult times.
- Forge stronger and smoother links with our social care and mental health colleagues
- Ensure we participate in the development of the new Buckinghamshire Integrated Team processes led by the CCG.

We also intend to work closely with our hospital liaison learning disability nurses to review pathways and continue to improve service-user care for inpatients, ensuring that people with a learning disability are understood and treated as quickly and as safely as possible.

Learning Disability Occupational Therapy Services

The Learning Disability Occupational Therapy services across the Trust held a sharing good practice day in March 2018, featuring presentations from the different service areas. We plan to make this a regular event that will further strengthen networks. Regular meetings between the learning disability Occupational Therapy community services in Hertfordshire, Buckinghamshire and North Essex will also help develop shared aims for the service.

The Allied Health Practitioner Team will continue to review and develop our complex health pathway. We are also piloting a new cross-county initiative to solidify this work and provide support for people with personality disorders. Through this, Trust professionals will become trainers who train other staff to become competent in the AMBIT model.

What is AMBIT?

This is part of the development of the Personality Disorder pathway within our Learning Disability services, led by psychology. AMBIT is a metallisation based team approach for teams working with young people with severe and multiple needs, who do not tend to access mainstream services run by the Anna Freud Centre. The plan is to train members of the Learning Disability community teams in Hertfordshire, Buckinghamshire and Essex as trainers. It will be involving all members of the team, including psychology, Allied Health Professionals, nursing and psychiatry.

Independent auditor's report to the council of governors of Hertfordshire Partnership University NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Hertfordshire Partnership University NHS Foundation Trust to perform an independent assurance engagement in respect of Hertfordshire Partnership University NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Hertfordshire Partnership University NHS Foundation Trust as a body, to assist the council of governors in reporting Hertfordshire Partnership University NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Hertfordshire Partnership University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start NICE recommended package of care;
- number of bed days patients have spent inappropriately out of area;

We refer to these collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified below; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with

- board minutes for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period 1 April 2017 to 31 March 2018;
- feedback from the Commissioners dated 14 May 2018;
- feedback from the governors dated May 2018;
- feedback from local Healthwatch organisations, dated 21 May 2018;
- the latest national patient survey dated 6 March 2018;
- the national staff survey dated 6 March 2018;
- Care Quality Commission Inspection report dated 25 April 2018; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated May 2018.
- Any other information included in our review

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

Proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start NICE recommended package of care

The indicator for Early Intervention in Psychosis measures the percentage of referrals to and within the trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period within 2 weeks of referral as a proportion of the number of referrals to and within the trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period.

Our procedures included testing a risk based sample of 15 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

In respect of the population used to calculate this indicator we found that for:

- 33% of our sample the Trust had not retained an adequate audit trail to confirm the date that they met the following two conditions for the waiting time clock to be stopped:
  - Accepted on to the caseload of an EIP service capable of providing a full package of NICE-recommended care; and
  - Allocated to and engaged with an EIP care coordinator

As a result there is a limitation upon the scope of our procedures which means we are unable to complete our testing and are unable to determine whether the indicator has been prepared in accordance with the criteria for reporting the Early Intervention in Psychosis for the year ended 31 March 2018.

Our testing also identified the following errors:

- for 27% of items in our sample of referrals tested, one or both of the start and end date of the waiting period were not accurately recorded, and affected the calculation of the published indicator.

- For a further 27% of sample items, one or both of the start and end date of the waiting period were not accurately recorded, but did not affect the calculation of the published indicator;

As a result of the issues identified, we have concluded that there are errors in the calculation of the percentage of referrals to and within the trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period within 2 weeks of referral as a proportion of number of referrals to and within the trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period. We are unable to quantify the effect of these errors on the reported indicator.

The section on page 20 of the Trust's Quality Report summarises the actions the Trust is taking post year end to address the issues identified in relation to these issues.

Qualified conclusion

Based on the results of our procedures, except for the matters set out in the 'Basis for qualified conclusion' section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified above; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Deloitte LLP

St Albans
25 May 2018

Annexe 1 – Statements from Partners

Healthwatch Hertfordshire's Response to Hertfordshire Partnership University NHS Foundation Trust (HPFT) Quality Account 2018

Healthwatch Hertfordshire welcomes the opportunity to comment on HPFT's Quality Account. A Healthwatch Hertfordshire (HwH) Board member participated in the Health Scrutiny Committee's session to question the trust on the Quality Account priorities in March 2018. HwH agrees with the recommendations, good practice and risks identified at this two day event.

In addition we would like to make the following comments:

- The Quality Account clearly demonstrates how the Quality priorities have been chosen and that consideration was given to the feedback generated from the consultation around the priorities
- We have been pleased to work with the Trust on Dual Diagnosis (i.e. patients that use mental health and drug and alcohol services) and to see that our involvement has helped to improve pathways
- Service user feedback has Identified communication issues and long waits around the Single Point of Access (SPA – telephone clinical triage service) so it is good to see that the Trust has looked at how this can be remodelled to improve service user experience
- We are pleased to see that raising staff awareness on gender identity and sexual orientation is still very much a focus and that this is part delivered by volunteers who are willing to act as role models to improve services .
- HwH has raised that, from the perspective of mental health act managers, the biggest weakness in tribunals is that care coordinators do not always attend. We hope to see improvements in this area.
- HwH would like to congratulate the Trust for the achieving 'good' at their recent CQC inspection. Staff demonstrating good and outstanding care was noted in the report . However with increasing demand for services, recruiting and retaining staff to maintain good quality services will be a challenge. We know that this will be a focus for the Trust over the next year
- Partnership working is demonstrated throughout the Quality Account for example with commissioners and Hertfordshire County Council on learning disability services and the suicide prevention initiative delivered with the two MIND organisations
- Although dementia is not a priority, we are pleased to see that the Quality Account features the work around EMDASS (Early Memory Diagnosis and Support Services) and what is being done to improve access.

We look forward to working with HPFT in the coming year to continue to improve patient experience and outcomes.

Michael Downing, Chair (outgoing)
Healthwatch Hertfordshire, May 2018

Hertfordshire Partnership University Foundation NHS Trust Quality Account Statement from Herts Valleys CCG & East and North Herts CCG

The Trust continues to have a positive and constructive working relationship with commissioners, both through formal contract management processes and through discussions concerning service developments and changes. This has been the case both at an individual organisational level and through the development of the STP across Hertfordshire and west Essex.

Over the year the primary quality concern of commissioners has been the ongoing challenge of recruiting and retaining sufficient staff within HPFT to provide high quality services to people on a consistent basis. The CCGs are aware that HPFT share this concern and have implemented a range of measures during the year to address this. However users and carers tell us that the impact of staff turnover on their care is significant and this will continue to be an area of focus for the Trust over the coming year.

Within learning disability services the Trust continues to support the Transforming Care agenda effectively with good collaborative working with commissioners and other partners including the local implementation of Learning Disability Review of Mortality (LeDeR) and Stopping over-medication of people with a learning disability (STOMP) programmes. The Trust's Specialist Learning Disability

healthwatch Hertfordshire

service has co-operated well with partners across the health and social system. In particular improved joint working with Hertfordshire County Council's (HCC) community nursing and Health Liaison team has enhanced health pathways for people with learning disabilities. This is reflected in the recent CQC inspection which rated Learning Disability inpatient services as 'outstanding'.

During the year the CCGs have been pleased to support HPFT's proposal to take on the commissioning of Children and Adult Mental Health Services (CAMHS) inpatient (tier 4) beds under the New Models of Care programme. The CCGs see this pilot as having significant potential to improve outcomes for complex children and young people by better integrating community and inpatient services. During the year the staffing issues the Trust experienced in CAMHS led to a substantial drop in performance on waiting times for routine appointments. The Trust has focused on this as a priority and performance improved significantly towards the end of the year. The development of the Community Perinatal Team is positive. The expansion of the CAMHS Eating Disorder Team has allowed the Trust to see and treat people in the community in a more timely way.

Earlier in the year it was identified that an improvement in Safeguarding training compliance was needed. There have been substantial improvements in compliance against the new competencies since early February but the Trust have not achieved their commitment to meet their targets by 31st March 2018. The Trust has provided assurance that a significant focus is still being maintained to achieve compliance in all levels of safeguarding which is welcomed.

Commissioners are working with the Trust to ensure that all serious incidents reported are investigated within the required national timescales and support their ongoing work to embed learning from incidents.

The Quality Account refers to some of the long waiting times people were experiencing when they phoned the Single Point of Access (SPA). This led to waits for people who required a routine initial appointment for an adult mental health assessment. The Trust has made changes in SPA during the year and further work is underway in partnership with commissioners to explore models linked to primary care that will provide better outcomes and experience for people currently referred for an initial assessment. Management of demand in community teams is an area where the Trust and commissioners are working together to find ways to do this more effectively.

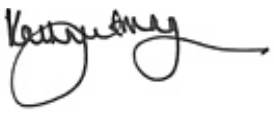
The Trust's ongoing commitment to modernising inpatient units is welcomed, with further work completed during the year. Bed occupancy rates are substantially higher than is ideal and this remains a concern for the CCGs, as well as being identified as an issue by CQC in their recent inspection.

We have worked with the Trust to consider ways to reduce waiting times for a dementia diagnosis and support the service redesign work that has taken place. This will continue to be a priority over the coming year.

The Trust plays a very active role in the Hertfordshire Suicide Prevention Strategy working groups and contributes by delivering the Spot the Signs training to GPs and members of the public.

The CCGs have been pleased to support the development of the specialist Early Intervention in Psychosis teams and will provide further investment in 2018/19 towards this important priority which should improve outcomes for people with a first episode of psychosis. The CCGs continue to work with the Trust to ensure reporting of performance against the two week wait target is accurate.

Overall the CCGs are pleased to endorse the Trust's Quality Account priorities for 2018/19 and the continued drive to improve outcomes for people who use their services.



Kathryn Magson

Chief Executive

Beverley Flowers

Chief Executive

Herts Valleys CCG East & North Herts

Chief Executive Officer
Hertfordshire Partnership University Foundation Trust
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Date: 23 May 2018

Health Scrutiny Committee

Dear Tom Cahill

On behalf of the Hertfordshire Health Scrutiny Committee (HSC) I welcome the opportunity to comment on the Trust's quality account and the engagement of the Trust with the committee.

Members have held in-depth discussion with the Trust over a series of meetings. This has included consideration of the progress on the previous year's priorities and the implications for the Trust to maintain and further improve this year. The Trust has been open in these discussions and responded to the concerns raised.

The Trust attended the Hertfordshire Health Scrutiny of Quality Accounts held over two days in March this year (15 & 29 March 2018) to outline the proposed priorities for 2018/19. The Trust provided a written response to the agreed questions in advance of the meeting. The scrutiny was attended by the chief executive, the Director of Quality and Safety and the Director of Quality and Medical Leadership. The committee wanted it noted that it continues to be impressed with HPFT officers' open and candid responses to their questioning at this and other engagement sessions and believe it shows a strong commitment to delivering and seeking to improve mental health services in Hertfordshire.

Members endorse the priorities as being appropriate to the needs of the users and carers. The Committee is confident that the Trust is well placed to deliver on the priorities.

HSC appreciates the regular updates it receives from officers of the Trust. Participation in scrutiny by both the HSC and Overview & Scrutiny Committee (OSC) is a valuable component of the engagement between HPFT and Hertfordshire County Council's scrutiny committees.

Overall, members regarded the draft quality account priorities as sound and based on thorough consultation with service users, carers and staff. However, in last year's scrutiny of HPFT's quality account the committee requested that year-on-year performances and nationwide comparisons should be provided alongside the Trust's priorities to demonstrate its progress. This was again not provided in this year's written report.

Members also noted that

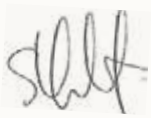
HPFT recognises the significant risk posed by increasing demand for mental health services in Hertfordshire above demographic trends (e.g. 25% for children and young people and 10% for adults). It was recognised that HPFT is well aware of the challenges posed and is taking actions to address them but the sheer size of the increased demand could create risks for all the quality account priorities.

The increase in demand creates additional risks for HPFT in achieving the priorities as the budget has not increased to match demand and nor has staffing.

A number of observations were also made during the scrutiny

- Members would like to see HPfT's Primary Care Mental Health Clinic pilot, being trialled with GP practices in Hertford, Watford and Stevenage, to be rolled out across Hertfordshire over the next 12 months.
- HPFT to consider ways of raising awareness of the trust's Single Point of Access (SPA), specifically with GPs and schools as key sources of referrals, to maximise impact, particularly for children and young people.
- Members were impressed by the Primary Care Mental Health Clinic pilot.

Yours sincerely



Seamus Quilty

Chair, Health Scrutiny Committee

Annexe 2 –

Statement of Directors' responsibilities for the quality account

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust annual reporting manual 2017/18 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to March 2018
  - Papers relating to quality reported to the Board over the period April 2017 to March 2018
  - Feedback from commissioners dated May 2018
  - Feedback from governors dated April 2018
  - Feedback from local Healthwatch organisations dated May 2018
  - Feedback form Overview and Scrutiny Committee dated May 2018
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2018
  - The national patient survey dated October 2018
  - The Head of Internal Audit's annual opinion of the Trust's control environment dated May 2018
  - CQC inspection report dated March 2018
- The Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The Directors confirm to the best of their knowledge and believe they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chairman
24 May 2018

Chief Executive
24 May 2018

Glossary

AD	Alzheimer Disease
ADHD	Attention Deficit Hyperactivity Disorder
ADTU	Acute Day Treatment Unit
ADU	Acute Day care Unit
A&E	Accident and Emergency
Aetiology	The cause, set of causes, or manner of causation of a disease or condition.
AIMS	Accreditation for inpatient mental health services
AMBIT	A metallisation based team approach for teams working with young people
AMH	Adult Mental Health
AP	Associate Practitioner
APPTS	Accreditation Programme for Psychological Therapies Service
ASYE	Assessed and Supported Year in Employment
AWOL	Absent without leave
BMJ	British Medical Journal
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CASC	Clinical Assessment of Skills and Competencies
Caseness	Term used to describe a referral that scores highly enough on measures of depression and anxiety to be classed as a clinical case. It is measured by using the assessment scores that are collected at IAPT appointments; if a patient's score is above the clinical/ non-clinical cut off on either anxiety, depression, or both, then the referral is classed as a clinical case.
CATT	Crisis Assessment and Treatment Team
C-CATT	Children's Crisis Assessment and Treatment Team
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCQI	Royal College of Psychiatrists' College Centre for Quality Improvement
CEDS	Community Eating Disorders Service
CGL	Change, Grow, Live – health
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
CORE	Clinical Outcomes and Research Evaluation
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPT	Community Perinatal Team
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRN	Clinical Research Network
CTR	Care and Treatment review
CYP	Children and Young People
DBT	Dialectical Behaviour Therapy
Datix	Trust incident reporting tool
DOLS	Deprivation of Liberty Safeguards
DNA	Did not attend
DPIM	DNA Polymorphisms in mental health
DToC	Delayed Transfer of Care
Dysphagia	Dysphagia is the medical term for the symptom of difficulty in swallowing
EbE	Experts by Experience
ED	Emergency Department
EDS	Equalities Delivery Scheme

EIP	Early Intervention Psychosis indicator
EIPN	Early Intervention in Psychosis Network
EKOS	East Kent Outcome System
EMDASS	Early Memory Diagnosis and Support Services
EPMHS	Enhanced Primary Mental Health Services (IAPT)
EQUIP	A group aiming to teach skills to offenders (or individuals at risk of offending; helping them to recognise and evaluate risky situations and make decisions which will keep themselves and others safe.
EWS	Early Warning Score
FEP	First Episode Psychosis
FFT	Friends and Family Test
GCS	Glasgow Coma Scale
GMC	General Medical Council
HoNOS	Health of the Nation Outcome Scales
HCC	Hertfordshire County Council
HCT	Hertfordshire Community NHS Trust
HDAT	High Dose Antipsychotic Therapy
HEE of E	Health Education East of England
HEE	Health Education England
HES	Hospital Episode Statistics
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HQUIP	Healthcare Quality Improvement Partnership
HSCA (RA)	Health and Social Care Act Regulated Activities
HSCIC	Health and Social Care Information Centre
HYS	Having Your Say
HSC	Hertfordshire Health Scrutiny Committee
IBS	Irritable Bowel Syndrome
IAPT	Improving Access to Psychological Therapies

ICM	Intensive Community Management
IG	Information Governance
IPS	Individual Placement and Support
JCT	Joint Commissioning Team
KPIs	Key Performance Indicators
LAI	Long Acting Injectable
LD	Learning Disabilities/Disability
LeDeR	Learning Disability Mortality Review Programme
LGO	Local Government Ombudsman
LMC	Local Medical Committees
LQAF	Library Quality Assurance Framework
ME	Myalgic Encephalomyelitis
MES	Member Engagement System
MH	Mental Health
MHMDS	Mental Health Minimum Data Set
MOSS	Making Our Services Safer
MSNAP	Memory Services National Accreditation Programme
NCISH	National Confidential Inquiry into Suicide and Homicide
NHSI	NHS Improvement
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning System
OCD	Obsessive Compulsive Disorder
OSC	Overview and Scrutiny Committee
PACE	Practice Audit and Clinical Effectiveness
PALS	Patient Advice and Liaison Service
PAIG	Practice Audit Implementation Group

PANSS	Positive and Negative Syndrome Scale
PARIS	Electronic service user record and information system that is used within our Trust
PATH	Psychosis, Prevention, Assessment and Treatment
PC-MIS	IAPT information recording system
PBR	Payment by Results
PBS	Positive Behavioural Support
PDS	Post Diagnostic Support
PELS	Peer Experience Listening Service
PHSO	Parliamentary and Health Services Ombudsman
PICU	Psychiatric Intensive Care Unit
PLAN	Psychiatric Liaison Accreditation Network
POMH UK	Prescribing Observatory for Mental Health – UK
POS	Place of Safety
PPiP	Identifying the prevalence of antibodies to neuronal membrane targets in first episode psychosis
PRN	Pro Re NATA ("when required") medicine
Q	Quarter (3 month period)
QNCC	Quality Network for Community Services
QNCC-ED	Quality Network for Community Services Eating Disorders
QNFMHS	Quality Network for Forensic Mental Health Services
QNIC	Quality Network for Inpatient Services
QNLD	Quality Network for Learning Disability Services
QNOAMHS	Quality Network for Older Adults Mental Health Services
QNPICU	Quality Network for Psychiatric Intensive Care Units
QNPMHS	Quality Network for Prison Mental Health Service
R and D	Research and Development
RAID	Rapid Assessment Interface and Discharge
RfPB	Research for Patient Benefit

Safety Crosses	recording of Datix recordable incidents over a 24 hour period, using a visual 'at a glance' breakdown of incidents
Safety Huddle	a discussion of what is going on, clarifying strategy and who does what. It lasts no longer than 15 minutes and all the people involved usually remain standing
SBU	Strategic Business Unit
SCM	Structured Clinical Management
SI	Serious Incident
SMART	specific, measurable, achievable, realistic and time-bound.
SOF	Single Oversight Framework
SPA	Single Point of Access
SPIKE	new reporting tool for the Trust, a one place stop for all information and reporting requirements
SSRI	Selective Serotonin Reuptake Inhibitor (a type of anti-depressant medication)
STaR	Support Time and Recovery
STOMP	Over prescribing of medication within LD services
STPs	Sustainability and Transformation Partnerships
SU	Service User
TVN	Tissue Viability Nurse
UK CRN	UK Clinical Research Network
VIS	Voice Impact Scale

Notes

Artwork supplied by the HPFT Art Collection

www.hpft.nhs.uk
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