as one

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

QUALITY ACCOUNT 2016 – 2017

Hertfordshire Partnership University NHS Foundation Trust
Quality Account 2016 – 2017

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.

My Story

> The feeling that I may be able to make a difference is an enormous comfort

A carer talks about her experiences

A carer for one of HPFT's service users spoke to the Trust's Board about her experiences. She explains how important it was to be able to share that journey.

"It was very important to me to have the opportunity to deliver my story to the Board. As a carer I wanted to thank and pay tribute to some of the dedicated professionals in the adolescent system who helped my son and myself through some desperate times. I also wanted to demonstrate the practical ways in which front line services such as A-DASH and CAMHS can make a real difference to young people and their families.

"By highlighting areas where things should have gone better, particularly in hospital A&E departments and in the post-18 system, I hoped to prompt the Board to consider changes to improve the lives of service users and their carers. I am fortunate in that I have experience of speaking to large groups; therefore I felt I was in a privileged position to speak up for others who may not have a voice.

"Although it was difficult to talk about such an emotional subject, I found it therapeutic. Afterwards I was asked to contribute to clinical strategy group discussions and the feeling that I may be able to make a difference and help others is an enormous comfort. More recently my son had to access the emergency and crisis services again and I have already noticed a huge improvement, especially in terms of liaison between services. Having had a carer's assessment and received support for myself from the Wellbeing Team, I know that looking after myself will be the best way for my family and me to cope with whatever the future holds."

Artwork supplied by the HPFT Art Collection

Part 1 – statement on quality from the 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 believe that the last year has been a very exciting one for the Trust. It was the year in which we redefined our purpose with a revised vision and mission. 2016 also saw us launch our Good to Great strategy – to services users, partners and staff. This strategy articulates the way in which we want to deliver the highest quality services and become an outstanding Trust. At the heart of this is our belief that that 'Great Care and Great Outcomes' are delivered by 'Great People' supported by a 'Great Organisation' and 'Great Partnerships and Networks'. This means shaping services around the needs of service users, working closely with them to continuously improve the care we deliver.

An essential part of delivering Great Care is ensuring that we keep people safe. Our suicide rates are below national and regional rates but we are always mindful of the impact of any unexpected death on a family. We are committed to being open, honest and transparent so that we can learn from incidents and engage families and service users in reviewing how we can do better. We play a leading role in the Suicide Prevention Strategy led by Public Health to reduce the number of suicides in Hertfordshire by 10% as part of the Five Year Forward View as well as hosting the Spot the Signs Save a Life campaign and extending it to young people. We have embedded our Making our Services Safer Strategy into our practice and are making good progress in following up the actions from our Care Quality Commission (CQC) report of April 2015.

In September this year we welcomed service users and staff from the Bucks Learning Disability Service – a great endorsement of the quality of our learning disability services. We also continued improving our older people's services to give our service users, their families and staff a much better environment in our dementia units at Lambourn Grove and Logandene. We also expanded our eating disorders service which won a Health Service Journal (HSJ) Award for Compassionate Care. The annual National Community Mental Health Survey confirmed that our community services are performing to the high standards set by the CQC. We exceeded the CQC average score in four key areas of the national survey.

Of course, none of this would be possible without the support of our Great People – some 3,000 staff who continue to go above and beyond in their roles. One of the highlights of the year has been the fact that our staff have, for the second year running, topped the NHS National Staff Survey with the highest scores nationally for staff motivation. They have said that they would recommend us a place to work and also to receive treatment. This is a huge tribute to the quality of care that they deliver. It is also a tribute to the staff engagement initiatives that we have in place with a visible senior team and roadshows that have created a dialogue with staff at all levels across the Trust.

A 'Great Organisation' is one that creates the conditions for everyone to deliver, or support the delivery of, the very best care – embracing the principles of collective leadership, constantly learning and improving for the benefit of those we serve.

We also know that, no matter how good we are as an organisation, what is important to the individuals we serve goes beyond our organisational boundaries. To achieve together what really matters to service users and their families we must have 'Great Networks and Partnerships' with others involved in their care, support or treatment.

This approach has been at the heart of several of this year's most notable achievements. We have worked with the police to create street triage services and to improve our Section 136 place of safety suites. Our effective partnerships with colleagues within physical health services are enabling us to improve the mental health of people with diabetes and to develop a new community perinatal service. We have also developed a physical health strategy with a holistic approach to the health needs of our service users.

Delivering Great Care and Great Outcomes also involves delivering services in new ways – with closer integration between physical and mental health. Our strategic alliance with Hertfordshire Community Trust (HCT) is an exciting development which is enabling us to work together in new ways and I look forward to building on this in the coming year.

Declaration

As required by NHS Improvement with regard to data accuracy, I would like readers to note that there are a number of inherent limitations in preparing the Quality Accounts, which may impact upon the reliability or accuracy of the data reported. These include:

- Data is taken from a large number of different systems and processes. Only some of these are subject to external assurance or included in internal audit's annual work programme
- Data is collected by a large number of different teams across the Trust alongside their main responsibilities which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases
- National data definitions do not necessarily cover all circumstances and local interpretations may differ
- Data collection practices and data definitions are evolving which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is not usually practical to reanalyse historic data.

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 inherent limitations set out above. Following these steps, to my knowledge, except for the matters relating to the Delayed Transfer of Care indicator, detailed on page 18, the information in the document is accurate.

Tom Cahill, Chief Executive

26 May 2017

Date:

Background

This Quality Account is an annual report produced for the public by our Trust about the quality of services we deliver. In producing the report we hope to engage our readers and thereby enhance accountability and continuously drive the quality improvement agendas. This Quality Report is a mandated document, which is laid before Parliament, before being made available to service users, carers and the public on NHS Choices Website.

What is NHS Choices?

NHS Choices is the UK's biggest health website. It provides comprehensive health information services to service user and their carers (www.nhs.uk)

What does the Quality Account include?

The content of the Quality Reports includes:

- What we plan to do next year (2017/18), including declarations about what our priorities for this coming year are and how we will intend to address them
- How we performed last year (20176/17), including our highlights of the year where we demonstrated our service improvement work
- Mandatory statements and quality indicators, enabling a comparison between Trusts to be made
- Stakeholder and external assurance statements.

Understanding the Quality Account

We do recognise that some of the information provided in this Quality Report may not be easily understood by people who do not work in, or are less familiar with, the healthcare system. We have therefore included some explanation boxes alongside the text to help with clarification.

In addition to this, there is a list of acronyms included on page 90, at the end of the report.

Our Trust

Hertfordshire Partnership University NHS Foundation Trust [HPFT] (our Trust), is a provider of mental health and learning disability services.

The Trust is committed to providing excellent health and social care for people with mental ill health, with physical ill health and those with learning disabilities.

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

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

2016 saw us launch our Good to Great strategy – to services users, partners and staff. This strategy articulates the way in which we want to deliver the highest quality services and become an outstanding Trust. At the heart of this is our belief that that 'Great Care and Great Outcomes' are delivered by 'Great People' supported by a 'Great Organisation' And 'Great Partnerships and Networks'. This means shaping services around the needs of service users, working closely with them to continuously improve the care we deliver.

In 2016/2017 we continued to provide:

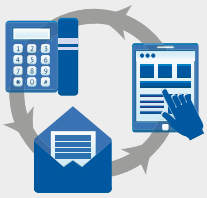
- The full range of mental health care and treatment for people in Hertfordshire with mental ill health, including alongside GPs a comprehensive primary care service for those with more common mental health problems
- Inpatient and specialist community health care for adults with learning disabilities 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)
  - The treatment of severe obsessive-compulsive disorder.
- In addition to the enhanced primary care mental health services (in partnership with MIND) that we were already providing in Mid and North East Essex we now also provide this service in West Essex as part of a new contract.

We employed 3,648 (substantive and temporary) staff based at 49 sites, and we budgeted to spend c£213m on our services.

3,135
people on CPA at the end of Q4

555
Starters in 2016/17

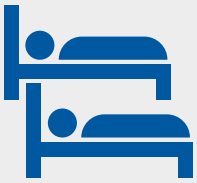
447
Leavers in 2016/17



26,243
new spells of secondary care in 2016/17

1,156
admissions to adult acute wards in 2016/17

339,384
face-to-face contact in secondary services in 2016/17



477
inpatient beds at end of Q4

As a Trust we continue to share information publicly about the quality of the services we provide and also about our continuous quality improvement work, aiming to result in 'great care and great outcomes'. This report is one of the many ways in which we are doing this.

Our partnership arrangements with Hertfordshire County Council provide us with an excellent opportunity to develop a recovery orientated approach, based on a holistic assessment of an individual's health and social care needs. Working in partnership, we are able to play a full part in the local health and social care economy to which we serve by promoting greater integration between mental health, physical wellbeing and social care.

We are a University Trust, continuing to maintain close links to the University of Hertfordshire, providing excellent learning and development opportunities for our staff, as well as further strengthening clinical research.

What is a Partnership University Foundation Trust?

An NHS Foundation Trust is a type of NHS Trust in England that is an independent legal entity and has unique governance arrangements. It has been created to devolve decision-making from central government control and it is accountable to local people. NHS Foundation Trusts provide services that are based on the core principles of the NHS: free care, based on need and not the ability to pay. Foundation Trusts have members that are service users, members of the public and staff as well as a Board of Governors that are elected from the membership.

HPFT is a Partnership Trust; this means that we provide health and social care for people with mental ill health, physical ill health and those with a learning disability. Our partnership arrangements with the local authority provide an excellent opportunity to develop a recovery oriented approach based on a holistic assessment of both health and social care needs. We also aim to play a full part in the local health and social care economies that we serve by promoting greater integration between mental and physical health and social care.

HPFT is a University Trust, with close links to the University of Hertfordshire, providing excellent learning and development opportunities for staff, as well as strengthening clinical research.

Our commissioners

The Trust continues with its commitment to close working and in partnership with the commissioners of our services. These include both County Council and Clinical Commissioning Groups (CCGs). The Trust has service commissioned by each of the following organisations:

- East and North Hertfordshire CCG
- Herts Valley CCG
- Hertfordshire County Council (HCC)
- Cambridge and Peterborough CCG
- North Essex CCG
- West Essex CCG

- Mid Essex CCG
- Norwich CCG
- South Norfolk CCG
- North Norfolk CCG
- West Norfolk CCG
- Great Yarmouth and Waveney CCG
- NHS England Midlands and East
- Barnet CCG
- London Borough Hillingdon CCG
- NHS Aylesbury Vale CCG
- NHS Chiltern CCG.

Of the Nationally Commissioned Services that NHS England commissions, the Trust delivers on the following Specialist Services:

- Tier 4 Child and Adolescent Mental Health Services (CAMHS)
- Perinatal Services
- Low Secure Mental Health
- Medium and Low Secure Learning Disabilities
- Highly Specialist Obsessive-Compulsive Disorder and Body Dysmorphic Disorder Service.

What is commissioning?

Commissioning is the process of planning, agreeing and monitoring services. It involves health-needs assessment for a population, clinically based design for patient (service user) pathways, service specification and contract negotiation and procurement, with continuous quality assessment.

This report

This report can be used to publicise and raise awareness of the work the Trust is doing to provide great care and great outcomes for the people we serve in Hertfordshire, Essex, Norfolk and Buckinghamshire.

If you have any comments on anything we have said in this report, or simply want to know about HPFT, please contact Jacky Vincent, Deputy Director of Nursing and Quality quality.account@hpft.nhs.uk

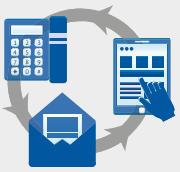
The Quality Account will be published before 1 July 2017 on the NHS Choices website and on our website: www.hpft.nhs.uk

Paper versions and other formats are available from our Communications team who can be contacted on 01707 253902. Alternatively, you can email the Communications Department at comms@hpft.nhs.uk

The Trust in 2016/2017

Mental Health
community and learning disability services for children and adults

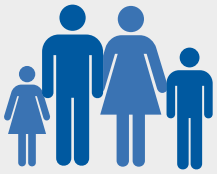
339,384
service user contacts



24,709
referrals through our Single Point of Access (SPA)

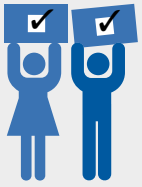
270,712
IAPT contacts

163,522
occupied bed days



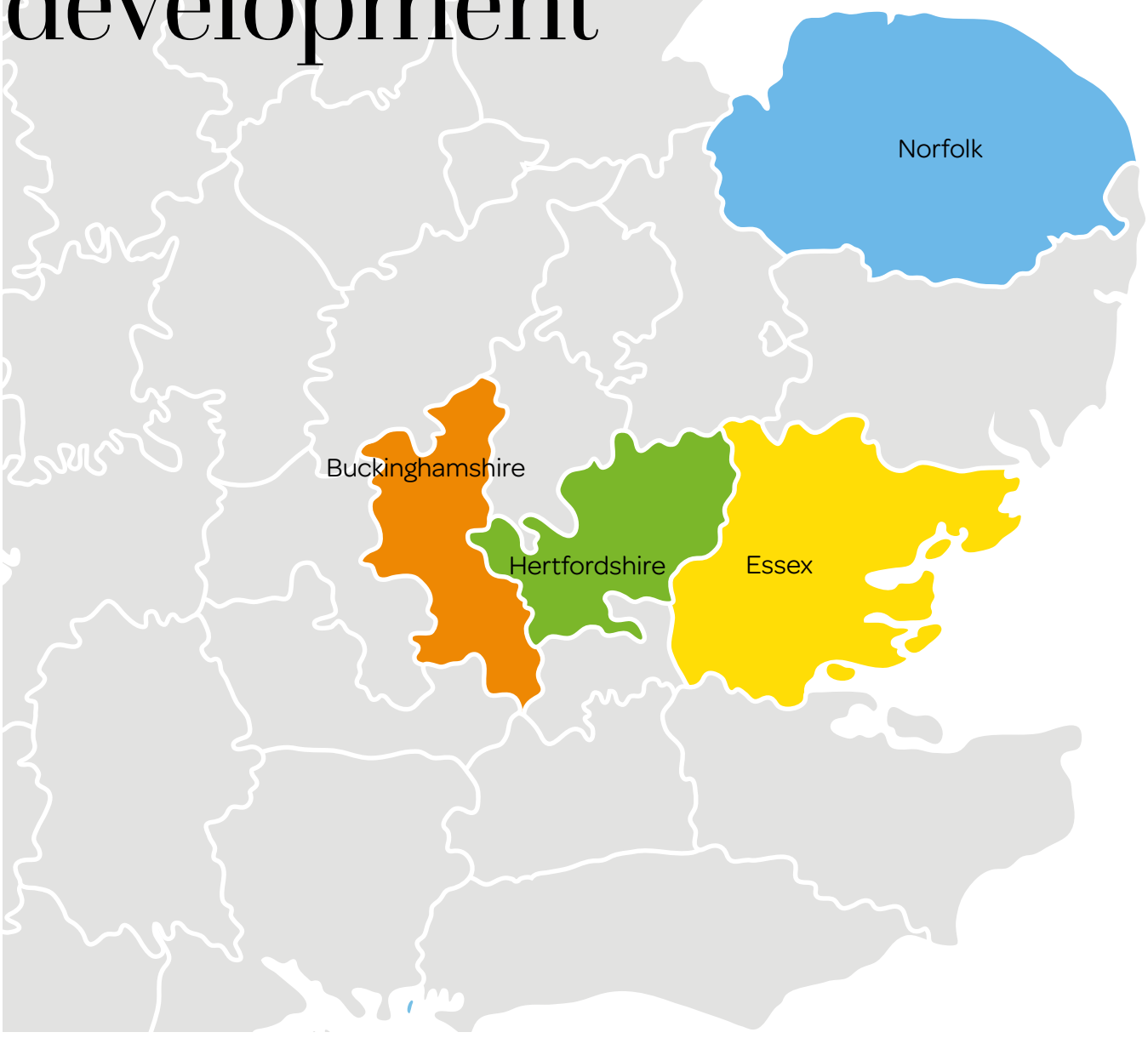
76%
would recommend us to friends and family

3,648
(substantive and temporary) staff working across 49 Trust sites



Mental health top scorer for staff motivation, quality of appraisals, quality of non-mandatory training and learning or development

Mental health top scorer for staff motivation, quality of appraisals, quality of non-mandatory training and learning or development



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

The Trust is committed to delivering great care and great outcomes and, with this in mind, we have worked in partnership with others over the years to enable us to identify areas for improvement.

The quality priorities fall into three categories:

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

This part of the report sets out:

- The priorities that have been identified for 2017/18 and how these are determined
- Statements of assurance from our Trust Board
- Our performance against our priority areas for 2016/17.

Our Quality Account gives us an opportunity to share our performance against our priority areas for 2016/17, describe our priority areas for 2017/18 as well as to showcase notable and innovative practice that have taken place across our services during this year.

What are quality account priority categories?

These categories were defined by Lord Ara Darzi in his NHS review of the Department of Health, in which he emphasised that quality should be a central principle in healthcare.

2.1 Priorities for quality improvement 2017/2018

This section of the report looks ahead to our priorities for quality improvement in 2017/18. Our Trust Board has agreed 12 key quality priorities for 2017/18 and the targets were agreed in the May 2017 Board meeting. The 12 selected quality priorities were identified through considering the feedback from a wide variety of sources and are spread across the three categories of Patient (service user) Safety, Clinical Effectiveness and Patient (service user) Experience. This included the work that we have done to date so to improve upon the quality of our services and our commitment as a Trust to build on what we have achieved so far.

The 12 core targets were chosen through a consultation process, but these represent only a small sample of the large number of quality initiatives which are undertaken. The priorities set for 2016/17 will continue to be monitored and worked on so to ensure they each remain a focus.

The final 12 priorities for 2017/18 were specifically chosen as they are areas which will potentially have a significant impact on the safety and the quality of our services. If an area which was identified through the consultation process that be monitored through a Commissioning for Quality and Innovation (CQUIN) in 2017/18, it was not included in the final 12. The rationale for this is that there will continue to be robust monitoring and assurance in place to ensure quality in that particular area.

What is a Trust Board?

The Board of Directors are responsible for the running and management of the Trust. The group is made up of directors, including the Chief Executive, who are full time senior staff, plus an independent lay Chairman and non-executive directors who hold part-time positions.

Consultation process

How we chose our quality priorities

Initially, there were 13 quality priorities developed through considering a wide range of documents, surveys and information available to the Trust about the quality of our services and the priorities for our stakeholders. These were considered alongside the commissioner's commissioning and quality priorities for this year. These included:

- Five Year Forward View
- The NHS England Business Plan 2016 – 2017
- NHS Outcomes Framework 2016/17
- Care Quality Commission, from the announced and unannounced inspections that have taken place throughout the year
- Department of Health, with specific reference to:
  - 'No health, without mental health' (2011)
  - 'Mental health: priorities for change' (2014)
  - 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' (2015).
- Internal assurance inspections
- Hertfordshire Dementia Strategy 2015-2020
- Hertfordshire Mental Health Strategy 2016-2021
- CAMHS Transformation Plan
- Transforming Care: A National response to Winterbourne View Hospital 2012
- Crisis Care Concordat
- Hertfordshire Concordat action plan
- Health and Wellbeing Strategy
- Commissioning priorities
- Feedback from people who access our services using a 'Having Your Say' form
- Feedback from our staff via our 'Pulse survey' and our weekly internal bulletin
- King's Fund report on Quality Accounts
- National Institute for Health & Care Excellence publications including their quality standards
- 'Preventing Suicide in England: two years on. Second annual report on the cross-government outcomes strategy to save lives.' Department of Health 2015
- Lessons learnt from complaints and compliments
- Learning from serious incidents
- Internal assurance and internal audit reports
- National guidance.

The proposed quality priorities were set out with the information about how they would be measured and presented to a wide range of stakeholders so that they could make an informed decision about what they would like the Trust quality priorities for 2017/18

to be. For a detailed description of the chosen priority indicators with the rationale for what is being addressed, why it was being addressed and how it will be measured, please see pages 13 to 22.

Direct feedback and contributions on the proposed priorities were sought from the following stakeholders:

- Adult Service User Council
- Carers Council
- Trust Governors, through the subgroup that leads on Quality
- Trust Board of Governors
- Trust clinicians and managers

We are grateful to all who have contributed to, supported and worked with us in reviewing and setting our quality plans for 2017/18 and will work in partnership with out stakeholders to deliver great care and achieve great outcomes.

Who are stakeholders?

A stakeholder is anyone with a concern or interest who needs to be involved.

Artwork supplied by the HPFT Art Collection

What we heard during the consultation

The overall feedback was very positive. Stakeholders reported that they found the priority indicators were laid out very well and easy to read. They felt that the indicators covered an array of different service areas. Our Board of Governors were particularly interested in incidents (which is a mandatory field to report on) and carers feeling valued by staff.

Other feedback received which is outside the parameters of the indicators, was the need to ensure that physical health monitoring is undertaken within community services; also to gain greater insight into the quality and the experience of service users and carers when they are having a Care Programme Approach (CPA) review.

Selection and monitoring

This year, we continue to remain very clear that our priories should cover all three domains of quality:

- **Safety:** avoidance of preventable incidents from serious incidents such as suicides to more low level incidents such as slips, trips and falls; helping inpatients to feel safer, reducing actual or threatened assaults on inpatients units, planning services so that they are as safe as possible; assessing and managing each service user's risks with them effectively
- **Clinical Effectiveness:** making sure that access to services is good for both 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 not good unless it is experienced as good; having flexible ways of hearing from service users and carers and acting on what is said; using the Friends and Family Test questions to measure quality.

On the basis of our consultation and planning, the 12 quality priority areas for 2017/18 that were agreed at the Trust Board are:

Patient (service user) Safety	
1	Every discharge 7 day follow up (NHSI mandatory)
2	CPA Reviews within 12 months
3	Service users receiving a physical health check within 24 hours of admission
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)
Clinical Effectiveness	
5	Delayed Transfer of Care (DToC)
6	Emergency readmission within 28 days (NHSI mandatory)
7	Improving Access to Psychological Therapies (IAPT) recovery rate
8	First Episode Psychosis (FEP) waits 14 days (NHSI mandatory)
Service User and Carer Experience	
9	Service users reporting their experience of Community Mental Health Services (NHSI mandatory)
10	Carers feeling valued by staff
11	Staff Experience Friends and Family Test
12	Friends and Family Test

Detail of each priority

All figures will be reported on by the Performance Team on a monthly basis for goals 1-10, and quarterly on 11-12. The exception is indicator 4, which is reported six monthly by our Patient Safety Manager.

Data quality is important in ensuring the accuracy, validity and reliability of the key performance indicators (KPIs) and where possible, the Performance Team will undertake work to ensure this.

The Performance Team is internally and externally audited annually with auditors checking a sample of reports to ensure accuracy.

Name of scheme	1. 7 day follow up after discharge			
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**			
Detailed descriptor	The proportion of service users discharged from inpatient adults (>16) mental health care who are followed up within 7 days. It is deemed that all people discharged from hospital who are on CPA will be followed up.			
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.			
Exemptions	• Service users who die within 7 days of discharge or discharged as a result of death • Where legal precedence has forced the removal of the service user from the country • Service users transferred to NHS psychiatric inpatient ward. • Children and Adolescent Mental Health Services (CAMHS) & Learning Disabilities (LD) (This does not include CAMHS and LD as it is not currently within the scope of the National indicator) • The seven-day period should be measured in days, not hours, and should start on the day after the discharge.			
How will this data be collated	Data will be collated by the Performance Team and reported on a monthly basis			
Validation	A random sample is validated by Data Quality Officers monthly to ensure that the follow up has been completed as stated in the performance report			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	97.4%	98.5%	97.3%	98.5%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	100%	98.74%	99.17%	99.2%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	97.3%	98.3%	100%	98.72%
Target	95% rate of service users followed up after discharge from the Acute Care Pathway			

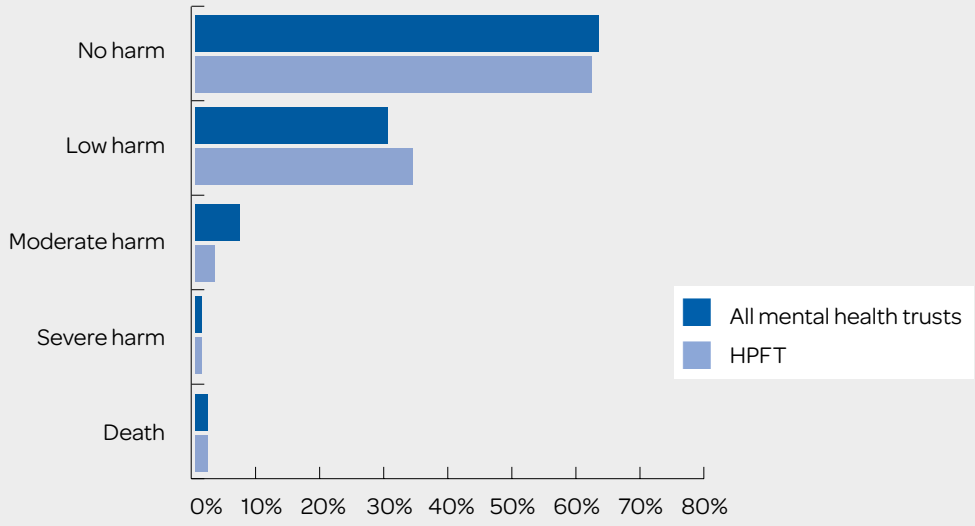
Name of scheme	2. CPA Reviews within 12 months			
Detailed Descriptor	The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months			
Data Definition	CPA meetings may occur within community or hospital settings and should be used to fulfil statutory requirements in accordance with Section 117, Mental Health Act (MHA) (aftercare). These meetings will be convened by the care co-ordinator. They should be approached in a flexible manner which encourages full service user involvement and should be supported by an advocate if required. This does not include LD services (Essex, Norfolk or Herts)			
Exemptions	• Service users not on CPA • Those have received services for less than 12 months in the current spell.			
How will this data be collated	Data will be collated by the Performance Team and report on a monthly basis			
Validation	A random sample is validated by the local PACE Team through an internal audit. Findings will be shared Trust-wide			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	96.5%	96.8%	95%	96.8%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	97%	97.2%	96.7%	97.7%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	97.89%	96.47%	95.65%	96.28%
Target	95% of service users on CPA, who have been receiving services for over 12 months in the current spell should have a CPA review			

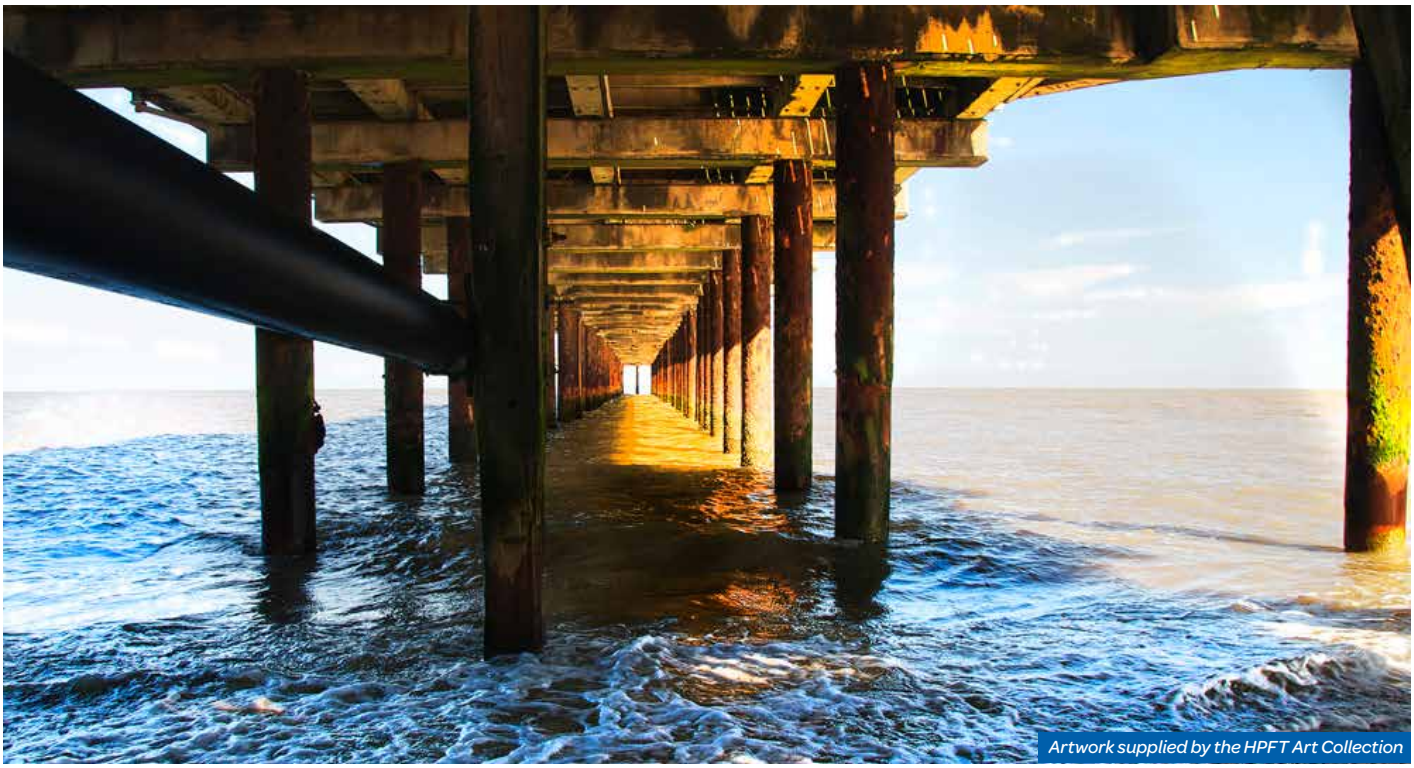
Name of scheme	3. Service users receiving a physical health check within 24 hours of admission			
Detailed descriptor	People with severe mental illness who have received a list of physical checks (in-patients only) in 24 hours			
Data definition	All adult acute inpatients, as per Hertfordshire contract should have a comprehensive physical examination within 24 hours of admission. This must be recorded on the Electronic Patient Record (EPR)			
Exemptions	• If immediately not possible at the time of admission, the admitting doctor or nurse must make arrangements for this to be completed on the next working day • If the patient refuses to consent at the time of admission, this should be recorded in the patient's clinical record. The admitting doctor or nurse should still make a record of basic observable physical signs, such as levels of consciousness, skin colouring or condition, etc. • This is only applicable to adult inpatient units. As historically, this was a priority area agreed with Commissioners and excludes CAMHS, LD and older people's services			
How will this data be collated	Data will be collated by the Performance Team and report on a monthly basis			
Validation	Those service users with an inpatient physical health check are validated by the Performance Officer to ensure accuracy.			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	96.9%	99.7%	99.6%	99.3%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	96.57%	98.34%	96.6%	99.31%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	37.2%	84%	89.3%	96.4%
Target	98% all service users admitted to an adult inpatient ward should have a physical health check within 24 hours			

Artwork supplied by the HPFT Art Collection

Name of scheme	4. Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death
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
Detailed descriptor	The number and, where available, rate of patient (service user) safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient (service user) safety incidents that resulted in severe harm or death
Data definition	The number and rate of patient (service user) safety incidents during the reporting period and the percentage of such patient (service user) safety incidents that results in severe harm or death
Exemptions	Incidents reported on Datix, the Trust's incident reporting system that do not meet NRLS criteria for a patient safety incident.
How will this data be collated	The Safer Care Team upload data onto the National Reporting and Learning System (NRLS) which is a central database of patient 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 for October 2015 to March 2016	The following data on deaths reported by Mental Health Trusts including the Trust was published by NHSI in March 2017.

% Incidents reported to NRLS by Harm Severity
October 2014-September 2016





Artwork supplied by the HPFT Art Collection

Name of scheme	5. Delayed Transfer of Care				
Related NHS Outcomes Framework Domain and who will report on them	All trusts.				
Detailed descriptor	A Delayed Transfer of Care occurs when an adult inpatient (including LD – Essex, Norfolk included) in hospital no longer requires treatment within an inpatient setting. Sometimes referred to in the media as 'bed-blocking'.				
Exemptions	Children under the age of 18 years of age				
Validation	Data will be collated by the Performance Team and report on a monthly basis				
How will this data be collated	Acute, Elderly and LD&F have weekly MDT meetings on each ward where the service user is discussed. If the MDT agree that the service user no longer requires acute treatment, the staff record this as a Delayed Transfer of Care on the service users' case notes. This information is then recorded on a delayed transfer of care form. This information is reviewed weekly both at the ward level and at a weekly delayed transfer of care meeting. This information is then feedback to the performance team, who produce an overall picture of the Trust's performance on Delayed Transfers of Care.				
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4	Overall 16/17
	6.7	7.1	6.0	8.3	6.9
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4	
	5.6	6.6	7.0	5.8	
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4	
	6.0	6.4	5.0	4.2	
Target	< = or less than 7.5%.				

The Delayed Transfer of Care has been subject to external audit this year and issues have been identified relating to the reliance on manual processes to report the data, and the retention of an adequate audit trail.

Following this, we have reviewed our systems and processes in both Adult and Older Peoples Services and these have now been strengthened considerably. The Trust recognises that there is further work to be undertaken within our Adult Services to ensure that accurate recording of date of discharge appear on the Service Users Electronic Patient Record as well as the bed management reporting systems. Ongoing audit is being undertaken to monitor compliance and an updated report will be presented to the Audit Committee in the autumn

Name of scheme	6. Emergency readmission within 28 days			
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.**			
Detailed descriptor	Emergency readmissions to hospital within 28 days of discharge from an inpatient ward			
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.			
Exemptions	People who self-discharged are excluded and only applies to adult inpatient wards			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	Data is validated by the Strategic Business Unit who look at all re-admissions on a monthly basis to ensure accuracy of the report and give a narrative as to why there was a re-admission.			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	4.31%	5.25%	4.8%	4.2%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	6.61%	4.35%	6.43%	3.87%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	10.7%	6.0%	7.2%	4.5%
Target	<=7.5% of discharges from inpatient units excluding self-discharge			

Name of scheme	7. Improving Access to Psychological Therapies (IAPT) recovery rate			
Detailed descriptor	This is a count of the number of people who have moved to recovery divided by the number who have attended two or more treatment sessions, discharged in the reporting period less the number not deemed at 'caseness'			
Data definition	The definition for this measure is dictated by NHS Digital http://content.digital.nhs.uk/media/13514/IAPT-v15-Technical-Output-Specification/xls/IAPT_Data_Set_v1.5_Technical_Output_Specification.xls			
Exemptions	There are no exemptions to this Key Performance Indicator (KPI)			
How will this data be collated	It is collated from the day to day activity recorded by clinical teams who discharge cases. The data is extracted using either PCMIS reporting or the Business Intelligence T-SQL programming.			
Validation	Business Intelligence T-SQL programming for recovery has been validated against PCMIS reporting and matches. PCMIS reporting validated by PCMIS.			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	52.5%	52.7%	51.9%	54.7%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	50.1%	51.6%	51.4%	54.6%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	50.1%	51.6%	51.4%	54.6%
Target	50% IAPT recovery rate			

Name of scheme	8. First Episode Psychosis (FEP) waits within 14 days			
Detailed descriptor	The standard requires that more than 50% of people experiencing first episode psychosis (FEP) will commence treatment with a NICE approved care package within two weeks of referral.			
Data definition	A maximum wait time of two weeks from referral to treatment.			
Exemptions	Service users who do not fulfil the criteria for FEP.			
Validation	Performance and service validate the data on the waiting time.			
How will this data be collated	Data will be collated by the Performance Team and report on a monthly basis.			
Performance in Q1 to Q4 in 2016-17	Q1	Q2	Q3	Q4
	57.6%	78.41%	74.5%	78.8%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	43	42	46	39
	In total the Trust received 170 new referrals against a target of 150. (Note that the target and therefore measurement will change as from the 1 April 2016).			
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	51	48	34	44
	In total the Trust received 177 new referrals against a target of 150			
Target	50%.			

Name of scheme	9. Service users reporting their experience of Community Mental Health Services			
Detailed descriptor	Service users' experience of community mental health services with regard their experience of contact with a health or social care worker, whether this was in line with Trust values.			
Data definition	*Having your Say* is offered to all service users at point of entry to the Trust, all questions are set against the Trust Values. Once received they are entered onto the Membership Engagement System (MES) which is the Trust's service experience dashboard, and reported upon by the performance team. Once a year an external audit is undertaken by the NHS Patient Survey Programme Team. They use a postal survey approach: ie a questionnaire is sent to people's home addresses.			
Exemptions	People who were only seen once for an assessment, current inpatients, and anyone primarily receiving treatment in specific areas such as drug and alcohol abuse, learning disability services and specialist forensic services. Under 18 year olds			
How will this data be collated	Data will be collated by the performance team and report on a quarterly basis and data collected by the NHS Patient Survey Programme Team will be reported on an annual basis			
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 2016-17	Q1	Q2	Q3	Q4
	91.5%	89.3%	92.2%	90.5%
Performance in Q1 to Q4 in 2015-16	Q1	Q2	Q3	Q4
	92.3%	90.9%	87.2%	93.1%
Performance in Q1 to Q4 in 2014-15	Q1	Q2	Q3	Q4
	72.8%	75.7%	78.35%	86.0%
Target	>=75%.			

Name of scheme	10. Carers feeling valued by staff			
Detailed descriptor	Carers feeling valued by staff.			
Data definition	*Having your Say* is offered to all carers. All questions are set against the Trust values. One particular question asks *"Do you feel valued by staff as a key partner in care planning?"* The carer has the following options to choose from – Yes, Sometimes, No, Don't Know. Once the completed questionnaires are received they are entered onto the Membership Engagement System which is the Trust's service experience dashboard, and reported upon by the Performance Team. Only replies that are recorded as 'Yes' are taken to be a positive answer.			
Exemptions	No exemptions.			
How will this data be collated	Data will be collated by the performance team and report on a quarterly basis.			
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 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	88.4%	89.3%	84%	88.1%
Performance in Q1 to Q4 in 2015-16	**Q1**	**Q2**	**Q3**	**Q4**
	84.5%	76.2%	84.1%	75%
Performance in Q1 to Q4 in 2014-15	**Q1**	**Q2**	**Q3**	**Q4**
	68.3%	72.8%	84.1%	75%
Target	>/=75%.			

Name of scheme	11. Staff Experience Friends and Family test			
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 staff FFT is to support local service improvement work.**			
Detailed descriptor	Friends and Family Test (FFT)			
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.			
Exemptions	None.			
How will this data 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 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%
Performance in Q1 to Q4 in 2014-15	**Q1**	**Q2**	**Q3**	**Q4**
	68.88%	63.25%	60.0%	58.3%
Target	Staff Friends and Family Test (FFT) – recommending Trust services to family and friends if they need them >=70%.			

Name of scheme	12. The percentage of staff recommending the Trust as a place to work			
Detailed descriptor	Friends and Family Test.			
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 same process as described above. The percentage of staff that would recommend the Trust as a place to work. This is also an NHS England statutory submission.			
Exemptions	None.			
How will this data 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 2016-17	**Q1**	**Q2**	**Q3**	**Q4**
	69.0%	67.8%	68.8%	65.8%
Performance in Q1 to Q4 in 2015-16	**Q1**	**Q2**	**Q3**	**Q4**
	51.2%	49.6%	56.4%	55.6%
	How likely are you to recommend HPFT to friends and family as a place to work?			
Performance in Q1 to Q4 in 2014-15	**Q1**	**Q2**	**Q3**	**Q4**
	57.3%	45.2%	47.0%	44.9%
Target	>/=55%.			

How these targets will be monitored

Progress on the implementation of each of the quality improvement areas will be measured and monitored throughout the year, with additional audits to ensure that the data collected is reliable and valid.

What does reliable mean?

If the data is reliable then it is giving a consistent result.

What does valid mean?

If a measure is valid then it is measuring what it is supposed to measure.

A robust reporting framework has been put into place to ensure positive progress and also any challenges that arise are addressed as early as possible. The results will continue to be reported to the Trust Board and our commissioners every quarter at our Quality Review Meeting. As with last year, we intend to engage with our key stakeholders on our progress throughout this year. Once the targets have been agreed by the Board, trajectories for each quarter will then be set, with plans developed to ensure that these priorities are achieved.

Progress to achieve these targets will be reported through the Trust governance structures with the quality and accuracy of the data being assured by the performance team in accordance with Trust policies.

2.2 Statements of assurances

This section of the report explains how the Trust has provided assurance in relation to the services it provides. This is demonstrated through clinical networks, audit and our CQC inspection report. During 2016/17 the Trust provided 34 relevant health services (listed below). The Trust has reviewed all the data available to them on the quality of care in these 34 services.

1	Adult Community Mental Health Services	17	Carers Service
2	Wellbeing Services delivering Improving Access to Psychological Therapies (IAPT)	18	Pharmacy
		19	Mental Health Act Legal Services
3	Adult Crisis and Alternatives to Admissions	20	Continuing Health Care
4	Adult Acute Inpatient Services	21	Community Forensic Mental Health and Mental Health Liaison Diversion Team
5	Services for People in Later Life and those with Dementia		
6	Secondary Commissioning of Placements	22	HomeFirst Community Services
7	Rapid Assessment, Interface and Discharge (RAID) Service	23	Inpatients CAMHS
8	Rehabilitation Service	24	Mother and Baby Unit
9	First Episode Psychosis (FEP)	25	Specialist Obsessive Compulsive Disorder and Body Dysmorphic Service
10	Targeted Provision for Child and Adolescent Mental Health Services		
		26	Psychiatric Intensive Care
11	Tier-3 Provision of Child and Adolescent Mental Health Services	27	West, Mid and North Essex IAPT
		28	Essex inpatient and Community Learning Disability Service
12	CAMHS Crisis Assessment and Treatment Team (C_CATT) Service	29	Norfolk Assessment and Treatment Inpatient Service
		30	Forensic Medium Secure Service
13	Eating Disorder Provision for Child and Adolescent Mental Health Services	31	Community Peri-natal Service
		32	Forensic Mental Health & Learning Disability Low Secure
14	Learning Disability Service at Forest Lane	33	Specialist Community Learning Disability Service Buckinghamshire
15	Specialist Learning Disability Assessment and Treatment Service		
		34	Assessment & Treatment Inpatient Learning Disability Services Buckinghamshire
16	Single Point of Access (SPA)		

The income that was generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by the Trust.

Clinical audits

The Trust has its own Practice Audit and Clinical Effectiveness Team (PACE) who lead on clinical audit work for the Trust.

What is the Practice Audit and Clinical Effective (PACE) team?

The PACE team is the service in our Trust that offers guidance, support and assurance in relation to quality and service improvement.

At the start of the financial year PACE consult with a range of leads and managers across all Trust services to develop a programme of audits. This includes nationally mandated audits, those required to monitor our contractual arrangements, CQC etc as well as a vast variety of audit topics requested internally.

All completed audits are subjected to a governance process which ensures a robust action plan is developed to ensure improvements are made. Completed reports are then discussed at the Practice Audit Implementation Group (PAIG) whose members include the Associate Medical Director, Clinical Director, Chief Pharmacist and representation from other clinical disciplines. Once reports have been discussed and approved at PAIG they are disseminated throughout the Trust in order to share learning.

What is a clinical audit?

A clinical audit is a process that measures service user care and the outcomes of involvement with our services through a systematic review of care against explicit criteria and the implementation of change.

National clinical audits

Participating in National Quality Improvement Programmes and quality accreditation programmes provide us with a way of comparing our performance against other mental health trusts across the country. This not only helps us to benchmark our performance against other mental health providers, it also presents us with 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 National Prescribing Observatory for Mental Health (POMH-UK).

The national clinical audits and national confidential enquiries that Hertfordshire Partnership Foundation Trust participated in, and for which data collection was completed during 2016/17 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During 2016/17 the Trust was eligible for six national clinical audits, of which we participated in 5 (83%). The Trust was also eligible to participate in one national confidential enquiry, which it participated in (100%). The Trust did not participate in the POMH-UK rapid tranquilisation audit in the context of the pharmacological management of acutely-disturbed behaviour as we were about to launch the new Rapid Tranquilisation Policy, and may have confused staff.

- CQUIN – Physical Health for People for Serious Mental Illness Inpatients
- CQUIN – Physical Health for People for Serious Mental Illness Community
- The National Prescribing Observatory for Mental Health (POMH-UK) – Topic 11c Prescribing Antipsychotic Medication for People with Dementia
- The National Prescribing Observatory for Mental Health (POMH-UK) – Topic 7E monitoring patients prescribed lithium
- The National Prescribing Observatory for Mental Health (POMH-UK) – Topic 1g and 3d Prescribing high dose and combined antipsychotics.
- National Confidential Enquiry into Suicides and Homicides: The Management and Risk of Patients (service users) with Personality Disorder Prior to Suicide and Homicide.

National audit	Trust participation		National participation	
	Teams	Submissions	Teams	Submissions
CQUIN – Physical Health for People for Serious Mental Illness Inpatients	Inpatient wards in Hertfordshire including; Acute, Rehab, Older People, PICU, Learning Disability	50/155	*N/A	*N/A
CQUIN – Physical Health for People for Serious Mental Illness Community	Adult Community Teams in Hertfordshire	100/719 (14%)	*N/A	*N/A
POMH-UK Topic 11c	14	200	508	10,199
POMH-UK Topic 7e	14	88	829	5,182
POMH-UK Topic 1g &3d	14	*N/A	*N/A	*N/A

** This information is not yet available.*

Topic 11c: Prescribing Antipsychotic Medication for People with Dementia

Practice Standard	Trust Compliance	National Average
The clinical indications (target symptoms) for antipsychotic treatment should be clearly documented in the clinical records.	100%	97%
Before prescribing antipsychotic medication for behavioural and psychological symptoms in dementia (BPSD), likely factors that may generate, aggravate or improve such behaviours should be considered.	88%	73%
The potential risks and benefits of antipsychotic medication should be considered and documented by the clinical team, prior to initiation.	33%	55%
The potential risks and benefits of antipsychotic medication should be discussed with the patient and/or carer(s), prior to initiation.	56%	62%
Medication should be regularly reviewed, and the outcome of the review should be documented in the clinical records. The medication review should take account of: a) therapeutic response b) possible adverse effects.	 a) 96% b) 88%	 a) 81% b) 58%

Topic 7e: Monitoring Patients Prescribed Lithium

Practice standard	Trust compliance	National average
Renal function tests; e-GFR or creatinine clearance;	90%	83%
Thyroid function tests (TFTs)	90%	83%
Serum calcium	53%	52%
Weight or BMI.	53%	52%
The following tests/measures should be conducted during maintenance treatment:		
Serum lithium level every 6 months;	81%	82%
Renal function tests (e-GFR) every 6 months	62%	73%
Thyroid function tests every 6 months	72%	66%
Serum calcium every 6 months	14%	55%
Weight or BMI during the last year.	26%	43%

The reports of 2 out of 3 national POMH-UK audits were reviewed by the Trust in 2016/17 and we are awaiting the results of the 2 National Physical Health audits. The Trust intends to take the following actions to improve the quality of healthcare provided;

- To continue with the quality approach undertaken by the Practice Audit and Clinical Effectiveness (PACE) team this year which involves ongoing 'dip audits', monthly summaries and quarterly reports were used to monitor progress towards improvement. This approach worked particularly well in improving physical health recording for service users with a serious mental illness, and we are awaiting the results of the National Physical Health audits to reflect the success of this new approach.
- To ensure the that physical health monitoring parameters for lithium therapy are conducted through supporting the implementation of the trust physical health care strategy.
- Relaunch the NPSA lithium therapy record book to ensure that physical health monitoring parameters are being recorded.
- To launch a newly developed eLearning package focused on safe use of medicines for medical staff that will include management of high risk drugs such as lithium and prescribing of antipsychotics in dementia.
- To distribute a reminder memo to elderly care clinicians on the importance of the discussion and documentation of the potential risks and benefits of antipsychotic prescribing in dementia.

Local clinical audit

The reports of 103 local clinical audits were reviewed by the Trust in 2016/17; 45 were undertaken by the PACE team as part of the programme and 58 local audits were registered with the PACE team and undertaken by clinicians throughout the Trust.

The Trust intends to take the following actions to improve the quality of healthcare provided;

- The majority of audits feed in to dedicated sub groups that champion that particular area of health improvement. Examples of such groups are The Physical Health Committee, Patient Safety Committee, Business and Practice Governance meetings, Quality and Risk meetings and many other committees.
- In areas where the Trust has not identified a steering group, we have identified a dedicated clinician to lead on implementing improvements.
- Given that there is such as vast array of audits, it is difficult to detail the range of actions that will be undertaken to improve overall quality; some of the highlights include the launch of our clinical strategy for the forthcoming year and the launch of our Physical Health Strategy.

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

Where audits said we did well:

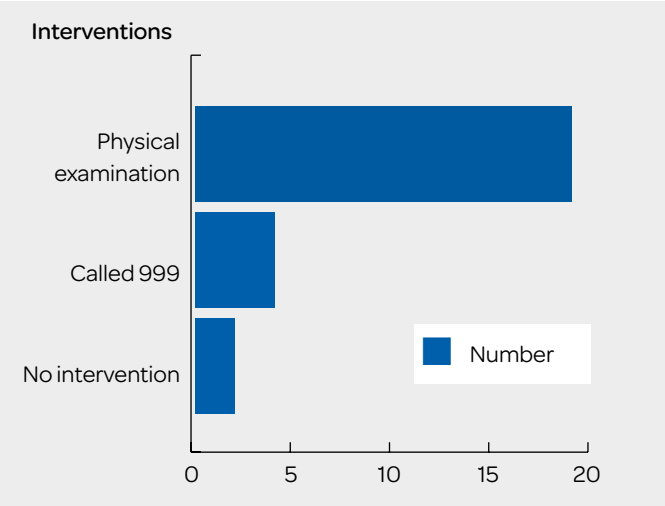
Care Co-ordination

This audit considered the use of care co-ordination within the Trust adult community teams with the aim of ensuring that care reviews were of a high quality and worked towards recovery.

Criteria	2016/17	2015/16
Care Plan associated with the review (Care plans used were, PARIS care plan, local team care plan, GP letter with a care plan)	80%	49%
Care co-ordination review on PARIS completed fully	98%	79%
Review visits/revisits service user goals and aspirations	94%	80%
Review checks progress towards recovery	100%	89%
Risk assessment was updated	70%	43%

Falls in Dementia Continuing Care Units

Following the recommendations of the audit completed in 2013, there has been a clear improvement in staff recording whether interventions had occurred after patient falls. In only 2/25 falls there was no recorded intervention. A record of either physical examination or checking the blood pressure and pulse of the patient was recorded in 19 falls and emergency services were called in four falls. In the 2013 audit no record of interventions given by nursing staff were recorded in 15 (60%) of falls.



One of the other recommendations was that MDT discussions must take place to enable the review of medications. Out of 25 falls there was evidence of 16 MDT meetings where medications were reviewed following falls.

Safeguarding in Learning Disability and Forensic Services

The aim of the audit was to provide assurance of compliance with the HPFT safeguarding policy and local county policy and to monitor the accuracy of team reporting of safeguarding incidents to practice governance and those reported within the DATIX system.

51 Safeguarding referrals were reported within Learning Disability and Forensic Services for October 2016.

Review of DATIX recording	Result
Safeguarding referral completed and sent	100%
Safeguarding referral date completed	92%
Safeguarding referral copied to HPFT Safeguarding team	75%
Safeguarding referral date copied to HPFT Safeguarding team	96%
Review of Electronic Patient Record Recording	**Result**
Does the electronic patient (service user) record (EPR) of the victim document that a referral/concern has been made to the local authority	74% (this was not applicable in 6%)
Does the EPR of the perpetrator document that a referral/concern has been made to the local authority	72%
Does the EPR document the view of the person	80%
Does the EPR document staff action taken in response to the incident	96% (this was not applicable in 2%)

Transfer of service users between acute inpatient wards

Within HPFT there is one Acute Assessment Unit which is Swift Ward at Kingsley Green. All admissions to acute inpatient services should be admitted to Swift for a period of assessment within 72 hours and then discharge or transfer to a treatment ward.

The exception to this is service users who are subject to Section 3 of the Mental Health Act, as these service users can be admitted directly to a treatment bed.

Within HPFT these wards are:

- Robin
- Owl
- Oak (PICU)
- Albany Lodge
- Aston Ward

After the initial transfer to a treatment bed any other transfers should only occur if clinically appropriate ie: aggression, vulnerability, cannot be managed on current ward etc. Service users who are admitted to the PICU without completing assessment may be transferred back to an assessment bed in Swift once they are well enough for assessment to take place.

The audit considered a random selection of 47 transfers that occurred during August and September 2016 to ascertain the reasons service users are transferred during an inpatient stay and if these transfers are appropriate. The findings indicate that 44/47 (94%) of transfers audited were clinically appropriate.

Where audit said we need to improve:

GP letter following a DNA

Good communication with a service user's GP is important and it is expected that HPFT send a letter to the GP or referrer following any non-attendance of an appointment. The audit sampled a range of DNA's across all community services and found that improvement is required in notifying the GP as a letter was only present in 14% of DNA's. Ongoing work to improve this area has been put in place and further audits are due to be conducted to monitor progress.

Timeliness of discharge summaries

Discharge notifications and summaries are essential documents required for safe transfer of care of patients from in-patient services to primary care and specialist community services. This year we have continued to monitor our performance in order to identify areas for improvement.

Standards	Q4 (25th-31st March 17)	Q3 (25th-31st October 16)	Q2 (25th-29th July 16)	Q1 (1st April-31st May 16)
Discharge Notifications	83% ↑	48% ↓	72% ↑	65% ↓
Notification within 24hrs	83% ↑	40% ↓	72% ↑	62% ↓
Discharge Summaries	74% ↑	68% →	68% ↑	56% ↓
Discharge within 14 Days	74% ↑	64% ↓	68% ↑	49% ↓

We have seen an improvement during 2016/17; in 2017/18 we are planning to further improve by reviewing the whole discharge notification process. This will enable us to communicate with GPs within 48 hours of discharge from hospital.

The Trust has identified a "Discharge Champion" and a Specialty Doctor who are working closely with the wards and educating front line staff of the processes and importance of timely communication to the GP following a discharge.

Research and development

We continue to work closely with, and receives research funding contracts with the National Institute of Health Research (NIHR) and Clinical Research Network (CRN) Eastern to help us deliver and take part in a number of research programs. Our research portfolio is a key factor in our status as a university trust and we have an increasing number of staff involved in this.

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

The NIHR was established with the vision to improve the health and wealth of the nation through research. Its mission is to provide a health research system in which the NHS supports outstanding individuals working in world-class facilities, conducting leading edge research focused on the needs of the patients (service users) and the public.

The Trust is the NHS contractor for the following NIHR Research for Patient Benefit (RfPB) funded studies:

1. Optimal Treatment in Obsessive Compulsive Disorder (OTO) PB-PG-0712-28044
2. People with Autism detained within hospitals (MATCH) PB-PG-0214-33040
3. Herts and Minds Study (HAM) PB-PG-0614-34079.

We work with a number of collaborating academic institutions on the above studies, including the University of Hertfordshire, University of East Anglia, University of Kent, University of Southampton, and the Anna Freud Centre. Being the principal grant holder for these studies brings considerable prestige and financial benefit to the Trust. One of the key roles of the Research and Development Department is to ensure that once funding has been obtained, the studies run smoothly and recruit to target.

As a Trust, we also recruit to a number of other research studies that are on the NIHR portfolio, and we are trying to increase the number of studies available to service users and carers, year on 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 2016/17 that were recruited during that period to participate in research approved by a research ethics committee were 214. We have received very positive feedback from those who took part. Most of the people who completed a questionnaire about their experience of participating in the Trust's research, rated their overall experience as very good or excellent.

Some examples of comments received include:

> "I feel so much better since taking part and really happy that it will help others feel the same"

> "The research staff made me feel at ease when discussing my issues and thoroughly explained what the trial involved"

We are currently looking to recruit participants in to the following studies:

- **Identifying the prevalence of antibodies to neuronal membrane targets in first episode psychosis (PPiP).** The aim of the study is 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 (service users) with psychosis and antibodies. Participants will have a blood sample taken and undergo the Positive and Negative Syndrome Scale (PANSS) assessment

- **DNA Polymorphisms in Mental Health (DPIM).** This study is concerned with studying DNA to find out one of the genetic causes of mental illness. In the Trust, we are recruiting patients (service users) 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
- **Herts and Minds**. This is a feasibility study of a trial examining the acceptability and credibility of mentalization based treatment (MBT) as an intervention for children in foster care with emotional and behavioural difficulties
- **Evaluation of online peer-supported toolkit (REACT).** This is a study to test the effectiveness of the Relatives Education and Coping Toolkit (REACT) in reducing the distress of relatives of people with psychosis or bipolar disorder. Participants need to be over 16 years old, have access to the internet and be able to understand written and verbal English
- **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 Autistic Spectrum Disorder (ASD) within psychiatric hospitals are valid. To examine whether different care is required by each subtype to minimise them being in restrictive hospital settings for longer than necessary. This involves following up patients (service users) in hospital for 12 months
- **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.
- **Dementia Carers Instrument Development (DECIDE).** This study has been designed to develop a new measure of quality of life for carers of people with dementia. Participants will be carers of those with dementia living in the community. They are required to the complete the questionnaire two or three times over a 6 month period.

Please contact the Research and Development on 01707 253836 if you would like to find out more about any of the above studies. Or alternatively, please email research@hpft.nhs.uk
We will be taking on additional studies during 2017/18.

Commissioning for Quality and Innovation (CQUIN) 2016/17

What is a Commissioning for Quality and Innovation (CQUIN) goal?

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.

Our CQUIN goals are agreed with our commissioners, (local and specialist) at the beginning of each year.

A proportion of our income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 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

The details of the CQUIN amounts in relation to each individual contract are set out below and in summary this equates to:

	Commissioner	Value	Achievements 16-17
1	Hertfordshire	£3,189,059	94.5%
2	NHS England Midlands & East	£451,550	100%
3	West Essex LD	£223,433	100%
4	Essex IAPT	£115,445	80%
5	Norfolk	£49,268	100%
Total		**£4,028,755**	

Hertfordshire Commissioning for Quality and Innovation (CQUIN) 2016/17 in relation to the main Commissioner contract in Hertfordshire

2.5% of the Trust's income (£3,375,000) in 2016/17 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 2016/17 the final amount achieved was £3,189,059 (94.5% of plan). The Trust's CQUIN income received for 15/16 was £3,268,153.

	Goal	Description of goal	Goal value £	Achieved £ (%)
1	Crisis Care pathway RAID 72-hr follow up in year 1	Improve crisis care planning with service users and carers; therefore reducing the need for repeat attendance Follow up all Service Users who have self-harmed and attended A&E Departments.	£843,750	£782,578 (93%)
2	Care & Treatment Reviews: (CTR) (A) CAMHS (5%) (B) Learning Disabilities (10%)	Provide a person-centred and individualised approach to ensuring that the treatment and support needs of the individual and their families are met and individuals who are at risk of admission to hospital are avoided	£506,250	£501,188 (99%)
3	NHS staff health and wellbeing (national)	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with musculoskeletal issues	£1,012,500	£1,012,500 (100%)
4	Improving physical healthcare to reduce premature mortality in people with severe mental illness (national)	Improving physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group	£675,000	£555,293 (82%)
5	Diabetes	Improve on the care offered to service users with diabetes within our inpatient and Rehabilitation Services by skilling up our staff competencies	£337,500	£337,500 (100%)
		Total	**£3,375,000**	**£3,189,059 (94.5%)**

Norfolk Commissioning for Quality and Innovation (CQUIN) 2016/17

	Goal	Description of goal	Goal value £	Achieved £ (%)
1	NHS staff health and wellbeing (national)	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with musculoskeletal issues	£14,768	£14,768 (100%)
2	Prevention of Admissions to Hospital	Demonstrate a reduction, over the year, of people with a learning disability being admitted into hospital for reasons of mental health or behaviours that challenge	£19,690	£19,690 (100%)
3	Production and Implementation of Positive Behaviour Support Plans	A behaviour support plan is a document created to help understand and manage behaviour in children and adults who have learning disabilities and display behaviour that others find challenging	£14,810	£14,768 (100%)
		Total	**£49,268**	**£49,268 (100%)**

Mid, West and North East Essex Learning Disability Commissioning for Quality and Innovation (CQUIN) 2016/17

	Goal	Description of goal	Goal value £	Achieved £ (%)
1	Outcome measures	The development of individual and service level outcome measures, & their phased implementation.	£89,372	£89,372 (100%)
2	Personal health budgets (PHB)	The identification of discrete services/treatments or pathways that can be developed into a PHB offer, together with the measurable outcomes they deliver	£44,686	£44,686 (100%)
3	Health Equality Framework	Expand use of the Learning Disability Health Equality Framework to all people known to Learning Disability Specialist Healthcare Services in a phased and manageable way, (min 150 individuals).	£89,375	£89,375 (100%)
		Total	**£223,433**	**£223,433 (100%)**

NE, Mid and West Essex IAPT Commissioning for Quality and Innovation (CQUIN) 2016/17

	Goal	Description of goal	Goal value £	Achieved £ (%)
1	Staff health and wellbeing (National)	The improvement of staff health and wellbeing, including food provided on site and vaccinations for frontline staff.	£49,479	£39,550 (80%)
2	Health coaching	Helping patients to take responsibility for their own overall physical and mental health and wellbeing, including taking medication.	£47,475	£37,948(80%)
3	Education events	Education events including workshops providing mental health and stress awareness	£47,475	£37,948 (80%)
		Total	**£144,429**	**£115,445 (80%)**

Clinical coding

Clinical coding considers the information we gather in relation to our service users. This information is then used to pull the data that informs our quality indicators. We were not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

This section outlines the data that was collated for the Hospital Episode Statistics.

What are hospital episode statistics?

The percentage of records in the published data which included the service users' valid NHS number was:

- 99.8% 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:

- 99.7% for admitted patient care
- 99.9% for outpatient care

At the end of March we submitted our Information Governance Toolkit to the Health and Social Care Information Centre (HSCIC) and achieved an overall score of 82% (81% in 2015/16,) level 2, with a green satisfactory rating. We were also able to confirm that 95% of our staff had completed their annual Information Governance e-learning. The results for each area of the Toolkit are broken down as follows:

Information Governance Management	93%
Confidentiality & Data Protection Assurance	95%
Information Security Assurance	75%
Clinical Information Assurance	80%
Secondary Use Assurance	70%
Corporate Information Assurance	100%
Overall	**82%**

The Trust was not subject to the Payment by Results clinical coding audit during the year by the Audit Commission. However, we were audited in February 2017 by D&A Consultancy, the London Clinical Coding Academy.

The results were:

- Primary diagnosis – 96%
- Secondary diagnosis – 93.02%.

Ethnicity April 2016 – March 2017

The ethnicity recording proved a challenge for the Trust at the beginning of the year, but progress has been made and was at 87% at the end of quarter 4.

What are CIVICA and PARIS?

PARIS is the electronic patient record and information system that is used within our Trust. CIVICA is the company that holds the licence for PARIS.

We plan to take the following action to improve the data quality and clinical coding by conducting regular audits to give assurance, supporting staff with data quality issues through reviewing Key Performance Indicator guides and developing front end reporting, which are updated daily.

Patient safety

This section will consider how we ensure that we are providing safe care. We will do this by initially considering the Duty of Candour followed by the actions that the Trust has taken in relation to the Mazars report. This is followed by a number of initiatives such as Spot the Signs and Save a Life, Sign up to Safety Campaign, Making our Services safer, Safer Care Pathways Project, Learning Lessons, falls, the learning disability mortality review programme and safeguarding.

Duty of Candour

The Trust is committed to the principles of openness, honesty and transparency for the purposes of learning from incidents and serious incidents and engaging service users and families in the review process.

The Trust's Duty of Candour policy sets out definition, duties and responsibilities of senior staff post incident, identifying those incidents where Duty of Candour applies.

The policy has been reviewed and updated, providing clear guidance on roles and responsibilities of Trust staff in making timely contact that embraces the principles of open, honest and transparent communication with service users and families where harm has been caused or may to have been caused.

There has been continued progress during 2016/17 with the implementation of the Duty of Candour policy and the Trust is able to consistently demonstrate that clinical leads are making contact with 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 of loved ones who are bereaved by suicide or a sudden unexpected death. When a serious incident is reported, a Duty of Candour letter is routinely sent to families to advise on the internal investigation process and how they can contribute to establishing a factual chronology of events and identification of learning. The allocated investigating lead makes contact with the family and any questions or concerns raised by the family are gathered, considered and included in the Serious Incident report. Once completed, a copy of the full report is always shared with the family and the Coroner. Trust commissioners monitor compliance with the Duty of Candour principles when reviewing and quality assuring serious incident reports.

Staff felt that generally the Trust encouraged openness and there was clear guidance on incident reporting (from the CQC comprehensive inspection report Sept 2015)
The Trust had undertaken an internal review to understand any improvements required to meet its duty of candour following this a number of actions were undertaken including duty of candour considerations being incorporated into the serious investigation framework and report (from the CQC comprehensive inspection report Sept 2015)

We have provided input into the development of the Public Health Suicide Prevention Strategy which is a requirement of the Five Year Forward View for Mental Health – NHS England to reduce the number of suicides in Hertfordshire by 10%. Family engagement and support is one of the work streams included in the strategy.

The timeframe for adding Duty of Candour questions to the Datix incident reporting system was slightly delayed and will be a priority for the Safer Care Team in the coming year.

Further developments in this area during 2017/18 include bereavement support training for staff and the development of bereavement booklets for families.

National Guidance on Learning from Deaths

Ahead of the requirement to publish learning from reviews and investigation in the 2017/18 Quality Account, the Trust has started the implementation of actions identified in the National Guidance on Learning from Deaths. This includes:

- The roll out of the Learning Disability Mortality Programme
- The development of policy on how the Trust responds to deaths, including the undertaking of case reviews
- The publication of data at public Boards
- The development of support to bereaved families
- The reporting on outcomes of investigations and implementation of learning across the Trust.

Spot the Signs and Save a Life

The Spot the Signs, Save a Life suicide prevention campaign was one of the four sites of the 'Zero Suicide' Programme developed across the East of England (EoE) commencing in October 2014. The project aims to increase awareness and education of the general public on suicide prevention, working to break down stigma, as well as educating and training professionals including those working in the third sector.

The project has broadened its scope, and aims to work in integration across the system to continue the education and awareness raising aspect of the project, deliver further training in suicide prevention, and develop a bespoke approach to suicide prevention and self-harm for young people.

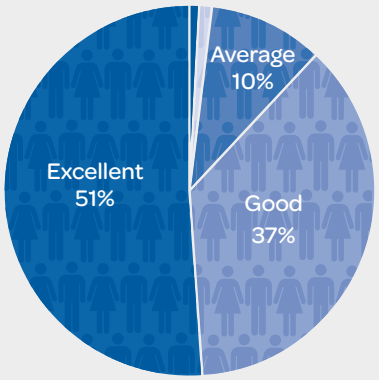
The key aims of the adult initiative are:

- Increase public awareness of depression and suicide in Hertfordshire
- Remove the stigma linked with suicide
- Provide suicide prevention training to GPs, healthcare providers and the voluntary sector in Hertfordshire
- Work with companies to create safer workplaces
- Signpost to mental health services available in Hertfordshire.

In 2016/17 there were 136 attendees at the Spot the Signs training sessions from the Voluntary Sector, from which the following feedback was received:

- 96% of attendees found the session was useful whilst 99% found it relevant to their field of work
- 88% found the delivery of the session was 'excellent' and 'good', and 92% found the trainer 'excellent' and 'good'
- The venues were marked lower, with 63% rating them 'excellent' and 'good'.

SPOT THE SIGNS & SAVE A LIFE
SPOT THE SIGNS OF SUICIDE RISK AND YOU COULD SAVE A LIFE



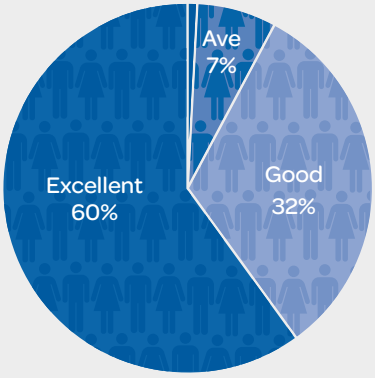
Delivery of Session

1% Unknown

10% Average

37% Good

51% Excellent



Trainer

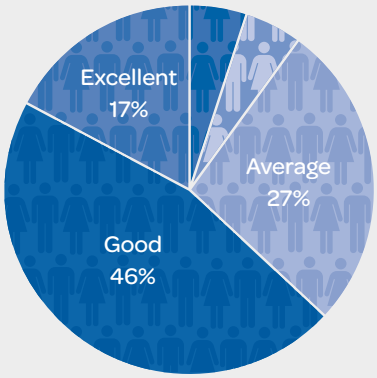
0% Unknown

1% Poor

7% Average

32% Good

60% Excellent



Facilities

5% Unknown

5% Poor

27% Average

46% Good

17% Excellent

Across the life of the Adult Spot the Signs Project, 179 Hertfordshire GPs have also attended the suicide prevention training with 91% finding the training useful and 94% relevant.

A parallel child and young person's suicide prevention initiative is now also in development with the following key aims:

- To develop bespoke media resource: website and educational material tailored to young people across the county
- To develop a 'Spot the Signs' suicide prevention and self-harm awareness training and resource online directory for young people and those working with young people across the county
- To develop and evaluate focussed peer-led support for young people in secondary schools, with the aim of building resilience/wellbeing and the more specific focus on self-harm and suicide prevention.

This project has a full-time employed project coordinator who is responsible for training, developing and supporting peer mentors/ suicide prevention champions across agreed pilot sites across the county, each of whom will commit to getting young people involved as mentors/champions and acting as the lead for this bespoke work.

This work takes place in coordination with the CAMHS School Link Pilot and self harm training. The project coordinator represents and promotes the campaign across these sites, sets up promotional events and develops (co-produce) and promotes a 'first aid' model (akin to that developed by Signs of Suicide, SOS).

Sign up to Safety Campaign

The Trust signed up to this campaign and committed to delivering a safety improvement plan which will show how our organisation intends to save lives and reduce harm for service users over the next three years.

Sign up to Safety is a national campaign that aims to make the NHS the safest healthcare system in the world. It has the ambitious but important aim of reducing avoidable harm by half in the next three years and saving 6,000 lives.

During 2016/17 we have continued to focus on the campaign raising awareness in services and maintaining our commitment to reducing avoidable harm.

During the year we have:

- Improved the coverage of the safety thermometer across our services developing user guides and visual aids to support reductions in harm
- Implemented actions within the clinical risk strategy and developed priorities for the future
- Finished the original project as part of the safer care pathways programme. Following on from this we have had a number of staff trained in safer systems assessment methodology and begun a new project focussing on supporting carers of service users in crisis
- Reviewed our internal quality visit process to align to the CQC KLOE and continued the visits by the Executive Team
- Started work to include incident data into our SPIKE performance reporting processes to enable teams to have real time access to incident data to triangulate with other data on performance
- Started to implement the safe Care module to manage staffing in real time
- Worked with Public Health to develop a local suicide prevention plan. This links to our continued commitment to reducing suicide in our service users. We have undertaking bespoke risk training with acute services and have begun work to review our training and approach to risk management.

We continue to hear service user stories at the Board and have seen a steady level of performance in the Friends and Family test data. Our staff in the staff survey also recommend the Trust as a place to receive care.

We also continue to provide training to staff on how investigations including meeting the Duty of Candour requirements.

The provision of data to our public board on complaints, incidents and staffing levels also continues, in our approach to being open and transparent.

Furthermore, we undertake values based recruitment to ensure we have a workforce who provide person centred safe compassionate care. Support to staff also continues, ensuring they have access to high quality appraisals, training and development and are motivated to work – which has been reflected in our staff survey results this year.

Making Our Services Safer

The Making Our Services safer (MOSS) Strategy is in place to support greater collaboration and co-production with service users, carers and staff to understand and minimise restrictive interventions. We aim to reduce the impact of such interventions on recovery.

What are restrictive interventions?

'Restrictive interventions' are:

'Deliberate act on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:

- **Take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken: and**
- **End or reduce significantly the danger to the person or others; and**
- **Contain or limit the person's freedom for no longer than is necessary'.**

Department of Health (2014)

The purpose of the strategy is to continue to compliment the excellent work already in place to ensure services are well informed and use best practice, that care is delivered in partnership and that the best interests of service users are served ad prioritised at all times.

The work continues its aim to reduce the number of incidents and interventions where staff and service users are harmed, so all report feeling safer through:

- Evidence-based models of support and intervention
- Standardising assessment processes and support plans
- Trust wide and service wide monitoring of interventions
- Support for all following an incident.

The strategy provides a clear operational responsibility in reducing the use of restrictive interventions and any associated harm to service users implemented through the use of the Safewards methodology.

What is the Safewards methodology?

This consists of 10 interventions that form the Safewards methodology:

- **Mutual Expectations;**
- **Soft Words**
- **Talk Down**
- **Positive Word**
- **Bad News Mitigation**
- **Know Each other**
- **Mutual Help Meeting**
- **Calm Down Methods**
- **Reassurance**
- **Discharge Messages**

Weekly 'mutual expectations' meetings are held in our adult acute inpatient wards and 'feeling safe' is discussed as a regular agenda item. The feedback received is shared across other service areas at the local MOSS meetings and patient (service user) safety meetings, as well as identifying themes at the strategic business unit's quality and risk groups.

Weekly mutual expectations meetings are held in our adult acute inpatient wards and 'feeling safe' is discussed as a regular agenda item. The feedback received is shared across other service areas at the local MOSS meetings and Patient (service user) Safety meetings as well as identifying themes at the Strategic Business Unit's Quality and Risk Groups.

The Child and Adolescent Mental Health Services (CAMHS) inpatient unit ensured that the young people were involved at every stage with implementing the Safewards methodology.

One of the most popular initiatives on the unit is the compliments box, which has been decorated with a picture of a boat at sea with the quote "A ship is safe in the harbour but that's not what a ship's made for". The young people write positive messages and compliments about their friends and post them into the box anonymously. These are then read out by staff at the weekly mutual respect meeting and anyone that receives a compliment can keep it and add it to their scrapbook.

Every young person also receives a positive behaviour support assessment, aimed to help understand the reasons for certain behaviours and to teach an appropriate behaviour that replaces the challenging behaviour.

Regular MOSS meetings continue within all services across the SBU focusing on mutual expectations. Many of the wards have begun using huddles at the end of a shift to reflect upon what has gone well and areas which could be improved. The use of 'calm down' boxes have been implemented within the assessment and treatment and secure services.

All teams continue to review the use of restrictive interventions within monthly patient safety meetings and continue to embed the work of including service users in debriefs. The SBU have untaken a bi monthly audit to review the frequency of PRN (as required) medication being administered across assessment and treatment services and the effects of side effect monitoring identifying trends and areas of good practice across the services and areas for practice development.

MOSS champions have been assigned in all units and have identified, with the support of the MOSS working groups and Practice Governance Facilitators, the priorities for action. MOSS Champion training has also been rolled out.

MOSS is a standing item on the local quality and risk meeting agenda, as well as all local quality and risk meetings. MOSS posters are on display in all units, and MOSS comparative data is displayed in staff only areas and is included in restrictive practice reports.

MOSS is an integral part of staff team meetings and team reflection sessions based on MOSS principles which are now in place in all units.

In our learning disability and forensic services, staff and service users understand the principles of least restrictive care. This is apparent through the positive behavioural support plans in place for service users with behaviours that challenge, and the increased

use of least restrictive terminology being seen on incident reporting. Policies also support least restriction, such as restricted items policies; both staff and service users show understanding that restrictions are made based on an individual risks and 'blanket restrictions' are kept to a minimum.

Service users and staff are also involved in setting the priorities for the units and looking at how these can be achieved. We involve service users in writing sharing good practice newsletters in each unit, which are fed into the Sharing Good Practice newsletters and, in turn, shared with carers.

The MOSS philosophy is now well integrated into practice and, as such, can be seen within all interactions on the ward including weekly 1:1s between service users and named nurses, weekly or fortnightly Multi-Disciplinary team meetings and also Care Programme Approach (CPA) meetings.

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"Although we knew that it may be challenging to make Safewards interesting to the young people, we were delighted that from the beginning, many were keen to get involved and soon started coming up with ideas of their own. Looking around the ward and speaking to some of the young people, you can see how their creativity had brought the interventions to life"

Safeguarding adults and children at risk of abuse or neglect

The Trust has responsibilities for safeguarding adults and children in all areas that services are provided. Additionally in Hertfordshire we have responsibilities in partnership with Hertfordshire County Council for undertaking safeguarding adult enquires and decision making for the adults who have or may have care and support needs related to their mental health and to their carers. These were formally part of our delegated responsibility but now will form part of a Section 113 Agreement whereby Trust staff will undertake statutory safeguarding adult functions under new governance arrangements.

Over 2016/17, there has been an increased level of 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 and radicalisation

Children

In 2016/17 Trust staff made 439 (132 in quarter 4) child protection referrals to Children's Services. This is an increase in the volume of child safeguarding concerns raised by the Trust staff of 71% (2015/16 = 257 referrals).

Adults

In the same 12 month period, 1149 (324 in quarter 4) adult safeguarding concerns were raised by Trust staff and referred to either the relevant local authority or to the appropriate investigating team within the Trust itself. This compares with a total of 723 adult mental health reported safeguarding incidents for the whole of 2015/16. Again, this shows a significant (59%) increase in activity.

These figures relate to concerns raised in all localities including Essex, Buckinghamshire and Norfolk for all service users group, including organic mental illness and learning disabilities.

A review of training for all staff in all areas is being undertaken for mandatory adult and children safeguarding training and, in addition to this training, is being formalised for identified staff with additional safeguarding adult responsibilities in Hertfordshire.

Think Family

Think Family recognises and promotes the importance of a whole-family approach which is built on the principles of 'Reaching out: think family'. It helps staff to consider the parent, the child and the family as a whole when assessing the needs of and planning care packages for families with a parent suffering from a mental health problem.

The model identifies and works on three areas.

- Risks, stressors and vulnerability factors
- Strengths, protective factors and resources
- Risk to resilience.

The safeguarding team has been expanded in response to our increased geographical spread and also additional duties for specific groups or risk areas, for example Radicalisation and Looked After Children (LAC) / Care Leavers. The increased resource within this team will support the Trust to improve the quality of safeguarding practice towards a vision of **preventing harm and enabling safety through vigilance, competence and personalised outcomes focussed practice and contribute to the** Trust's strategy of delivering 'great care, great outcomes – together'.

Learning from incidents

Safety Incidents involving serious harm or death as a proportion of all patient (service user) safety incidents

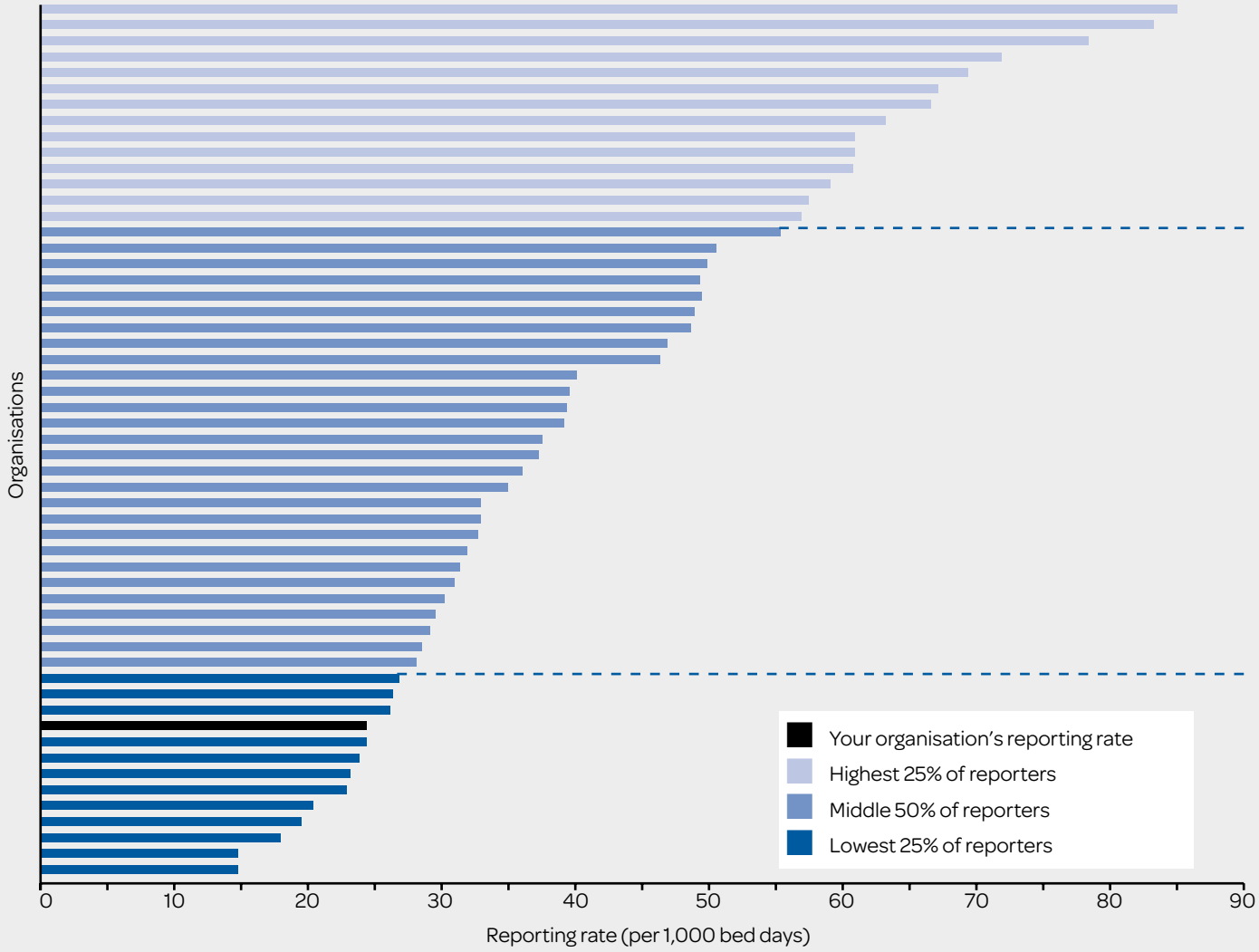
The Trust reports the number and type of patient (service user) safety incidents that take place to the National Reporting & Learning System (NRLS). The information below is taken from their bi-annual published reports. It gives an overview of the Trust's number and type of patient (service user) safety incidents reported to the NRLS during 2016/17, and a comparison to data reported by other mental health and learning disability trusts. This data was published in September 2016.

October 2015 – March 2016

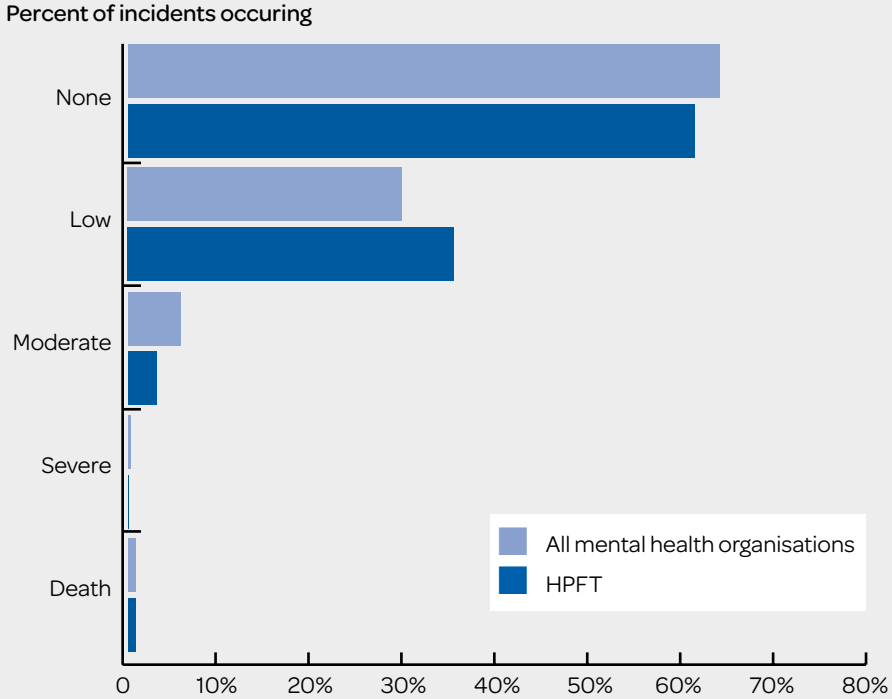
- 2,093 incidents reported by the Trust
- Rate per 1,000 bed days – 24.35
- Severe Harm – 2 incidents reported
- Death – 16 incidents reported.

The comparative reporting rate per 1,000 bed days for 56 mental health organisations during this period is shown on the next page.

Comparative reporting rate, per 1,000 bed days, for 56 Mental Health organisations.



For the same period, the incidents reported by degree of harm for mental health organisations are shown below.



- Highest reporting mental health Trust – 5,572 incidents
- Lowest reporting mental health Trust – 25 incidents
- Highest number of incidents resulting in severe harm – 51 incidents
- Lowest number of incidents resulting in severe harm – 6 Trusts reported no severe harm incidents
- Highest number of deaths reported – 91 incidents
- Lowest number of deaths reported – 1 Trust reported no deaths. It can be seen that our Trust was a relatively low reporter of severe harm incidents but at the same level as our peers for deaths in this period. As there can be variation in reporting between Trusts, like for like comparisons cannot be made with a degree of certainty.

April 2016 – September 2016

The information provided in the tables below is provided on a provisional basis only for the purposes of initial comparison with the previous reporting period. It should therefore be treated with caution as the data has not yet been validated by the NRLS.

- 2,425 incidents reported by the Trust
- Safety incidents involving severe harm (as a percentage of all patient (service user) safety incidents reported) – 1 (0.0004%).
- Safety incidents involving death (as a percentage of all patient (service user) safety incidents reported) – 20 (0.01%).

Summary

	Oct 15 to Mar 16	Apr 16 to Sept 16
Total patient safety incidents	2,093	2,425
Rate per 1000 bed days	24.35	Not yet available
Severe harm incidents as % of all	2 (0.1%)	1 (0.04%)
Deaths as % of all	16 (0.8%)	20 (0.8%)

The reporting rate published by NRLS in September 2016 showed that the Trust was in the lowest 25% of mental health services reporters. Provisional data for the next report, to be published in March 2017, shows an increase of 14% in reporting of patient (service user) safety incidents. It should be noted that the NRLS is used for analysing and reporting on certain types of incident only; therefore it does not include some types of incidents that occur in the Trust's community settings.

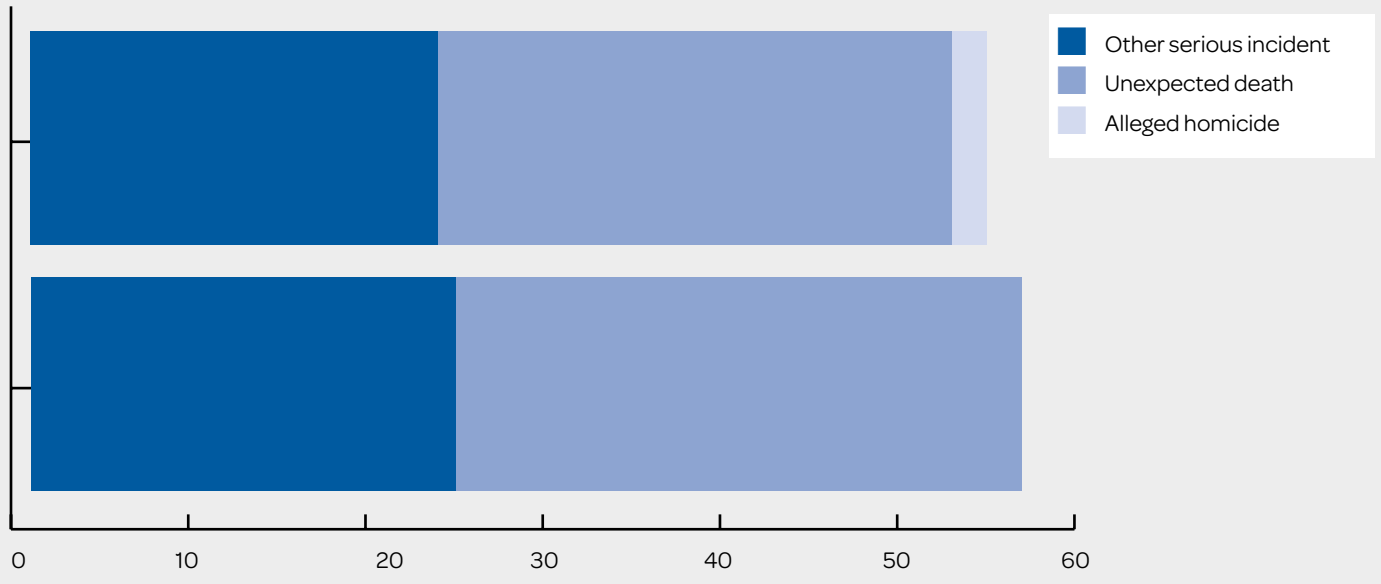
Once reported, Trust managers review incidents from their area of responsibility for factual accuracy and to monitor trends; during this year, bespoke incident reporting training sessions have been undertaken to raise awareness of the types of incidents that should be reported. The Safer Care Team undertakes an additional quality assurance check of incidents before they are uploaded to NRLS to ensure accurate reporting in accordance with the NRLS criteria.

Serious Incidents Reported in 2016/17

Overall, the Trust reported a total of 56 serious incidents in 2016/17 compared to a total of 54 in 2015/16. In keeping with the National Serious Incident Framework (March 2015), we will always report and investigate those cases where there is felt to be the opportunity to learn and improve. Other serious incidents types reported in 2016/17 included:

- Information governance breaches
- Infection outbreaks resulting in ward closure
- Falls resulting in fractures
- Incidents reported under specialist commissioning criteria and safeguarding incidents.

Serious incidents reported in 2016/17



Engaging families

The Trust does not underestimate the effect the death of a loved one as a result of a sudden unexpected death or as a result of suicide has on families, friends, staff and the wider community. We are committed to undertaking robust investigations, engaging families in the review process and acting on areas of learning arising from serious incidents. The Trust has a Zero Suicide ambition and is actively engaged with local partners to put in place a plan to reduce the number of suicides in Hertfordshire in keeping with the Five Year Forward View for Mental Health (2016).

Learning from Incidents and Serious Incidents

On completion of investigations, reflective learning sessions are arranged to allow staff to understand the context behind identified areas of learning and to engage staff in the implementation of learning. Learning summaries are shared widely across Trust services to facilitate discussion and to strengthen areas of clinical practice.

The Trust has specific groups or committees where incident data is used to inform work streams and improve safety; these include, but are not restricted to, the Making Our Services Safer Committee, the Health and Safety Committee and the Falls Group. Work undertaken by the Falls Group during 2016/17 has included co-production of a leaflet to raise awareness of for staff, service users and carers on falls risk, raised awareness of falls risk in adult acute services, revision of the falls policy, and guidance included in the medicines management policy of medicines that increase the likelihood of falls risk.

The following actions have been taken during 2016/17:

- Review and updating of the clinical risk training programme to include lessons learned from serious incidents
- Key areas of learning from serious incidents informs the Trust's clinical audit programme
- Quality improvement projects around improving on time return from leave periods and improving collaborative working with service users' support networks.

We will act on guidance to be published in 2017 arising from the recommendations in the Care Quality Commission's Learning, candour and accountability review published in December 2016.

Workforce

National NHS Staff Survey 2016

The Trust has seen further improvement in the 2016 Staff Survey findings. We have achieved three national best scores (by comparison to other mental health and learning disability organisations). For the second year, we have the highest score for staff engagement and motivation.

Additionally, we also achieved a national best for the quality of appraisals and also the quality of non-mandatory training, learning and development. Of the 32 key findings in the staff survey, the Trust achieved 20 above average and eight average scores. Four scores were below average.

The scores are organised into nine thematic areas. Against the themes, staff health and wellbeing, job satisfaction and patient (service user) are all scores above average. This includes scores for staff satisfaction with the quality of care they are able to deliver; % agreeing their role makes a difference to service users; staff recommendation of the Trust as a place to work and receive treatment and % of staff saying they are able to contribute towards improvements at work (this was below average in 2015).

Top five ranking scores (against other mental health and learning disability trusts)

Key Finding	2016	2015	2016 National Average
Quality of non-mandatory training, learning or development (National Best Score)	4.18	4.11	4.06
Staff motivation at work (National Best Score)	4.04	4.02	3.91
Quality of appraisals (National Best Score)	3.42	3.20	3.15
% of staff attending work in the last 12 months despite feeling unwell because of pressure from colleagues, their manager or themselves	48%	57%	55%
% of staff agreeing their role makes a difference to patients (service users)	91%	91%	89%

Key Finding	2016	2015	2016 National Average
KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	88%	84%	87%

The lowest five ranking scores are listed below 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)

Key Finding	2016	2015	2016 National Average
% of staff working extra hours	79%	77%	72%
% of staff witnessing potentially harmful errors, near misses or incidents in the last 12 months	31%	24%	27%
% of staff experiencing physical violence from patients (service users), relatives or the public in the last 12 months	24%	18%	21%
% of staff reporting potentially harmful errors, near misses or incidents in the last 12 months	91%	91%	92%
% of staff experiencing harassment, bullying or abuse from service users in the last 12 months	35%	34%	33%

Pulse Survey

We have a quarterly Pulse Survey, based on the National Staff Survey questions, which is intended to ensure we have consistent quantitative feedback on staff experience. The Pulse Survey shows a trend of significant improvement in scores over the three years it has been operational. Scores in, for example, staff recommendation of the Trust as a place to work and receive treatment are the highest recorded to date and have shown a 30% improvement over the last three years.

The Trust will review the Pulse Survey for the 2017/18 period to align with the new Organisational Development Strategy.

Health and wellbeing

We have has introduced a Staff Health & Wellbeing Strategy in 2016/17. The focus of the strategy is in building local ownership and providing consistent, evidence-based and evaluated wellbeing support to staff. The Health and Social Committee has been established with representatives from each locality.

The purpose of the Health and Social Committee is to collect local intelligence about wellbeing needs and to communicate Trust initiatives and to encourage involvement. In 2016/17 the Trust has run 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 and Chief Executive Breakfast meetings.

The Staff Awards in 2016 achieved the highest number of nominations to date at 254, an increase of 50 nominations since the 2015 Awards. Additionally, there were 150 Inspire Award nominations in the year.

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 the Executive Team about issues that matter to them.

A number of initiatives have arisen from the Trust 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 the Trust 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 the Collective Leadership findings and other available staff engagement intelligence to describe the next phase of the Trust's culture. This has been used to inform the Good to Great Strategy and the Organisational Development Strategy.

Leadership development

The Trust continues to provide Leadership Development through its Leadership Academy. In addition to the Leaders and Emerging Leaders programmes, a new programme was developed this year, targeted at Service Line Leaders and led by the 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, the Trust continues 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. The Trust is working with neighbouring NHS Trusts within the Sustainability and Transformation Plan footprint to deliver a local version of the NHS Leadership Academy Mary Seacole Programme, of which the first cohort will commence during 2017/18.

We have also continued to invest in a Senior Leaders Forum, which provides an opportunity for 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 in the organisation.

The table below shows the number of Trust staff to benefit from each programme in this financial year.

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

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 direct with staff in our services, to use the comments, compliments and complaints leaflets available on all wards and outpatient units, or by using the link on the Trust website.

In addition, all service users and carers are invited to complete 'Having Your Say' forms or the Friends and Family Test (FFT) postcards, either on paper or electronically, during their recovery journey to provide ongoing feedback on their experiences. Service experience volunteers visit our adult acute inpatient and rehabilitation units to provide an impartial 'listening ear' for service users and carers and support when providing feedback through 'Having Your Say'.

FFT is the question mandated by NHS England to all NHS services asking whether service users would recommend the services provided. Every service user receiving our care is given the opportunity to respond to this question.

Information received through comments and complaints, together with the outcomes of any investigations, is used 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 ensure that we capture the overall picture of the experience of service users and carers. We also record compliments provided through feedback questionnaires, such as the 'Having Your Say' forms and the Values App. Compliments are published in the e-magazine for staff; satisfaction levels are monitored through both 'Having Your Say' and FFT.

Patient Advice and Liaison Service (PALS)

PALS provides people with advice and assistance if they have a concern or enquiry. The number of contacts increased by 25% compared to last year. The table opposite shows the number and main categories of the PALS contacts, comparing 2016/17 with 2015/16 2014/15 and 2013/14.

As in previous years, the majority of contacts raised issues for resolution by the PALS team or, more commonly, by the clinical teams.

Category	01/04/13 – 31/03/14	01/04/14 – 31/03/15	01/04/15 – 31/03/16	01/04/2016 – 31/03/2017
Advice	17	12	41	40
Enquiry	61	70	66	140
Feedback	47	76	98	100
Issues for resolution	239	387	363	446
Other	3	0	0	1
Translation request	3	1	1	0
Not HPFT	21	16	36	32
Total	391	562	605	759

Formal complaints

We investigate complaints with the aim of providing a fair, open and honest response and to learn from them, so that service users and carers can benefit from the resulting changes. The number of complaints received in 2016/17 was 250 compared to 269 in 2015/16 and 248 received in 2014/15. This is a 7% decrease. The table below shows the number and primary issue for each complaint, comparing 2013/14, 2014/15, 2015/16 and 2016/17.

Main complaint issue	01/04/13 – 31/03/14	01/04/14 – 31/03/15	01/04/15 – 31/03/15	01/04/16 – 31/03/2017
Assault / abuse	3	11	11	3
Clinical practice	74	92	98	93
Communication	29	23	39	35
Environment etc.	3	7	3	2
Staff attitude	36	30	29	31
Security	2	0	3	0
Systems & Procedures	84	83	84	84
Transport	1	2	2	2
Total	232	248	269	250

Emerging themes

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

The 93 complaints where clinical practice was the primary issue fell into 13 sub-categories. The majority of the complaints fell into the following groups:

- direct care (38)
- care planning (25)
- administration of drugs or medicines (7).

The 84 systems and procedures complaints fell into 21 sub-categories. Most complaints were in the following groups:

- assessment and treatment (19)
- access to treatment (17)
- Mental Health Act detention (8)
- discharge (7)
- confidentiality breach (7)

Of the 3 complaints about alleged assault, 1 was alleged physical abuse by staff to service user during restraint, 1 was about alleged physical abuse to a service user by another service user and 1 was about a service user being verbally abusive to a member of the public. All allegations were careful considered by the multidisciplinary team and through safeguarding where appropriate. The complaint about a service user being verbally abusive to a visitor was upheld. The complaint about a service user assaulting another service user was partly upheld and the complaint about restraint was withdrawn by the service user.

During 2016/17 we received 10 requests for files from the Parliamentary and Health Services Ombudsman (PHSO)/Local Government Ombudsman (LGO). Six decisions were received with no further action (including 1 which was withdrawn by the complainant). One complaint was returned to the Trust for investigation as the complainant had raised new issues not previously investigated. Two complaints were upheld and three complaints remain under investigation.

Of the two the complaints that were upheld, the Trust has completed the action plan to remedy the faults identified by the PHSO which related to difficulties experienced in accessing Child and Adolescent Mental Health Services (CAMHS). We are completing the requested action for the second upheld complaint about payment of retrospective continuing healthcare funding.

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 an 18% increase in the number of compliments forwarded to the team, as detailed in the Table X below.

01/04/2012 – 31/03/2013	673
01/04/2013 – 31/03/2014	94
01/04/2014 – 31/02/2015	1262
01/04/2015 – 31/03/2016	1622
01/04/2016 – 31/03/2017	1915

We actively encourage services to use compliments at a local level to reinforce what is working well. Teams do this in a variety of ways. In 2016/17 we recorded nearly eight times as many compliments as formal complaints.

Clinical networks

The Trust participates in a number of different regional clinical networks.

What is a clinical network?

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

We are members of the following networks:

- Learning Disability Clinical Network
- Peri-natal Quality Network
- Clinical Outcomes and Research Evaluation (CORE) CAMHS
- AIMS Accreditation Scheme (Royal College of Psychiatrists)
- 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. They also pay for two part time band 6 Clinical Studies Officers and one part time band 6 Research Nurse.
- Quality Network for Forensic Mental health Services (Adult Forensic)

In addition to this, the Trust participated in the following accreditation schemes:

Service Accreditation Programme and Quality Improvement Network	HPFT	National
Eating Disorders Inpatient Wards	0	32
Forensic Mental Health Units	3	125
Inpatient Child and Adolescent Wards	0	127
Inpatient Rehabilitation Wards	0	65
Learning Disability Inpatient Wards	2	40
Mother and Baby Unit	1	43
Older Peoples Inpatient Wards	1	67
Psychiatric Intensive Care Wards	1	38
Working Age Inpatient Wards	0	136
Child and Adolescent Community Mental Health Teams	0	32
Crisis Resolution Home Treatment Accreditation Service	0	49
Electroconvulsive Therapy Clinics	1	101
Memory Clinics	3	107
Perinatal Community Mental Health Teams	0	43
Psychiatric Liaison Team	2	74
Child and Adolescent Community Mental Health Eating Disorders	0	18
EIP Self Assessment	0	153
Prison Mental Health Services	0	40
Psychological Therapy Services	1	22
Community of Communities	0	8
Assessment Triage	0	5
Early Intervention in Psychosis	0	5
Learning Disability Ward	0	1
Community Mental Health Services	0	12

Care Quality Commission

The Trust was registered with the Care Quality Commission on 1 April 2010 to carry out the following legally regulated activities:

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

The Trust was 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, which are "Safe, Effective, Caring, Responsive, and 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 from the inspection to address shortfalls that were identified. We provide updates on our progress on a regular basis to the CQC and our commissioners.

We found a great deal that the Trust can be proud of.

We noted that service users' needs, including physical health needs, were assessed and care and treatment was planned to meet individual need.

Caring was consistently of a good standard and we found staff to be dedicated, kind and service user focused, we observed some good caring practice in the community services for people with a learning disability or autism.

The modern and purpose built facilities at Colne House, Seward Lodge and Kingfisher Court demonstrated an organisation that is proactive with regards to the rationalisation of its estate.

We found the Trust to be well-led at Board level.

The Trust's vision and values were visible in most of the services provided and the work that the leadership team were undertaking to instil these throughout the organisation in order to promote a caring, transparent and open culture was notable.

There are no conditions on the Trust's registration, no enforcement actions have been taken against our Trust and we have not participated in any special reviews for further unannounced or announced CQC inspections since April 2015 nor have there been any investigations. This table gives an overview of the rating we received from CQC.

Care Quality Commission

Last rated
8 September 2015

Hertfordshire Partnership University NHS Foundation Trust

Overall rating	Inadequate	Requires improvement	Good	Outstanding

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

During 2016/17, the Trust has prioritised the areas in which we need to take action. The inspectors found our Trust to be operating at a 'good level' but identified a small number of areas that 'require improvement,' as indicated in the table. We acknowledge these concerns and are by no means complacent but these areas of development relate to issues of which we were previously aware, committed to improving and in many cases already taking action.

Oversight of the implementation of the action plan is through the Integrated Governance Committee to the Board. Updates to the plan are routinely shared with the Executive Committee, Trust Management Group, commissioners and the Care Quality Commission. Progress against the plan continues and is embedded within the Trust's Strategic Business Units.

The Trust has undertaken a range of actions to address the following areas identified in the inspection:

- **Application and understanding of the Mental Health Act and Mental Capacity Act**. Specific Mental Health Code of Practice sessions took place in Forensic and Learning Disability units, with open sessions held for all staff in September and October 2015. This action is closed
- **Recruit to fill vacancies, decrease the number of agency staff and increase permanent.** Immediate actions were taken to increase staffing levels in the areas identified in the report specifically in two of our acute adult wards, safer staffing levels continued to be monitored on an on-going basis.
  Agency usage within Adult Community halved since the last Care Quality Commission inspection, although has risen slightly recently owing to newly funded first episode psychosis posts.
  We have been proactive with our recruitment initiatives and have undertaken the following:
  - Dedicated recruitment and retention group
  - Oversees recruitment initiative
  - Recruitment fairs for specific staff groups
  - Bank staff loyalty bonuses
  - Golden Hellos for specific staff groups and teams
  - New career marketing and branding materials
  - Recruitment activity calendars
  - Band 5 to 6 fast tracking.
- **Ensure all environmental safety concerns are addressed.** Ligature removal work was completed by December 2016. Immediate actions taken to address CAMHS inpatient Lines of Sight include floor plan with zonal risk areas, zoned rooms, continued review of individual service user risks, 1:2:1 staffing when required and the implementation of 'Safewards'. The funding and installation of CCTV into key areas within the unit was approved to reduce the lines of sight risk, installation has now taken place.
- **Ensure risk assessments and care plans are up to date, include risk histories and involve carers and service users**. The following actions have been completed:
  - Service user and carer views were added to the Adult Community Risk Assessment on Paris (the Trusts Electronic Patient Record System)
  - The Trust has gone live with a new initial assessment form on PARIS and letters to GPs and service users which include previous history
  - Our new care plan (Care and Support Plan) includes questions on if the service user has written the care plan themselves, the names of the people involved in making the care plan and whether an advocate has been involved.
- **Medicines management.** Two older age adult inpatient units' medicines dispensary is now being supplied from Kingfisher Court Dispensary and they have switched over to the Trust's drug charts. A similar process is being completed for two rehabilitation units. Additional pharmacy staff have been recruited to support these processes. New community prescription charts were launched for use in the community and we have also appointed to a new post of Medication Safety Officer.
- **Care Coordinator allocation.** Routine referrals to the community mental health team are meeting the 28 day wait. A specific project has been set up to address this and other aspects with Adult Community Teams and an improvement in cases with no allocated care coordinator is now being seen. As at the end of March 2017, the number was 466 services. This figure is only looking at those requiring a named care coordinator and therefore does not include service users who are awaiting psychology or psychiatry only input, service users stable in placements, service users who only access adult community teams for Depot/Clozapine clinics and those only attending groups.

The 'must do' actions which remain open continued to be monitored and progress reported.

There were also a number of other recommendations made that the Trust should consider undertaking, actions taken include:

- New furnishings in one of our adult acute inpatient units including beds, armchairs, bedside units and mattresses
- New lone working devices and training for identified staff
- Improved percentage of risk assessments up to date in Child and Adolescent Community Services
- Commissioners have funding additional consultant posts to manage young people with Attention Deficit Hyperactivity Disorder
- Reduced crisis child and adolescent community caseload
- Improved signage and seating in reception at Community hubs
- Improved waiting times for older people community mental health memory clinics
- Auditing of medicines reconciliation rates
- Improved sound proofing of clinic rooms at community hubs

- New extra care suite build at our medium secure unit in Hertfordshire
- Removal of blind spot in seclusion room, on Oak ward (PICU) in Hertfordshire
- Improved privacy and dignity at Waverley Road children's waiting area
- Improved section 132 rights documentation
- Resuscitation equipment at North Essex community hub
- Updated Rapid Tranquilisation Policy and associated staff training.

2.3 Reporting against our core indicators

This section of our Quality Report sets out how we performed against the 2016/17 priorities. These are the priorities we set at the beginning of the year and set out in the 2015/16 Quality Report. Each will be looked at in turn after considering the national mandated quality indicators set by the NHSI Regulation Framework

It remains our intention to always share with you our performance in comparison with other providers of health services. This has proved challenging as many of the targets set are tailored to our local economy and therefore we are unable to benchmark ourselves against other mental health trusts.

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

Proportion of patients (service users) on CPA who were followed up within 7 days after discharge from psychiatric inpatient care (QA)

Time Period	Highest	Lowest	National Average	Trust
Q1 2015-16	100%	88.9%	97.0%	92.1%
Q2 2015-16	100%	83.4%	96.8%	98.7%
Q3 2015-16	100%	50%	96.9%	99.0%
Q4 2015-16	100%	28.6%	96.2%	98.10%
Q1 2016-17	100%	79.9%	96.8%	98.90%
Q2 2016-17	100%	80.0%	97.2%	99.10%
Q3 2016-17	100%	73.3%	96.7%	97.2%
Q4 2016-17	99.4%	84.6%	96.7%	88.1%

Proportion of admissions to acute wards that were gate kept by the community teams

Time Period	Highest	Lowest	National Average	Trust
Q1 2015-16	100%	18.30%	96.30%	18.30%
Q2 2015-16	100%	48.50%	97%	98.60%
Q3 2015-16	100%	61.90%	97.50%	99.30%
Q4 2015-16	100%	78.90%	98.10%	100%
Q1 2016-17	100%	84.30%	98.20%	88.8%
Q2 2016-17	100%	76.00%	98.40%	80.1.30%
Q3 2016-17	100%	88.30%	98.70%	88.5.0%
Q4 2016-17	100%	90%	98.8%	95.9%
2016/17				87.9%

Quality Indicator	Target (%)	Q1 15/16 (%)	Q2 15/16 (%)	Q3 15/16 (%)	Q4 15/16 (%)	Q1 16/17 (%)	Q2 16/17 (%)	Q3 16/17 (%)	Q4 16/17 (%)
Patient Safety									
CPA 7 day follow ups (NHSI)	95%	100	98.74	99	99.2	97.3	98.5	97.3	98.5
CPA Reviews within 12 months (NHSI)	95%	97	97.2	96.7	96.5	96.5	96.8	95	96.8
Inpatients receiving Physical Health Checks within 24 hours	98%	96.6	98.34	96.6	96.3	96.9	99.7	99.6	99.3
Effectiveness									
Emergency readmissions within 30 days	<=7.5%	6.61	4.35	6.43	3.87	4.3	5.3	4.8	4.2
CATT Gatekeeping (NHSI)*	95%	99.5	98.3	99.3	100	88.8	80.1	88.5	95.9
FEP waits within 14 days (NHSI)	>=50%	43	42	46	39	57.6	78.4	74.5	78.8
Delayed Transfer of Care (NHSI)*	<7.5%	5.6	6.6	7.2	5.84	6.7	7.08	6	8.3
Service User and Staff Experience									
Service users reporting being treated according to Trust values based on the number of service users who answered 'Yes' to the questions "Do HPFT staff treat you with respect?" and "Do you feel treated with respect?" (rolling %)*	>=85%	92.3	90.9	87.2	93.1	90.1	87.7	92.2	90.5
Carers feelings valued by staff	>=75%	84.5	76.2	80.3	85	88.4	89.3	84	88.1
Staff who would recommend the Trust as a provider of care to their friends and family	>=75%	63.7	62.3	70.7	72.5	77	77.4	76.1	75.3
Staff would recommend the Trust as a place to work	>=61%	51.2	49.6	56.4	55.6	69	67.8	68.8	65.8
Staff feeling engaged and motivated	>=55%	65	60.7	57	57.8	65.1	64.6	69.3	67.4
Service users Friends and Family Test	>=70%	86.2	80.9	86.5	88.5	86.8	87	86.3	85.8

The overall 16/17 performance for CATT Gatekeeping, Delayed Transfers of Care and Service users reporting they've been treated with respect were 87.9%, 6.9 and 90.5% respectively.

7 Day follow up

This is a nationally defined data target set by NHSi and the data source that was used was our electronic patient (service user) record. The Trust considers that this data is as described for the following reasons:

- The data is regularly subject to both internal and external audit processes and we have acted on any recommendations.
- The data and key areas of challenging or good practice are shared with key individuals on an on-going basis. This is translated into direct action that addresses any challenges
- Regular meetings are held with managing directors where any issues are addressed
- Discharges are followed up on a daily basis with a robust system of monitoring in place.

The data shows the Trust has consistently achieved the standard of 95% which contributes to the safety of our service users including the prevention of suicides.

HPFT intends to take the following actions to improve this indicator and so the quality of its service by;

We have recently reissued guidance to staff to ensure that all service users who are discharged from inpatient services will receive a follow of within 3 days as opposed to the national target of 7 days. The Trust is taking this action to ensure a pro-active is embedded across all of our services with the aim of improving patient safety.

Admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

This is a nationally defined data target set by NHSi and the data source that was used was our electronic patient (service user) record. The Trust considers that this data is as described for the following reasons:

- The data is regularly subject to both internal and external audit processes and we have acted on any recommendations
- All data is validated on a daily basis by the Performance Team and the relevant operational manager.
- Regular meetings are held with managing directors where any issues are addressed
- Admissions are followed up on a daily basis with a robust system of monitoring in place.

CATT gatekeeping performance deteriorated during most of 2016/17. This was due to the introduction of new teams and the quality of our recording of information, which highlighted that some staff were not fully aware of the need to ensure all individuals who may need an inpatient admission are assessed by CATT and needed further training. Once identified robust systems and processes were immediately put in place to remedy this situation resulting in an immediate improvement in performance in quarter 4 to exceed the target of 95%.

Our external auditors (Deloitte) have stated that our processes have been strengthened since the issues were identified

HPFT intends to take the following actions to improve this indicator and so the quality of its service by:

- Our Audit Team will undertake a quarterly audit throughout 2017-2018
- Our Performance Improvement Team will continue to monitor all admissions for the next 6 months to ensure that the new process is embedded.
- An escalation process for when CATT cannot gatekeep due to pressure within the team is being drawn up

Adults on CPA receiving annual care review

The data is regularly subject to both internal and external audit processes and we have acted on any recommendations.

- All data is validated on a weekly basis by the Performance Team and the relevant operational manager
- A quarterly audit of completed CPAs are undertaken to give assurance
- Regular meetings are held with Managing Directors where any issues are addressed.

Weekly reports are sent to the teams to ensure care reviews are scheduled and any that are outside the time period are highlighted to the manager so that appropriate action can be taken.

The Trust has consistently achieved over the target of 95% which contributes to the delivery of high quality services. There was a marginal dip in the figure which recovered by the end of Quarter 3 and 4.

Inpatient physical health checks

This is a locally defined data target set in our contract and the data source that was used was our electronic patient (service user) record. The Trust considers that this data is as described for the following reasons:

- All data is validated on a monthly basis by the Performance Team and the relevant Service Line lead
- Regular meetings are held with Managing Directors where any issues are addressed.

We have achieved against the 98% target set for this year, excepting in Q1. We will continue to undertake robust checks and monitoring to ensure that performance remains at a consistently high level.

Readmissions within 30 days

This is a locally defined data target set in our contract and the data source that was used was our electronic patient (service user) record. The Trust considers that this data is as described for the following reasons:

- All data is validated on a monthly basis by the Performance Team and the relevant Service Line Lead
- Regular meetings are held with Managing Directors where any issues are addressed.

We have achieved against the target set for this year. We will continue to undertake robust checks and monitoring to ensure that performance remains at a consistently high level

Early Intervention in Psychosis – waits within 14 days

This is a nationally defined data target set by NHSi and the data source that was used was our electronic patient (service user) record. The Trust considers that this data is as described for the following reasons:

- All data is validated on a monthly basis by the Performance Team and the relevant manager
- Regular meetings are held with Managing Directors where any issues are addressed.

We have achieved the target that was set. From 2016/17 the indicator changed to the proportion of people receiving treatment according to National Institute for Health and Care Excellence (NICE) guidance within 14 days. We have a group of experts leading this work who have developed a robust plan to meet the new indicator and improve the service we provide to people with a first episode of psychosis.

Delayed Transfers of Care

This is a nationally defined data target set by NHSi and the data source that was a manually collated spread sheet. The Trust considers that this data is as described for the following reasons:

- All data is validated on a weekly basis by the manager of the service
- Regular oversights of the delays are reviewed by senior managers and Managing Directors and appropriate actions are taken.

We work with partners in health and social care to ensure timely discharge of people from inpatient services. We acknowledge that there is pressure on inpatient beds across our services and undertake to ensure that we make considered decisions with the people who use our services to optimise their recovery and minimise risk. In some cases this will result in delayed transfers of care.

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 2016/17 as well as to present information that is relevant to the quality of the health services provided by our Trust. 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 in order to improve the quality of our services.

Local quality indicators

The local quality indicators were set out in the Quality Account 2015/16. The performance against each target is set out in the table opposite. Information is for some benchmarking data for each of these indicators.

- Please note CATT Gatekeeping throughout 2016/17 is at 87.9%
- Please note DTOC for 2016/17 is 6.9

The Delayed Transfer of Care has been subject to external audit this year and issues have been identified relating to the reliance on manual processes to report the data, and the retention of an adequate audit trail. Following this, we have reviewed our systems and processes in both Adult and Older People Services and these have now been strengthened considerably. The Trust recognises that there is further work to be undertaken within our Adult Services to ensure that accurate recording of date of discharge appear on the service users electronic patient record as well as the bed management reporting systems. An ongoing audit is being undertaken to monitor compliance and an updated report will be presented to the Audit Committee in the autumn.

Mental Health Services Data Set (MHSDS) Metrics

The MHSDS data set is a national reporting requirement which focusses on ensuring all Mental Health providers improve the accuracy of reported data. Through work to improve the reporting and accuracy of our MHSDS returns, we have reported to the Board data quality issues associated with the way in which information is drawn from our records and the consistency of the data. This impacts the calculation of our performance. A temporary in-house solution is being developed which will be in place by 1 June, whilst the Trust works with the provider of our electronic records software, to correct this issue.

Sustainability and Transformation Plan (STP)

This year saw the creation of Hertfordshire and west Essex's Sustainability and Transformation Plan. Faced with increasing demands on health and social care, councils, health and ambulance services, GPs, patient (service users) representative groups and the voluntary and community sectors have come together to produce an improvement plan for the next five years. The improvement plan for Hertfordshire and west Essex is being led by Tom Cahill, our Chief Executive, and is called "A Healthier Future".

What is A Healthier Future?

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.

Our STP vision is to work together to;

- Improve the health and well-being of our local population
- Improve the access to care and support at the right place, at the right time and to the highest possible quality.
- Ensure that the care and support provided is efficient and sustainable.

Quality improvement

The Executive Director of Quality and Medical Leadership and Executive Director of Strategy and Improvement leads the Trust's organisation wide approach to quality improvement. This is built around the Institute for Health Improvement (IHI) Model for Improvement and other proven methodologies which allow quality improvement to be undertaken from a wide range of perspectives (e.g. safety, efficiency, productivity) around a core, simple and repeatable process that is common to all improvement activity.

We are building on this to create a culture of continuous quality improvement and innovation supported by:

- A co-production approach, involving staff, service users, carers and other relevant stakeholders in the design and delivery of improvements
- Our work to build a 'Collective Leadership' culture.

Standard	Target	Q1	Q2	Q3	Q4
		Risk Assessment Framework		Single Oversight framework	
Patient Safety:					
Care Programme Approach (CPA): The percentage of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	>=95%	97.4%	98.6%		
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months	>=95%	96.5%	96.8%		
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:	>=90%				100%**
a) inpatient wards b) early intervention in psychosis services	>=90%				100%
c) community mental health services (people on Care Programme Approach) 23	>=65%				59%**
Effectiveness					
Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team	>=95%	100.0%	99.3%	88.5%	96.0%
Delayed transfers of care to the maintained at a minimal level	<=7.5	6.70	7.08		
Suspected EIP referrals engaged with Care Co-ordinator within 14 days of referral. NOTE: Drop in target reflects adaptation of approach at end of 2015/16 to meet new guidelines	>=50%	57.6%	77.1%	74.5%	78.8%
Data Completeness MHSDS - Identifiers Includes: NHS Number, DOB, Postcode, Gender, Registered General Medical Practice organisation code, Commissioner Organisation Code; For all service users	Q1 & Q2 >=98% Q3 & Q4 >=95%	99.93%	99.93%	98.33%	99.11%
Data Completeness MHSDS – Outcomes Comprising: Employment status, accommodation status, HoNOS; For total number of adults aged 18-69 who have received secondary mental health services and were on CPA at any point in quarter Priority Metrics in SOF for Q2 & Q4. Comprising: ethnicity, employment status (for adults only), school attendance (for CYP only), accommodation status (for adults only), ICD10 coding. Note: ICD10 for CYP may be supplanted by capture of a problem descriptor, rather than a formal medical diagnosis.	Q1 & Q2 >=50% Q3 & Q4 >=85%	53.51%	55.17%	55.58%	63.49%
Improving Access to Psychological Therapies (IAPT)/talking therapies	>=95%	99.93%	99.96%	99.96%	99.96%
a) 18 week RTT b) 6 week RTT	>=75%	94.61%	94.19%	94.14%	91.26%
c) proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	>=50%			51.6%	54.72%
Patient Experience					
Friends and Family Test – Service users (rate of service users that would recommend the Trust services to friends and family if they needed them)	70%	88.5%	88.8%	90.1%	87.9%
Friends and Family Test – (as a place to receive care) - Staff	70%	77%	77.4%	76.1%	75.3%
Staff supporting feeling engaged and motivated at work	55%	65.1%	64.6%	69.3%	67.4%

** Percentages subject to confirmation by the RCOP

The drivers for specific improvements will continue to come from a range of sources including: our previous Care Quality Commission inspection report, in particular moving from 'Requires Improvement' to 'Good' for safety, service user and carer experience feedback; learning from incidents; performance indicators; and national policy and commissioning directives.

To support the development of an innovation and improvement culture, as well as individual improvement initiatives, we are building our core support team. This team provides direct support to major improvement projects; develops a multi-disciplinary network of improvement enthusiasts; offers expertise and guidance to teams engaged in improvement activities; and will co-ordinate improvement related activities with partners (e.g. University of Hertfordshire) to leverage capabilities, thinking and resources from outside of the Trust.

In keeping with the ethos of quality improvement being 'business as usual', our existing governance structures will be used to provide oversight. Where quality improvement is structured to be delivered through specific projects and programmes there will be related project / programme governance. This, combined with our well established Quality Assurance governance systems, provides assurance from the front line to the Board.

The table below outlines some of the achievements made through using our approach and the concepts, tools and techniques that underpin it:

Related project programme governance. This, combined with our well established quality assurance governance systems, provides assurance from the front line to the Board.

The table below outlines some of the achievements made through using our approach and the concepts, tools and techniques that underpin it:

Team / area	Improvement achieved	Concepts / tools / techniques used
South West Adult Community Team	25% care co-ordination caseload reduction & worker caseload size reduction	• Use of data and information/data analysis • Demand and capacity concepts • Flow concepts
Acute Inpatients	Discharges occurring earlier in the day	• Process mapping • 'Go see' • Use of data and information/data analysis
Essex IAPT	Decreased dropout rate and reduced 'staying in touch' administrative activity	• Process mapping • Waste concepts • Failure demand concepts • PDSA
Community Learning Disability Teams	Increased carer confidence in producing correctly textured food for people with swallowing difficulties	• Service user/carer focus • Creative thinking
Acute inpatients	Reduction in wasted time 'searching' for items in clinic rooms	• Waste concepts • Standardisation • Visual management
Single Point of Access (SPA)	Ease of telephone access to SPA, including c.85% wait time reduction	• Use of data and information/data analysis • Demand and capacity concepts

Additionally, we have seen a range of creative and innovative ideas being generated by staff from across the Trust over the last few months of the year. Many of these are 'in development' and being supported to be taken forward through funding from our Innovation & Improvement Fund – a concept that was devised and established during the year to encourage and enable such ideas.

Current ideas include the following which the individual and teams generating them are confident will bring about improvements in service user and carer experience, health, outcomes and safety:

- Implement a web based systemic outcome measurement tool across all learning disability services allowing the measurement of the impact and outcomes of our interventions and collaboration with partner agencies

- Create a temporary interactive display that highlights the typical weekly food intake of an inpatient and the excess weight gain from this diet with an aim to raise awareness and reduce service user weight gains
- To buy items to build a 'living well with dementia kit' allowing demonstration of examples of potentially helpful products that service users can then purchase themselves through various suppliers
- Supporting and enabling the Young People's Council and the communications team to co-produce short information videos for CAMHS teams
- To trial a digital version of the Talking Mats approach, which aims to support people with communication difficulties to give their views on a range of topic
- To develop a 'virtual ward' model for community mental health teams, adopting methods from inpatient services to manage service user treatment length expectations and work flow
- To commission a pilot from the third sector to deliver a peer support volunteering project recruiting and training individuals with experience of mental ill health to support service users identified as high risk for suicide
- To produce some specific "Think delirium" information material for use with accident & emergency healthcare staff, service users and carers to help raise awareness of symptoms and causes and management / treatment strategies for current and future care.

10th Annual Recovery Conference

The 10th Annual Recovery Conference was held on World Mental Health day (10 October) with the theme of 'Connecting People: Parity of Esteem & Wellbeing'. As with previous years, the conference was fully booked with 30% of the audience being people with a lived experience of using services, or as a carer. The day comprised of inspiring keynotes addresses, a range of workshops and hearing powerful testimonies from people with lived experience.

"Informative, competitive, inspiring"

"Empowering my patients and looking towards recovery of wellbeing"

"Excellent understanding of recovery and dementia"

Hertfordshire Wellbeing College (New Leaf)

New Leaf College began delivering college co-produced courses in November 2016 and is based on the Recovery College Model in place across many parts of the UK. The college is delivered by the Trust in partnership with Druglink Ltd and comprises a multiagency curriculum board.

The Hertfordshire college is unique in that access is universally available to people living or working in Hertfordshire, and want to improve their wellbeing through Adult Education. The model is fully co-produced meaning that people with lived experience have been involved throughout as decision makers alongside a range of other stakeholders.

Service user and carer involvement

The Trust has one of the most vibrant service user and carer involvement programmes in the NHS today, providing numerous opportunities for service users and carers to become involved as Experts by Experience including:

- Involvement in staff recruitment
- Input into numerous forums and project groups
- Sharing personal stories at staff induction
- Involvement in Patient Led Assessments of the Care Environment (PLACE) audits
- Service user, carer and Youth Councils
- Involvement as peer experience listeners (service evaluation project).

In 2016/17, we have seen over 2500 hours of involvement by experts by experience. This is a slight reduction on the previous year however this is primarily due to spending time reviewing policy and processes for involvement to ensure a robust system moving forward.

In addition to the above, the Trust began use of a new electronic interactive records system for Experts by Experience that allow them to view their personal involvement record and for the Trust team to log all hours of involvement electronically.

Integration and Hertfordshire Community NHS Trust (HCT) Alliance

We know from people who use health and social care services that a key element of high quality services is that they are seamless and coordinated, and designed around the individual needs of the person. This aligns with both the NHS Five Year forward plan and our Sustainability and Transformation Plan (STP) priorities. As a partnership trust, integrated working has long been central to our approach. However, we have continued to build on opportunities to integrate services over 2016-2017. Integration and partnership working remains a vital element of our Good to Great Strategy. We have co-produced the development of our Physical Health Strategy during the past 12 months, as part of our Good to Great journey, and our implementation of this strategy supports our focus on ensuring that people's physical health needs are supported.

As part of our journey to delivering integrated care, we were delighted to announce our formal alliance with Hertfordshire Community Trust in September. These stronger links across the two major community providers in Hertfordshire offer real opportunities to deliver more joined up physical and mental health care for the people of Hertfordshire.

We continue to actively engage in a range of work that is being undertaken across the region in relation to integration, with partnership working to maintain people's physical and mental health and to support people to remain living in the community. Multi-Specialty Teams illustrate this approach in which our staff work together with physical health providers, social care staff and other providers of care, to review complex care of people, and together agree an integrated approach to improve care. Rapid Response and Home First is a further example of this sort of integrated service, in which mental health staff work alongside physical health staff and social care staff to support people in the community, thereby reducing acute admissions.

Our street triage service, in which we work alongside police and ambulance services, has been significantly extended over the past 12 months. This joined up approach makes a positive difference to the experience of the person with an acute mental health need. It has also significantly reduced the use of Acute Hospital Emergency Departments (ED) and the need for Section 136 Place of Safety assessments, by way of a more person centred integrated approach to the person's needs. Rapid Assessment Interface and Discharge (RAID) continues to be a key service that provides integrated care within the acute hospital with recent extension of the provision of group treatment approaches in both the acute trusts to people with medically unexplained symptoms. The RAID service will shortly be rolling out an extension of its current service to provide a resource to people 24 hours daily.

There are a number of other examples of the integrated work that has been taken forward over the past 12 months. The development of a trusted process between the Trust's Child and Adolescent Mental Health Services (CAMHS) and the CAMHS services provided by Hertfordshire Community NHS Trust enables a more joined up service and also reduces the need for young people to repeatedly tell their story to different people.

There has also been an expansion of our Wellbeing and Improving Access to Psychological Therapies (IAPT) services to the area of Long Term Physical Health Conditions. At a whole system level, this fosters a joined up approach to identifying and treating depression and anxiety for people with long term physical health conditions

such as diabetes, where the services are joined up and integrated. Finally, our perinatal community service is now working with maternity services, again improving the experience for people who use these services.

The range of integration work taking place across the different services demonstrates our commitment to integration as a central theme for redesigning services across the system and keeping mental health as a key element throughout care. The focus afforded by STP with integrated working at the heart of the STP priorities provides additional opportunities to extend the ways in which we can work across the system with our partners to deliver joined up and integrated care. This will remain a key priority for further developments and expansion of integrated care throughout 2017/18.

Physical healthcare

Our Physical Health Strategy 2017- 2022

A stark disparity in physical health outcomes exists between people with mental health problems and the general population. In line with the Trust's mission "We help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well" we aim to use our Physical Health Strategy to improve overall health outcomes of our service users and carers throughout al Trust services.

This strategy has been co-produced in order to agree aims and priorities to effectively tackle this problem over the next five years, and culminates in a detailed first year delivery plan which is to be reviewed and developed upon in subsequent years.

Throughout the development process, the strategy has been discussed at a number of different forums across the Trust, including clinical and non-clinical staff and service users and carers who have helped to shape up the below aims:

- To ensure our service users are supported to achieve the best possible physical health status, in addition to providing excellent mental health care and support
- To achieve year on year improvement across a range of physical indicators for our service users (e.g. smoking, obesity, alcohol consumption)
- To support our service users receive appropriate support to address their health-risk behaviours
- To ensure staff are confident in their knowledge and skills to support service users in achieving their best possible physical health outcomes
- To work in collaboration with partner organisations to achieve better physical and mental health outcomes for the population.

Once approved by the Board, implementation of the Strategy will be monitored by the Physical Health Committee. We aim to achieve year on year improvements in clinical outcomes for our service users and embedding "physical health care" component in our day to day clinical practice and management and governance structure.

Diabetes

During 2016/17 we established a Diabetes Steering Group. The focus of the group was to develop guidelines for the care of diabetics in all our adult inpatient services. This followed a review of the care of a service user who died of natural causes.

The multi-disciplinary group has worked with local specialist providers to develop the guidelines which focus on ensuring the care we provide meets NICE guidance and promotes the physical health needs of the service user. The work of the group has also included agreeing guidelines to manage a service user who becomes blood sugar levels drop and they become hypoglycaemic. 'Hypo' boxes are in place now and support the services in managing an emergency whilst waiting for additional support. The guidelines clarify the emergency pathway for service users.

We have worked with procurement to ensure the needles used for diabetics meet the Safe Needle guidance and literature has been produced to ensure staff have a visual awareness tool to support safe practice.

In partnership with West Herts Hospitals Trust, we have trained staff from across our in-patient units and, to date, all who have attended have reported that the training was excellent. We have also agreed with Hertfordshire Community Trust a link Diabetic Specialist Nurse for each unit to build relationships and improve care.

The group continues to meet and will focus on improving the self-care of diabetics as part of our overall approach to recovery and managing the physical health needs of service users.

Pressure ulcer working group

The Trust continues with its zero tolerance of avoidable pressure ulcers. In comparison to 2015/17, in 2016/17 there has been a further 40% reduction in pressure ulcer and moisture lesions reported in the Trust. There have been no avoidable grade 3 or 4 ulcers within the Trust since 2014.

The Tissue Viability Nurse (TVN) works for both Hertfordshire Community Trust (HCT) and the Trust and has been delivering training across the organisation.

Recent audits suggest that staff feel more confident and competent in preventing and managing pressure ulcers than they had previously, felt to be owing to the ongoing support and discussion with the TVN and other senior nurses across the Trust.

There is a robust system in place to access medical devices with a dressing formulary now on each inpatient ward; these have had a positive impact on supporting both efficiency and evidence based practice within the organisation. The management and process of the pressure relieving mattresses and cushions continue to be monitored by the Procurement Team and heads of nursing.

Last year, the Trust supported the 'Heel Alert' campaign as evidence suggested that heel ulcers are the second most common site for pressure ulcers with associated incidence on the rise. The 'Stop the Pressure Ulcer' annual conference emphasised the importance of heel support and elevation as well as the use of protection such as heel booties, repositioning and the treatment of dry skin by using moistening cream to decrease friction and sheering.

Pressure ulcers will continue to be monitored and reported to the Trust's Physical Health Committee.

Falls

We recorded a total of 720 slips, trips and falls incidents on Datix during 2016/17. Compared to the previous year, this was an overall reduction of 16%. 92% of falls reported were service user falls. Compared with the previous year service user falls have decreased by 18%.

The Trust Falls Group continues to meet and is chaired by the Deputy Director – Safer Care and Standards. During the year, the Trust was shortlisted for a Health Service Journal (HSJ) award in recognition of the contribution to improving service user safety.

Work undertaken by the group in the last twelve months has included:

- A specific root cause analysis (RCA) report template in use to ask targeted questions to aim to reduce harm from falls has been updated to embed the Human Factors methodology into the process and is now clearer about the requirement to seek and include views of the family
- Terms of reference provided to guide incident investigators on what to consider when undertaking a falls RCA
- Guidance on lying and standing blood pressure to address learning from previous falls RCAs
- Review of the Falls and Bedrails Policy, updated to include current NICE guidance
- A carer representative joining the Falls Group, supporting the development of information for service users and carers on falls risk
- Revision of the Medicines Management Policy to include guidance for staff on medication that increases the risk of falls.

Smokefree

We believe that as a health organisation and in our broader commitment to improve individual's mental and physical wellbeing, we should promote public health and our desire to support people to be as healthy as they can be.

There is overwhelming evidence that our approach to smoking should not just focus on preventing harm to others but should actively support service users and staff to stop smoking or reduce the harmful effects of smoking by supporting them to reduce their consumption of cigarettes.

Smoking remains a profound source of inequalities in health and is a major cause of long term disability.

The life expectancy of those who have a long and enduring mental health illness is acknowledged to be around 20 years less than the rest of the population; and a factor recognised to contribute to this outcome is the high incidence of smoking amongst users of mental health services. Smoking also reduces the effectiveness of some of the drugs service users are prescribed and is a contributory factor in many physical illnesses including cancer.

During 2015/16 we therefore decided to become a smokefree organisation, which means that smoking is no longer allowed in any of our premises or on any of our sites.

Over the past year, we have continued with implementing our Smokefree Policy and implementing our comprehensive plan to provide the necessary leadership and support to deliver a smoke free environment.

Specifically, we will continue to ensure:

- There is strong leadership and management to ensure premises are smokefree
- That all of our inpatient beds have an on-site smoking cessation service
- We identify people who smoke and offer them advice and support to stop
- We provide intensive behavioural support and nicotine replacement therapy (NRT) or other support for our inpatients who smoke
- Our staff are trained to support people to stop smoking whilst using our services
- We support our staff to stop smoking or abstain whilst at work
- There are no designated smoking areas.

Having updated our e-learning Smoking Cessation training, we have increased the number of staff we have trained via the revised package and also face to face (level 2) with the Stop Smoking Services.

We have seconded a specialist advisor from Hertfordshire Stop Smoking Services for one year to support the staff in implementing the Smokefree policy and support service users according to their individual need.

We have also increased the NRT that is available to service users to enable them to either abstain from smoking whilst receiving our services or to stop smoking altogether.

Nutrition and dysphagia

The Trust's Dysphagia and Nutrition Steering Group leads work across the Trust to make sure that service users nutritional needs are met when using our inpatient services. The steering group is a multidisciplinary group with representatives from key clinical professions, service areas, facilities management and the contracted food supplier.

We use the Care Quality Commission (CQC) fundamental standard, regulation 14: Meeting nutritional and hydration needs to guide our work.

Over the past year, we have completed several areas of work including the following:

- Used learning from a serious incident to improve our fluid intake charts
- Delivered activities as part of national Nutrition and Hydration Week
- Updated the Trust policy providing additional guidance regarding supporting service users who are tube fed via a percutaneous endoscopic gastrostomy (PEG)
- Reviewed our compliance with 10 key characteristics of good nutritional care guidance
- Worked with contractor to make sure service users receive high quality food that meets their nutritional needs.

Our priorities for 2017/18 include

- Reviewing and updating as necessary our food intake charts
- Developing an eLearning package to support staff in using the Trust's dysphagia and nutrition screening tool
- Working with physical health leads to make sure, evidence based, resources to support good food and fluid habits are available on the public website for the benefit of all
- Continuing to work with contractor to make sure inpatient menus support the nutritional needs of all service users
- Reviewing how we support units across the trust in delivering good nutritional care.

Artwork supplied by the HPFT Art Collection

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. In the recent national staff survey, the Trust was above average nationally for the staff's rating of the quality of non-mandatory training and learning and development offered.

Continuing professional development (CPD) is an important requirement for professional and medical occupations within the Trust. This is prioritised each year using an organisational training needs analysis working with partners such as University of Hertfordshire, University of Bedfordshire, Anglia Ruskin University and University of Essex to deliver programmes of learning to enable our staff to provide the best support to service users.

- 253 staff have accessed short courses such as Physical Health Monitoring, Dementia, Asperger's Awareness and the popular Clinical Supervision
- 20 staff are currently enrolled on Preparation for Mentorship module ensuring the Trust has enough mentors in place to support student placements
- 38 staff are currently on a pathway of study towards BSc. MSc and Doctorate.

We have also been successful in a bid for additional funding from Health Education England to support extra training requests.

We have a structured leadership and management development offering training and development aligned to the delivery of the organisational culture to improve the leadership quality and improve levels of employee satisfaction. We have supported 55 individuals in the Managing Service Excellence Programme and 113 in the Leadership Academy.

We provide core skills statutory and mandatory training programme throughout the financial year to maintain the safety of our staff and service users across the Trust. Over the last year, we have streamlined our 10 statutory courses and saved over 6,000 hours that can be re-focused on direct clinical care and related activities. Our 'one stop' induction programme was attended by over 700 new employees in the last financial year, giving them an early insight into the Trust's values and expectations.

We deliver a structured programme of learning for trainee doctors, student nurses and students across psychological services, social work and allied health professions. We deliver this within a standards framework of quality outlined by the professional bodies.

The library and knowledge service, based at The Colonnades, supports this comprehensive program of education events and has an outreach librarian model in place where teams are trained locally on study skills, how to conduct literature searches, critical appraisals. The library and knowledge service hosted a knowledge management conference day which included knowledge cafes on how to share knowledge and received high praise.

The annual library review was conducted via a survey sent to all users and the responses demonstrated a significant positive response on the library service that is provided to all users.

The Trust also participates in the delivery of apprenticeships and we are an accredited centre through City and Guilds. We register and certificate all Apprenticeships at Level 2 and Level 3. We are supporting 33 to completion and 17 have completed in the last year. We also run dementia courses, diplomas functional skills, customer service and business administration through City and Guilds.

Medical education

Visit by Health Education East of England (HEEoE) – November 2016

HEEoE visited the Trust recently to carry out a Quality improvement and performance visit. The purpose of the visit was to review of the our performance against the learning and development agreement including the General Medical Council (GMC) and Non-Medical Commissioned Programmes standards. The visit was multi-professional, reflecting the whole workforce and the clinical learning environments that the Trust provides for all professions and specialties.

Following the visit the HEEoE team said they gained a clear vision of a Trust with a patient-centred ethos and a strong commitment to the delivery of high quality education and training across all professions.

The senior Trust management team is led by an actively engaged and highly visible Chief Executive supported by a dedicated, effective and efficient team. Within the Trust, there was found to be fully engaged, supportive and supported trainers.

The trainees and students were well motivated and almost all those met would recommend the Trust to colleagues as a valuable learning and training environment. In addition, the visiting team was impressed by the range of educational and developmental opportunities offered beyond the delivery of curricula and in particular the Masters Programme and the Trust's Innovation Fund.

Health Education England coaching and mentoring funding 2016/17

The Medical Education Team recently submitted a bid to Health Education England for coaching and mentoring funds to run a programme for trainee doctors. After being considered by a panel drawn from the Faculty of Educators Steering Group, we were awarded the full amount available of £1500.

Integrated GP teaching programme

In collaboration with Bedfordshire & Hertfordshire Local Medical Committees (LMC), the Trust is running 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.

Feedback from the first module 'Mental and Physical Health during Pregnancy and the Postnatal Period' held on 23 February 2017 received excellent feedback.

Back to Basics training for independent assessors and frontline community clinicians

This training took place in 2016 as a four module event and was followed up with refresher training in January/February 2017. The aim was to refresh participant's knowledge and skill of assessing and managing common psychiatric presentations and was open to medics and other professional groups.

Wellbeing plans – a renewed approach to care and support planning

Our wellbeing plan marks a renewed approach to care and support planning which has been co-produced through the Recovery Care Planning Group in conjunction with the Care Act work stream. The aim of this is to achieve more personalised service user and carer focused practice and greater integration in the planning and delivery of care, support and treatment.

Devised by a multi-professional team of experts, as well as service users involved with the Recovery Care Planning Group, the Wellbeing Plan is personalised to focus on the person's own goals and what specific care, support, and treatment they will need to help them achieve them. It will encourage participation by keeping planning stages accessible and removing barriers to involvement. The personalised approach to managing risk and crisis will focus on self-management and independence. Meanwhile the self-rated outcome measure will enable a person to rate and evaluate their progress using the Health and Wellbeing Wheel.

The 'My Wellbeing Plan' replaces and simplifies several different care plans and commissioning forms that are currently used and therefore reduces bureaucracy enabling staff to have more time to care. Staff will get the benefits of better tools to support recovery care planning to enhance their working relationship with people who use our services.

The key features of the new Wellbeing Plan, and personalised recovery focussed care planning approach are:

- Personalised to focus on the persons own goals and what care, support and treatment will help them achieve them
- Promotes full participation in care and support planning and ensures focus on reducing barriers to communication and involvement.
- Encourages and supports a more personalised approach to managing risk and crisis that is focused on self-management
- Reduced administrative burden on frontline staff through a simplified form, with integration of other documents (personal budgets) and making best use of the electronic patient (service user) record functionality
- Self-rated outcome measure, enabling a person to rate and evaluate their progress using the Health and Wellbeing Wheel
- Service user and carers benefit from the same person centred approach that promotes their wellbeing
- Fully integrated health and social care process and practice for both service users and carers. No separate Personal Budget documents.

The Wellbeing plan and associated practice development contribute to the wider health and wellbeing initiative taking place across the Trust and county. By placing mental health and physical health on equal footing, and the individual and their family at the heart of our joined up care, we can provide a better service and support great outcomes across the county.

Child and Adolescent Mental Health Services (CAMHS)

We aim to deliver an outstanding CAMHS to children and young people across Hertfordshire; providing great care and great outcomes to the high standard we would expect for our own family and friends.

CAMHS had an overall rating of Good during the Trust's CQC inspection in 2015, achieving Good in the domains of Effective, Caring, Responsive and Well-led; and Requires Improvement in the domain of Safety. The service responded to the key areas of concern and since then there have been substantial improvements in the service as a whole.

In the last two years, there have been significant service changes and developments, including the highly regarded Community Eating Disorder Service and the newly formed Attachment and Trauma Service. The Youth Council is very active and has been increasingly actively involved in service development.

There has been growth and positive development in the crisis pathway, and although some areas of the CAMHS have, at times, experienced challenges, we have an opportunity to review progress and consider alternative models and processes for managing crisis and contingency planning in the community CAMHS teams.

We recognise that continuous quality improvement is necessary across the CAMHS and to move the service to outstanding. A service improvement plan has therefore been developed, providing an overview of the challenges facing the CAMHS and how we can address these over 2017/18. Divided into two key areas, the plan considers service improvement – reflecting the wider 'Good to Great' strategy – and service developments – reflecting the strategy and considering the actions that would move the CAMHS towards outstanding.

Street triage

Police and Trust Crisis Team clinicians are working together to respond to mental health related police calls. Two cars operate across 17:00pm – 4:00am, providing a 7 day service.

In December 2016, as a 1 month pilot, and subsequently from March – July 2017, the street triage service has also included a paramedic from East of England Ambulance Service NHS Trust (EEAST). The service aims to reduce Section 136 Place of Safety detentions and attendance at Hertfordshire Emergency Departments by providing a holistic response to individuals mental and physical health needs. Early indications are showing positive results.

Expanding services to new groups of people

We have been successful in our application to be an integrated Improving Access to Psychological Therapies (IAPT) early implementer. As the Mental Health Five Year Forward View implementation plan sets out, two thirds of the expansion of IAPT services to reach 25% of people with anxiety disorders and depression will be integrated with physical health. This integrated care will improve outcomes and experience for people with long term conditions and co-morbid mental health problems or persistent distress associated with medically unexplained symptoms.

Development of a dedicated Section 136 Team

A new team has been introduced to facilitate a smooth transition into and through the Section 136 Place of Safety suite. We have developed staff skills and knowledge of the section 136 process and the legal requirements of the Mental Health Act (MHA).

This will allow for improved working relationships with the police and ultimately, an improved service user experience.

Expansion of the Bed Management Team

The Bed Management Team has been expanded to include Discharge Co-ordinators and a housing worker. This allows for wider coverage including evening and weekend cover.

The Discharge Co-ordinator and Housing Worker roles provide specialist support to the inpatient areas to facilitate discharge in a more timely manner.

Inpatient physical activity programme

The reintroduction of a physical health activity programme into inpatient wards is aimed at providing improved body confidence, improved mood, more relaxed state, improved fitness and post-discharge physical exercise plans.

Night Crisis Assessment and Treatment Team (CATT)

The night CATT service has been developed to increase crisis assessment and home treatment capacity overnight. This is a peripatetic team working 21:00pm- 08.30am providing crisis assessment and treatment in the community and diversion from the hospital emergency departments.

Working closely with the Street Triage service, this team supports a reduction in the use of bed based services; providing an alternative to admission. The service also provides a timely response to assessments of Section 136 Place of Safety detentions.

Community Perinatal Team

Hertfordshire County Council, East & North Hertfordshire NHS Clinical Commissioning Group (CCG), Herts Valleys CCG and mental health services provider and the Trust worked in partnership to bid for national NHS funds to develop a specialist service to support women with a range of mental ill health needs in the perinatal period and supporting new mums, as well as their babies and partners.

The Trust has developed the community perinatal team which will be working alongside professionals such as GPs, obstetricians and gynaecologists, midwives, children's centres and health visitors who already support women in the perinatal period.

"It's been a relief, to be honest. Having the care plan in place meant that I could relax and enjoy the last stages of my pregnancy without undue stress about getting ill again as I felt prepared and well supported"

"Second time around was so much better. I hope by sharing my story other women will realise it's ok to ask for help. Early help is crucial. The services are there to provide support. I certainly wouldn't be where I am today without them"

Safer Care Pathways

Safer Care Pathways was one of 10 projects funded by the Health Foundation in 2014. In the eastern region we were lucky to be one of five Trusts involved in "Closing the Gap in Mental Health". We chose to focus on the acute care pathway, Crisis Assessment and Treatment Teams (CATT) and Acute Day Treatment Units (ADTU). A team of clinicians, service users and carers used a new approach to improving quality and reducing risk, involving engineers from Cambridge University. The project group identified transfer and discharge as a time where there is a greater incidence of communication breakdowns, interruptions in care, potentially leading to serious incidents.

The two following interventions have been piloted, evaluated and are now part of the policy for the crisis teams and the ADTU:

- A change in the way transfer and discharge was planned, creating a collaborative system, known as the Moving on Plan, which underpinned a change in culture and shared ownership in the Acute Day Treatment Units.
- People assessed by the crisis team and care continued outside of the Trust were followed up by a phone call within 48 hours to review their progress and offer further support if needed by the crisis teams.

The project group from the acute care pathway were trained in Safer Systems Assessment (SSA), a new approach for mental health services; which is a system looking at potential hazards, risk and design them out. It is a system regularly used in aircraft engineering. Traditionally we have worked retrospectively looking at what went wrong.

The SSA system was used to analyse our acute care pathway and identify risks and hazards. Service users and carers were part of the project team; they were vital and pivotal members of the project challenging clinicians thinking and providing a viewpoint of risk that steered the team away from traditional responses to risk.

Also, the project group and a group of patient (service user) safety champions across the acute mental health services were given human factors training (HFT), to bring learning from other areas, primarily surgery and physical health care and apply this learning about the impact of human factors on team work and systems to our mental health services.

What is the Moving on plan?

The "Moving on Plan" was the first initiative being trialled after the SSA and HFT. The moving on plan is a collaborative way of working to promote sharing aspects of the service users care that need to be considered to promote safe transfer from one service to another. The discussions about Moving On takes place one to one and within groups where it is discussed with peers and staff. The information is recorded in a document which is owned by the service user with the aim to empower and inform the user, to raise situational awareness and to reduce errors that might lead to incidents. It thereby seeks to contribute to a smoother and safer care pathway. The feedback from the Moving on Plan evaluation was that the majority of service users felt more informed, and more confident about moving on from the ADTU. Giving people ownership and increased role and responsibility for their discharge plans supports them in feeling safer after discharged.

"48 hour Care Calls" have been introduced as a second initiative to improve the follow up of service users who were seen and assessed by the crisis team and whose care continues outside of the Trust's services. In the context of these calls, care plans are reviewed and service users are given the opportunity to clarify any questions after the assessment. Feedback from the 46 calls was that service users fed back that they felt valued and cared for, appreciated being listened to, not forgotten, not ignored, and were supported. Outcomes from the calls include two people given further crisis team involvement; people valued the call and were happy with their plans and to continue their recovery.

This initial project ended last July, however since then the project group has moved on to analyse and design out other risks identified in the initial system mapping. We are now working on a one year project to improve working collaboratively with service users support networks in the ADTU and CATT. The National Confidential Inquiry into Homicide and Suicide identify that one third of the suicides that occur may have been prevented with better involvement of family and carers.

So far after analysis and fact finding, we have set up groups for cares of people attending the CATT and ADTU to attend, linked all the other work taking place in the Trust, reviewed all the documentation to promote carer involvement, surveyed staff to find out their views and understanding about confidentiality and working with carers, started to plan training to improve collaborative working.

This project has been shortlisted in the Patient Safety Awards, The Eastern Region Leadership Awards and the RCNi Mental Health Awards.

Accreditations

Our Electroconvulsive Therapy (ECT) service, Rapid Assessment, Interface and Discharge (RAID), our mother and baby unit and also our Psychiatric Intensive Care Unit (PICU) were all accredited last year against Royal College of Psychiatry Standards during 2016/17. These demonstrate the quality of services we provide and are also in line with the information the Care Quality Commission inspection regime will be assessing.

The Early Memory Diagnostic and Support Service (EMDASS) North Team was awarded an accreditation under the Memory Services National Accreditation Programme (MSNAP). The aim of MSNAP is to help memory services to evaluate themselves against agreed standards. The overarching principles that inform the standards and criteria are:

- People with memory problems/dementia have fair access to assessment, care and treatment on the basis of need, irrespective of age, gender, social or cultural background and are not excluded from services because of their diagnosis, age or co-existing disabilities/medical problems
- People with memory problems/dementia and their carers receive a service that is person centred and takes into account their unique and changing personal psychological and physical needs.

Development of First Episode Psychosis (FEP)

A comprehensive training programme has been delivered to all FEP staff across 2016/17 to improve the specialist FEP skills and competencies required. We have also developed an Early intervention Psychosis (EIP) 'mini team' caseload model and competency framework as well as delivered an FEP Carer Support Programme in 2016/17.

The HomeFirst project

The HomeFirst project, run by Hertfordshire County Council and supported by the Trust, was named as winner in the Health and Social Care category of the Local Government Chronicle (LGC) 2016 Award and is one of the largest programmes underway to help us achieve integrated services across our Trust.

HomeFirst brings together health and social care to deliver improved access to provide a rapid response and case management service which supports the frail and elderly with multiple long term or complex conditions to help them stay well, be independent and remain at home rather than going into hospital or residential care.

There are currently two full HomeFirst teams operating, one in the Lower Lee Valley area and the other in North Hertfordshire. An evauation of the future model is underway.

To date, there has been excellent feedback from people using the service, carers, staff and GPs. Also, since its operation, there has been a dramatic reduction on the number of people admitted to the Emergency Department 9ED) and hospital admissions.

Wellbeing Centre Letchworth, Hertfordshire

A new Wellbeing Centre for service users and carers in the north of the county was opened during 2016/17 which is run jointly between the Trust's adult community services and the Watford MIND team. It enables staff to run ongoing group sessions, group preventative interventions and also provides space and time to provide intervention work with service users on a one to one basis.

Older people's RemPod

The team at Lambourn Grove in Hertfordshire raised funds and collected donations to purchase a 'Rem Pod' – a pop up reminiscence space which works by turning any care space into a therapeutic and calming environment.

The decider group – Child and Adolescent Mental Health Services (CAMHS) West

A successful group was run in CAMHS West team for 11 weeks during the summer of 2016. The 'Decider' is a Cognitive Behaviour Therapy (CBT) and Dialectal behaviour Therapy (DBT) – informed programme developed by Ayres and Vivyan. Designed to deliver CBT mental health skills in a fun, interactive and easy to use format, it teaches 32 coping skills and strategies aimed to help individuals cope effectively and positively with distressing emotions and situations.

The skills focus on four key areas:

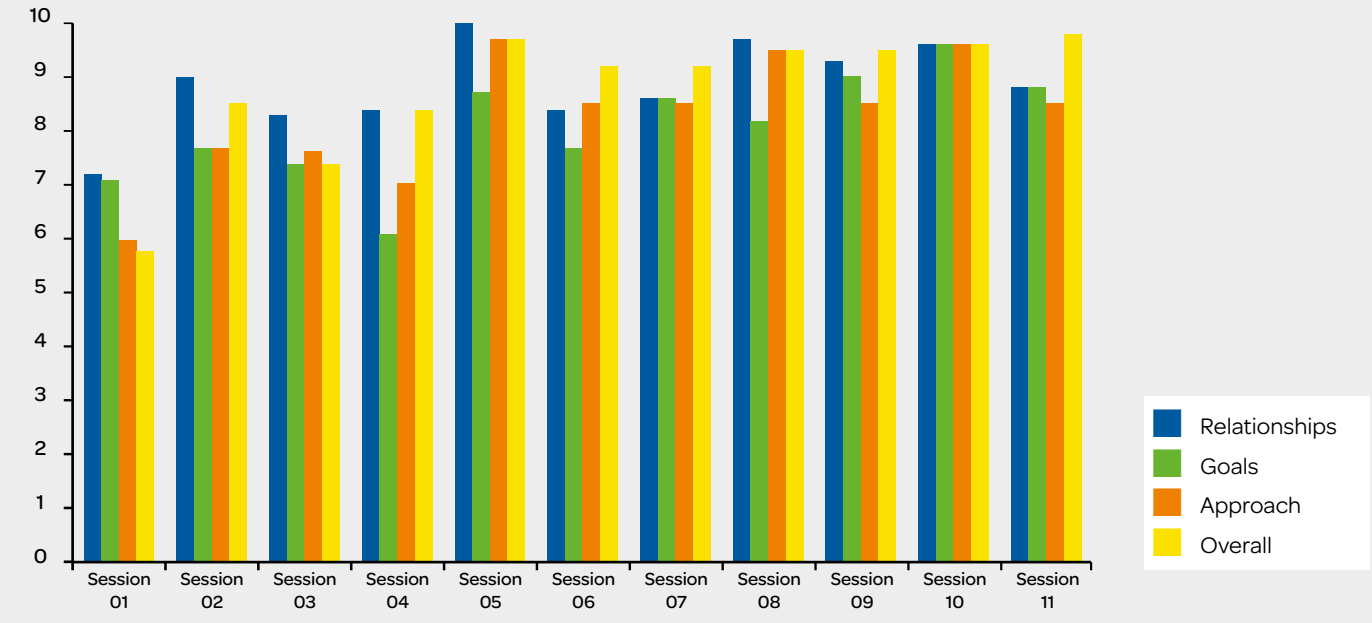
- Distress tolerance
- Mindfulness
- Emotion regulation
- Interpersonal effectiveness.

The young people appreciated having a space to meet others experiencing similar difficulties, with group session rating scale scores being on average 8.5/10 – see below.

"It was nice not to have to talk"

"there was a good mix of ages"

Group session rating scale



Complex case group support

These groups provide a space to think creatively with others about complex difficult and 'high risk' cases. Members can benefit from the experience of others in the group in the management of these difficulties and share their own experiences as well. The group is confidential and provides a safe place to explore the feelings evoked in working with these cases.

Talking mental health at John Lewis

In September, Trust staff held a series of workshops at John Lewis to return the favour for the help they provide to us with the work on our values. Management staff at John Lewis were interested in learning more about how they can support staff at John Lewis regarding their mental health.

The talks involved a collaboration of staff from primary and secondary care and were divided into topics around:

- Wellbeing at work
- Introduction to mindfulness
- Communicating with and to colleagues with mental health issues
- Caring for loved ones with mental health issues.

The workshops were well attended and received positive feedback.

North Essex forensic team

The Essex Community Forensic Service for people with learning disabilities and/or autism was commissioned for a pilot period of one year from winter 2016. It is a Pan Essex service and as a result there is very close partnership working between the Trust, Essex Partnership University NHS Trust (EPUT) and Anglian Community Enterprise CIC (ACE).

The service was commissioned as a result of the increasing number of people returning to Essex with a forensic history and active risk profile (under the Transforming Care cohort), as well as the increasing number of people with learning disabilities who will need to be managed locally, with the changes to the NHS England Access Assessment requirements for secure services.

The service supports the local delivery of the Transforming Care agenda, in supporting the transition of service users with needs relating to their risk profile and forensic histories back into the community. The service will also support individuals with already living in Essex with a forensic history and active risk profile, or whose risks indicate a high likelihood of offending without specialist management.

This service is for adults with learning disabilities and / or autism who are either:

- being discharged from hospital with a forensic history and active risk profile
- living in the community with a forensic history and active risk profile
- living in the community and are at risk of engaging in offending behaviours.

The service will deliver three main elements:

- To support a caseload of up to 20 individuals that are either currently in hospital or at significant risk of being admitted to hospital because they engage in behaviours that could cause significant harm to themselves or other people. This will include a forensic risk assessment; offence specific interventions; on-going multi-agency working; and on-going case management
- Provide additional support and advice to existing care co-ordinators and social care providers
- Deliver a programme of offence specific support programmes (e.g. the SOTSEC programme for sexual offenders).

Now that recruitment to this multi-disciplinary team is complete we will work with commissioners and people with lived experience to co-produce a framework enabling us to report on the quality of the service and the positive impact it has on the health and well-being of people receiving the service.

Buckinghamshire services

In 2016, we were delighted that Buckinghamshire's Specialist Learning Disability Health Service transferred to the Trust. The team includes community nurses, intensive support nurses, psychologists, speech and language therapists, occupational therapists, psychiatrists and physiotherapists. approximately 45 staff were transferred over.

The mobilisation plans went extremely well and the team is now well established in the Trust.

A new community hub has been developed in High Wycombe in addition to the existing hub in Aylesbury.

The team are now able to deliver more intensive support in the community, with services moving from five days to seven days a week in April 2017.

This will further reduce the need for specialist inpatient admissions. For those people who do need an inpatient stay, a small number of beds have been commissioned at Kingfisher Court, providing service users access to a wider range of specialist support and facilities while in hospital.

Offending Behaviour Intervention Service (OBIS)

The Offending Behaviour Intervention Service (OBIS) was set up as part of the Transforming Care agenda. The aim of the service is to support people with learning disabilities who have offended or are at risk of offending. It was noted that there was deficit of skills within the existing Learning Disability Community Assessment and Treatment Service and that people moving back to the county under Transforming Care were at risk of reoffending and recalled to secure services.

In February 2016 we recruit a team of nurses and an Occupational Therapist with a variety of learning disability, mental health and forensic backgrounds. The service has been taking referrals since April 2016, and established itself very quickly. OBIS clinicians are able to offer expert advice on risk assessment as well as working individually with service users, with other professionals and with care staff.

The group runs two EQUIP groups which look at moral reasoning and social skills to equip service users with tools so they avoid offending or reoffending. EQUIP is a group which aims to teach skills to offenders (or individuals at risk of offending) which will help them to recognise and evaluate risky situations and make decisions to help keep themselves and others safe. The group members motivate each other to engage in appropriate social behaviours.

This is the first time an EQUIP group has been run in a community setting worldwide and early evaluation data collected shows a high level of satisfaction by the service users and support workers who attend the group. OBIS have been busy training probation staff on how to work effectively with people who have a learning disability who have offended. The OBIS nurses have completed the Sex Offenders Treatment Services Collaborative (SOTSEC) training in order that they can facilitate Sex Offender Treatment Programmes for people with learning disabilities, and a SOTSEC group has recently started. The team have created positive working relationships with probation, secure inpatient units, other Trust staff, and social care.

Although OBIS are working with a complex client group that are marginalised in society, they manage to maintain a positive outlook that people can change and have brighter futures. They ensure this is done in a timely way through positive risk taking whilst being mindful that the safety of the public is paramount.

Enhanced Assessment and Treatment Service (EATS)

August 1 2016 marked the first day for a brand new team at Little Plumstead Hospital, Norfolk. The EATS team was commissioned in response to NHS England Transforming Care agenda. After the Winterbourne View case it became clear that people with a learning disability and/or associated mental health needs/ challenging behaviours required a far more robust system in place to ensure their choices and rights were respected. It included recommendations for providing early, intensive support for those who need it enabling people to remain in the community ideally close to home, rather than be admitted to hospital. For those that do need inpatient care, as short a stay as possible should be ensured.

The EATS team consists of 10 members of staff with a range of different backgrounds including five nurses and two occupational therapists. Several members have worked across the Little Plumstead site for many years and have experience of working with service users on the inpatient wards. The existing inpatient assessment and treatment ward for adults with learning disabilities at Astley Court now has six beds available to those service users who have been identified as having a need for a short hospital stay.

If an admission to hospital is required, then the role of the EATS team is to be able to provide as smooth a transition process as possible to the ward. We are able to continue to work with the individual when on the ward until fit for discharge. Information sharing between Astley Court, the service user and the new placement is key to achieving the best outcome for the individual. The EATS team are then able to continue providing support in the community for a further eight to 10 weeks if required.

This is an exciting time for our service as we all find new ways of improving the service users' experience. Developing new ways of supporting families/carers to prevent placement breakdown and subsequent admission to the inpatient ward will remain a challenge but one that we are confidently undertaking.

"My role in the EATS team now gives us a greater opportunity to become involved with the service user at a much earlier stage. We aim to maintain excellent communication with the community teams so that we are made aware of service users that are deemed at high risk of an admission to hospital. Once a referral has been made and accepted we make arrangements to visit the service user at home in order for us to complete the initial assessment of needs. Once the needs have been identified for the individual, the EATS team are commissioned to work on the case for eight to ten weeks. This may mean working with the service user directly or supporting family or staff, assisting with care planning, implementing/reviewing positive behaviour support plans and signposting"

Making Services Better (MSB)

The MSB group in the learning disability and forensic services continues to meet each month and link to the local service user groups. The group collate themes that come from these local meetings that people using our services feel we need to work on and then these are raised at the quality and risk and core management meetings as required.

Quality visits continue to occur and include representation from the group where areas of good practice and things which need to be worked on are feedback to the team and MSB group with an oversight via the governance structure.

The group continues to focus quarterly on a core topic for the past year these have included admission and discharge, making our services safer, reviewing the carer's handbook, and providing support to teams to make information accessible.

Representation from the MSB group attended and presented a section of the corporate induction held in Buckinghamshire for new staff joining the trust.

Members of the making service better group attended the review of the Community, Treatment Review (CTR) e-learning package which had been developed by staff from NHS England and the Trust.

Two service users from the secure services have presented their journeys through services to the Board of Governors. Positive feedback has been received, the process enabled an opportunity for those individuals to share their lived experience and identify areas which have been positive and ideas for service development.

The service experience lead and family/carer representative presented to the Council of Governors Engagement Group to discuss the role of the carer and the challenges that are faced.

Carer engagement

Throughout 2016/17, teams have been further developing carer engagement across learning disability and forensic services. Below are some examples of events which have occurred across services.

- Carers day have been held at the Broadland Clinic in Norfolk to engage carers in the proposed changes which are occurring at the clinic for consultation and input. A presentation was given for service users, carers and staff to comment on to ensure decisions made based on discussions and best practice information
- In response to National NICE guidance to involve carers in advance directives, staff at the Broadland Clinic led by psychology have presented an information session on Positive Behaviour Support (PBS)
- Coffee mornings have been held at Kingfisher Court and facilitated by the social worker working within Hertfordshire secure services
- A Carers Day held at Warren Court which was facilitated by the social worker. The Lead Occupational Therapist gave an overview of the Recovery College prior to the families being escorted to the rehabilitation/craft areas. Staff in the recovery college were also present to answer questions relevant to the occupation /activities.

  Families were given a bag of vegetables grown by service users in the horticulture areas, these were greatly appreciated, along with bird boxes- created in woodwork sessions, and bracelets designed and created by the patients in craft sessions. The feedback/comments from the families were recorded to share with the team, and inform others of the Recovery College and therapeutic work
- Assessment and treatment services engage with carers locally individually due to the varied length a person may be accessing these services. Each service facilitate individual special occasions e.g. service user birthdays with carers/family within the services some examples which have occurred across services are:
  - Making our services safer events.
  - Barbecues
  - Trick or Treat Tapas.

Positive Partnership Team (PPT)

The Positive Partnership Team (PPT) has been commissioned for an initial period of two years from 1 April 2016.

The service has come about as a result of the increasing number of people returning to Hertfordshire with a learning disability and additional challenging behaviours (under the Transforming Care cohort), and the need to increase capacity in specialist services and local placement providers to meet this additional demand. PPT supports the local delivery of the Transforming Care agenda, supporting the transition of service users with a learning disability and additional challenging behaviours back into the community. The service will also support individuals already living in Hertfordshire whose profiles may indicate a high likelihood of placement breakdown without specialist management and coordination.

The aim of the service is to enhance the capacity of local provider services in offering skilled and targeted support to service users and their formal and informal carers, to prevent further breakdown of their community care packages.

The service ensures consistent and effective long-term support is available for people with challenging and complex needs and their carers by:

- Providing long term support for people who have returned to the county as part of the transitions from long stay institutions and Assessment & Treatment Units, to community settings
- Helping to ensure the local service providers are competent, structured, skilled and confident in supporting people with complex and challenging behaviour

- Facilitating early access to specialist services before the problem becomes intractable
- Facilitating access to mainstream services where this is appropriate and ensuring that reasonable adjustments are made
- Identifying local opportunities for people to access, to support individuals' experience of living in their community.

PPT aims to:

- Reduce the number of admissions to inpatient assessment and treatment services by providing competency based training and responding to problems as they first emerge
- Increase capacity within the Community Assessment & Treatment Service to manage the additional demand arising from the transition of complex service users back to Hertfordshire
- Reduce the number of people placed in out of county placements.

The Lomakatsi Project

Hertfordshire Transforming Care Partnership commissioned Lomakatsi to provide a six month pilot for a creative improvement programme involving inpatients and staff on the learning disability assessment and treatment ward at Kingifsher Court. The pilot was designed to support service user, ward staff, family members and other carers to develop skills in preparation for patients to successfully transition back into a community setting. As part of the pilot, Lomakatsi was asked to work with staff on as well as family members and paid carers / providers involved in supporting service users in the community in order to transfer skills development.

A total of 80 one day sessions were provided and service users were able to choose the activities they wished to engage in, including:

- Sessions with Feldenkrais practitioner to improve breathing, posture, balance and Coordination
- Music therapy interpretation & production
- Arts facilitation
- Applied drama and bodywork
- Music medicine.

Positive outcomes that were reported include decreased number of incidents during the period of the project, reduction in reactive strategies and staff were more proactive in providing creative activity opportunities.

Community assessment and treatment service and positive partnerships team present at national conference

In November 2016, around 400 people working to transform care for people with a learning disability and/or autism came together for a national NHS Conference in London.

The aim of the event was to reflect on the progress made during the first year since the publication of the NHS Framework, 'Building the Right Support', and to look ahead to what needs to be done over the next two years of the plan.

We were invited to present a case example and, in consultation with a service user, representatives from Hertfordshire County Council, Community Assessment Team (CATs) and Positive Partnerships Team (PPT) gave a live account of someone who has a history of living in hospital settings and placement breakdown but has recently moved in to his new home and is settling very well.

Our presentation showed how effective partnership working between service user, family, service provider, social worker and of course the Community Assessment & Treatment Service is a key part in ensuring service users continue to feel safe and able to maintain a successful placement and home of their own.

We received lots of positive feedback throughout the day, particularly inspired by the service user's own account of things that are important to him, such as knowing where the local shop is and being able to play football in his garden – occasionally kicking the ball over his neighbours' fence(!), getting on well with his staff team and having his mum visit him regularly.

The day was jam-packed with people sharing good practice through presentations or workshops, including the Shared Lives Scheme, STOMP and the Massive Open Online Course.

The South of England Learning Disability Forensic Network (SELD)

The South of England Learning Disability Forensic Network is a networking body of learning disability forensic services founded in 2010 by the Eric Shepherd Forensic Services who continue to chair the forum. The network have been working together to optimise opportunities for members seeking solutions to specific challenges in this field, to develop new professional relationships across services and provides clinical and service development opportunities.

The network meets twice a year in May and November, the day includes host teams presenting on pertinent topics, case studies, opportunities to share research and a lively forum for networking.

The network continues to thrive with almost 80 people attending our most recent forum at St. Andrews hospital in Northampton in November 2016, the May 2017 meeting will be hosted by HMP Grendon who will deliver presentations on their Therapeutic Communities.

In November 2017 the forum will return to the Trust when Eric Shepherd Forensic Services and the Offending Behaviour Intervention Service Team will co-host the Forum.

"We have had a stall at this event for the last four years. It is a great chance to meet with local youngsters, their parents and their carers. It gives us an opportunity to talk to the youngsters about the importance of staying healthy and for them to have a try of some of the fantastic health promotion tools we have (strangely enough the educational wine glasses always go down well even with the parents!)"

"Parents have told us that this is a great idea as, especially at times of trauma, it is brilliant to have everything in one place"

North East Essex transition event

The event called 'Next Steps' is hosted by the school which invites all children from surrounding specialist educational provision to meet with local providers to get a chance to see what is available when they enter the adult world. Staff were invited to attend a transition event run by a local learning disability school in Colchester.

It is also an opportunity to promote the fantastic work that we do. Parents and carers are given a directory during the event so that they have the contact details of all of the represented organisations.

Essex IAPT – promoting Stress Awareness Day within the local community

We provide access to primary care psychological therapy services in North Essex through a wide range of talking therapy treatments for adults with common mental health problems including; mood problems (i.e. depression), anxiety (i.e. panic attacks), post-traumatic stress disorder and long term conditions. North Essex IAPT (Improving Access to Psychological Therapies) is part of the Learning Disability and Forensic strategic business unit and provides services in three areas across West, Mid and North East Essex.

We also hosted stalls at local supermarkets to promote Stress Awareness Day. The day was a great success and offered the local community advice and tips on dealing with stress. We have also attended a range of different events including a Winter Health and Wellbeing event where we had the pleasure of being serenaded by a wonderful Elvis tribute act. Attending events allow us to network with other local services and members of the public.

In addition to attending events, we are updating our website to include all three IAPT services making it clearer and easier to navigate. The website will be getting a complete remodel with new content being created, a more interactive system and a fresh new look.

Hertfordshire Secure Services: peer review success

The recent external peer reviews across our Hertfordshire Secure Services highlight the very good quality of care they provide.

There were many aspects of the services highlighted as strengths and areas of good practice by the review team. The team commended the patients positive responses to the quality of care provided.

The tables for the Quality Network Peer Review have been released and we can once again see where our services compare to the other forensic secure units in terms of quality.

As in previous years, the Hertfordshire Forensic Secure Services have again shown themselves to be of an extremely good quality. There are 105 low secure units and after they had all been fully reviewed Beech Ward was ranked as the 15th highest and Bowlers Green was ranked as the 1st.

There are 60 medium secure units and, following the very comprehensive peer review process that scrutinises every aspect of the services quality, Warren Court was ranked as the 16th highest.

Quality of this level is not easily achieved, and it's only attained by every person fully and positively participating in the endeavour to succeed.

Lambourn Grove opening

Lambourn Grove in St Albans, Hertfordshire has recently undergone a wonderful refurbishment designed to create a more appropriate environment for service users with dementia and complex needs. This state of the art 24 bed Continuing Healthcare unit has been thoughtfully crafted to offer a homely, safe and fulfilling environment. The design team included staff with a background in delivering dementia care and their experiences lead to some great ideas in creating an innovative dementia friendly environment.

Communal areas are open plan with guided routes so service users can move around freely and easily with signage in high contrast wording. There are various therapeutic areas to encourage participation including a sensory room providing stimulation through adjustable lighting, sound, fibre optics and furnishings, and outside there is a safe feature garden where service users can walk freely across a sensory pathway to different seating areas and a potting shed.

The Royal College of Psychiatrist Centre for Quality and Improvement Quality Network for Forensic Mental Health Services adopts a multi-disciplinary approach to quality improvement in medium and low secure mental health services.

The Quality Network organises an annual peer-review whereby a specially selected team of members of staff from different services, including a patient reviewer and a representative of the Quality Network undertake peer reviews for each member service.

Following the peer-review visit the Quality Network compiles a detailed local report for each member service, which provides a score for each area. These scores have enabled the Quality Network to obtain a measure of each unit's overall performance for all standard areas.

Participating services are expected to use the results of reviews to develop action plans to achieve year on year improvement and enable to establish benchmarking for their practice against similar services and demonstrate the quality of care they provide.

Services are also expected to share their results throughout their services as well as with key stakeholders, including health and local authorities, those making referrals to their services and local service user and family and friend groups.

"It's very impressive and implements all aspects of specialist care"

Improving and modernising our facilities

We have continued with our estates upgrade programme during 2016/17. In addition to Lambourn Grove, we have also upgraded and refurbished Logandene, Hemel Hempstead, Hertfordshire which reopened in March 2017. Design work on the next older age adult ward, Prospect House, has been progressing with a view to refurbishing during the latter half of 2017.

Alongside this, we have continued to modernise and centralise our community based services. Holly Lodge, located in Cheshunt, Hertfordshire reopened in April 2016 after a major refurbishment and Hoddesdon Clinic was upgraded as one of our Child and Adolescent Mental Health Services (CAMHS).

A new facility was developed in partnership with MIND in Letchworth, Hertfordshire seeking to improve services through the co-location. The Trust is currently underway with modernisation and improvements to 59 New Road for our local Wellbeing Team, of which the work is planned to be finished as we finalise this Quality Account.

A major element of the work throughout the year has involved the design development of a new "integrated hub" in Hemel Hempstead. The Trust is working alongside Hertfordshire Community Trust to develop a building that will co-locate both physical and mental health services with the intention of enhancing service pathways, and improving the quality of healthcare service to our service users and carers.

We continue to manage the overall quality and safety of the estate with significant work being undertaken to eliminate ligature risks within our inpatient wards. In addition, works to ensure fire safety and water safety have been undertaken which will continue throughout next year.

We continue to receive national recognition about the quality and safety of its estate with commendations received for Lambourne Grove and our health and safety standards.

Quality Improvement Performance Framework (QIPF)

In November 2016, the Trust received a formal review visit on the Quality Improvement and Performance Framework' by Health Education England (HEE). We receive in excess of £2 million per year to provide education and training to a students and trainees across many professions. The visit was a regulatory visit to ensure that we are delivering educational programmes to the standards outlined by the professional bodies and that our students and trainees who are receiving HEE funding are getting the support that they need.

During the visit, our Chief Executive and other senior colleagues gave a presentation covering a range of areas including our strategy, governance and our commitment to education and learning. During the afternoon, the HEE team then met with groups of students (nursing, psychology and Allied Health Professionals), junior doctor trainees, clinical and educational supervisors, mentors and education leads to question them in more depth around key lines of enquiry.

Overall the feedback was hugely positive and the official report which was received in December 2016 demonstrated areas of best practice as well as areas where improvements can be made to the overall student experience. The report requested a Trust action plan on areas for improvement following the formal visit and this was completed and returned to HEE in March 2017.

The action plan is monitored monthly and a formal review of progress against the action plan is due to be submitted to HEE in June 2017.

SafeCare programme

The Trust has purchased the Allocate Safecare module to implement across the services starting with inpatient services. Safecare is an operational software that allows comparison of staffing levels and skill mix to the actual service users' demand and clinical needs. Safecare provides visibility across services and transforms rostering into an acuity based daily staffing process that unlocks productivity and safeguards safety for both staff and service users.

Four 'early implementer' inpatient wards were identified who went live on the Safecare module early 2017. They are all utilising the system to input service user acuity data three times a day and to compare staffing levels and skill mix to the actual service user clinical needs and acuity level on a daily basis.

The Trust is utilising the Keith Hurst safe staffing tool to assess acuity level. The success of this work has been due to addressing cultural issues and the work being undertaken by organisation development team.

Subsequent to the four early implementer sites going live on Safecare, the Safecare project team have commenced with their first implementation cycle into a further eight areas, which is progressing well. The Project Team and central resources have reviewed lessons learned from the early implementer units and have already implemented certain measures to assist staff, team leaders and management to fully realise the optimum benefits of the system.

A schedule is in place to roll out implementation across the whole Trust.

Safe, sustainable and productive staffing

The Trust continues to be involved in national work regarding the development of an evidence based staffing toolkit for nursing staff. As a result, we now have an updated nurse staffing tool kit for learning disability services – inpatient and community. Staff are also involved in the development of a multi-professional safe staffing tool.

Staff are also supporting the reviewing and refining of the Keith Hurst forensic tool by undertaking dual scoring in services.

Staff are also supporting the reviewing and refining of the Keith Hurst forensic tool by undertaking dual scoring in services.

Nursing associates

What is a nursing associate?

In October 2015, the UK Government announced the establishment of the nursing associate. This is a new care role in England and has been developed as a bridge between health care assistants and registered nurses. It will be a stand-alone role as well as a new route to becoming a registered nurse. The aim is for the nursing associate, who will have a foundation degree, to contribute to the delivery of service user care and will support, not replace, Registered Nurses.

The Nursing and Midwifery Council (NMC) are the regulators for the nursing associates, working closely with Health Education England (HEE), the body responsible for training healthcare staff in England.

Health Education England ran 35 test sites across England delivering training to 2,000 trainee nursing associates. We were successful in our bid to lead as a fast follower site in providing nursing associates for 69 places, working in partnership with the following organisations:

- University of Hertfordshire
- West Hertfordshire Hospital NHS Trust
- Hertfordshire Community NHS Trust
- North Essex Partnership NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- East and North Hertfordshire Hospital NHS Trust
- East and North Hertfordshire Clinical Commissioning Group
- Herefordshire Valleys Clinical Commissioning Group.

The programme was launched in April with the successful applicants commencing their training at the end of April 2017.

Awards

Awards provide a great opportunity for us to demonstrate, at a local and national level, the high standards and innovative practice we have achieved. This year we entered over 35 categories in 12 separate awards, achieving shortlisting in ten categories.

Eating disorders HSJ Award

The Child and Adolescent Mental Health Services (CAMHS) Eating Disorder Team won the prestigious Health Service Journal (HSJ) award for compassionate patient (service user) care this year. The award celebrates excellence in putting people first, engaging patients (service users) and families in their care, listening to views and ensuring people are treated with care and compassion.

Artwork supplied by the HPFT Art Collection

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

We have been engaged by the council of governors of The Hertfordshire Partnership University NHS Foundation Trust to perform an independent assurance engagement in respect of The Hertfordshire Partnership University NHS Foundation Trust's quality report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of The Hertfordshire Partnership University NHS Foundation Trust as a body, to assist the council of governors in reporting The 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 2017, 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 The 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 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period; and
- The percentage of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant led care whose transfer of care was delayed during the reporting period, as a proportion of the total number of occupied bed days during the reporting period.

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 in section 2.1 of the NHS Improvement 2016/17 Detailed guidance for external assurance on quality reports; 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 2016 to May 2017;
- papers relating to quality reported to the board over the period 1 April 2016 to 31 March 2017;
- feedback from the Commissioners dated May 2017;
- feedback from the governors dated 8 March 2017;
- feedback from local Healthwatch organisations, dated 9 May 2017;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2016;
- the latest national patient survey dated 21 October 2015;
- the national staff survey dated 17 March 2017;
- Care Quality Commission Inspection report dated 8 September 2015; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated 8 May 2017.
- 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' and supporting guidance.

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

The indicator for Delayed Transfers of Care measures the percentage of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant led care whose transfer of care was delayed during the reporting period, as a proportion of the total number of occupied bed days during the reporting period.

Our procedures included testing a risk based sample of 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:

- 67% of our sample the Trust had not retained an adequate audit trail to confirm the date that they met the following three conditions and were therefore fit for discharge:
  - a clinical decision had been made that the patient was ready for transfer;
  - a multi-disciplinary team decision had been made that the patient was ready for transfer; and
  - the patient was safe to discharge/transfer.

As a result there is also 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 Delayed Transfer of Care.

Our testing also identified that:

- 8% of our sample had been recognised as a Delayed Transfer of Care for fewer days than they should have been; and

- For 33% of our sample the discharge date recorded by the Trust was on average four days earlier than the actual discharge date;

Due to the lack of an audit trail (detailed above) we were unable to definitively quantify the effect of these findings on the reported indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the percentage of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant led care whose transfer of care was delayed during the reporting period, as a proportion of the total number of occupied bed days during the reporting period. We are unable to quantify the effect of these errors on the reported indicator.

The section on page 21 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 effects of matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- 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 in 2.1 of the NHS Improvement 2016/17 Detailed guidance for external assurance on quality reports; 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
Chartered Accountants
St Albans
26 May 2017

Annexe 1 – Statements from partners

Healthwatch Hertfordshire's Response to Hertfordshire Partnership University NHS Foundation Trust (HPFT) Quality Account 2017

Healthwatch Hertfordshire (HwH) is pleased to submit a response to HPFT's Quality Account. Priorities for the coming year are clearly set out though most are similar to the previous year and in many cases, already meet or exceed the targets set.

Although HwH did not meet formally to discuss the priorities for the Quality Account this year, HwH was part of the Hertfordshire County Council's Health Scrutiny Committee's 'Annual HPFT Scrutiny' panel that covered elements of the Quality Account. HwH is supportive of what was discussed there.

HPFT is justified in pointing to some real achievements especially its strong record on user and carer involvement and specific strengths like street triage, the recovery conferences and PLACE (Patient Led assessment of the care Environment) organisation.

HwH has been welcomed to both the carer and service user councils by HPFT and its representatives, and HPFT has shown a real passion for hearing the service user, and carer, perspective. The discussions at these forums are driven by patient representatives and concerns are progressed formally and effectively by the HPFT engagement team and supported by senior managers.

HPFT has also worked with HwH in partnership to address a number of issues that we have raised (e.g. dual diagnosis, Single Point of Access, care coordination, physical health checks).

It is noted that the number of complaints has fallen, but the outcome is only explained for allegations of violence and references to the ombudsman. The number of complaints tells us nothing without knowing how many were upheld.

Similarly the audit results on care-coordination in isolation seem a little misleading. Service users and carer feedback frequently report a number of issues with care coordinators and this has also featured highly on the HPFT service user and carer council's agendas. HwH would welcome a more patient focussed perspective on this in the future.

The failure to contact GPs following 'Did Not Attend' appointments (a letter was found to be present in only 14% of DNAs) is poor and requires more detail of what is being done to improve this. Given the often poor level of understanding of, and involvement in of GPs in mental health, this is a priority

The Quality Account could be a little more user friendly. Despite the inclusion of a glossary and boxes to explain abbreviations or terms, they do not always explain what the real purpose or meaning is E.g. Safeguarding – a crucial issue – refers to section 113 – but there is no explanation as to what this is.

There is much to applaud here, including the dedication of staff, the work on suicide prevention, creating and developing effective partnerships, and the new Hertfordshire Wellbeing College (New Leaf). HwH hopes that the Chief Executive will be able to maintain a balance between the Trust's high level ambitions and overseeing of the STP (Sustainability and Transformation Plan) with what is happening on the ground so that the Trust can remain responsive to service user needs.

Healthwatch Hertfordshire welcomes the many ways that it is able to engage with HPFT to develop and improve service user experience and outcomes and looks forward to working with the Trust to support further quality improvements in the coming year.

Michael Downing, Chairman Healthwatch Hertfordshire, May 2017

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

Both Herts Valleys Clinical Commissioning Group (HVCCG) and East and North Herts Clinical Commissioning Group (ENCCG) have reviewed the information provided in the Quality Account. It is good to see the encouraging staff survey results set out in the report and the large number of positive initiatives that the Trust has led, or been involved in, over the year. The report would have benefited from greater detail on patient experience and more information on what users and carers have said about the Trust over the past year. This could have included some examples of learning from complaints and feedback.

In last year's commissioner statement we referred to the concerns we share with HPFT about the difficulty of recruiting and retaining staff across a range of services, including CAMHS, adult community, learning disability and dementia services, which we recognise is a national challenge. This continues to be one of our major concerns due to the impact on the quality and consistency of services provided.

Performance against the main performance targets monitored by commissioners was generally good in the first half of the year. In the last few months the Trust has experienced issues in the Single Point of Access service and this has had a knock on effect

on performance for a number of targets. The Trust have a plan in place to resolve these issue and we will continue to work with them on these whilst they are resolved.

The Trust has maintained its excellent performance in relation to Improving Access to Psychological Therapies (IAPT), exceeding its targeted numbers of people accessing the service, consistently exceeding the waiting time standards and delivering good recovery rates, most impressively in Herts Valleys. The ongoing discrepancies between data produced by HPFT and NHS Digital is an area for resolution in 2017/18. HPFT's good performance has been recognised nationally, allowing us to secure additional investment from the Department of Work and Pensions to embed employment advice in IAPT.

The Dementia Early Memory Diagnosis and Assessment and Service (EMDASS) has achieved sustained performance in ensuring people are seen within the service within six weeks of referral. A secondary waiting list to see a consultant then formed and this has been addressed in part during the year. This has supported both CCGs to make significant progress toward the national dementia diagnosis standard. Further work on pathways to improve patient experience through the diagnosis process will take place in 2017/18.

Within learning disability services the Trust continues to support the Transforming Care agenda effectively with good collaborative working with commissioners and other partners. The Trust's Specialist Learning Disability service has co-operated well with partners acrossthe health and social system, with prompt and supportive input to resolve complex issues. The team share best practice and training on a regular basis, acting as a supportive partner.

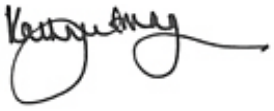
We are working with the Trust and other organisations on a Hertfordshire wide suicide prevention plan and acknowledge the Trust's helpful contribution to this. The Spot the Signs programme working with GPs, community and voluntary sector partners, district councils and the police is part of this. The small increase in the number of suicides of people known to HPFT is a concern, although this is an increase from a very low base and the number is still below comparators.

Commissioners are working with HPFT and other partners to improve mental health services for children and young people. Progress has been made in the past year but significant challenges remain to ensure all children and young people who need support receive this in an appropriate and timely way. The CAMHS section of the report would have been strengthened by the addition of feedback from children and young people. This is particularly the case as the number of compliments received by the CAMHS service increased in 2016/17. The additional commissioner funding into the CAMHS Eating Disorder

service has made an unquestionable impact and it has been pleasing to see the progress the team have made over the past year. We look forward to the newly launched community perinatal mental health service having a similar effect in 2017/18.

The report does not mention Infection Prevention and Control, despite some positive work during the year on sepsis recognition and antimicrobial stewardship. The Trust's programme of significant refurbishments over a number of sites has continued over the year and this has dramatically improved the physical environment of a number of units.

Overall commissioners continue to have a positive and constructive relationship with HPFT. There are many areas where HPFT deliver good quality care and a shared understanding of the challenges which will need addressing over the coming year



Kathryn Magson

Chief Executive

Beverley Flowers

Chief Executive

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Date: 19 May 2017

Health Scrutiny Committee

Dear Tom Cahill

Quality Account: Health Scrutiny Committee Response

There has been regular and productive communication between the Health Scrutiny Committee (HSC) and the Trust over the past 12 months.

The Trust has attended and contributed evidence to a number of HSC items in that time. In March, HPFT were invited to attend HSC's annual scrutiny which this year looked at the 2016/17 Quality Account (QA) and the projections for 2017/18 QA (as recommended by the Francis Report).

Members identified some areas that they expected the Trust to incorporate in to the QA for 2017/18:

Members requested that greater collaboration with social care and public health and across health delivery should be included as a priority for the 2017/18. I am pleased to see that this is an area that HPFT continues to include in all its plans and in delivering the priorities.

Another area that members highlighted as a need for this year's Quality Account, was the presence of a comparison with previous years performances and where possible to include any nationwide comparisons alongside the trust's priorities to demonstrate its progress. I am pleased that the Trust has highlighted its performance in previous years for all priorities. I am particularly impressed with the evidence shown against priority four which demonstrates how HPFT is currently performing and planning to perform relative to the National statistics for Mental Health Trust harm severity.

Progress and areas that need to be addressed have been raised by members at the Committee and during visits to the trust's sites. In particular it has been very beneficial to attend opening of newly developed care units such as Kingfisher Court. This interaction gives me and members of the Committee the assurance that the Trust is aware of issues and has in place measures to tackle them. The openness of the trust and its staff throughout these visits and in meetings help to maintain the collaborative approach between the trust and the Committee facilitating effective scrutiny.

Yours sincerely

Seamus Quilty

Chair, Health Scrutiny Committee

Annexe 2 – Statement of directors' responsibilities for the quality report

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 reports (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 report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to end of April 2017.
  - Papers relating to quality reported to the Board over the period April 2016 to end of April 2017
  - feedback from commissioners dated May 2017
  - feedback from governors dated March 2017
  - feedback from local Healthwatch organisations dated May 2017
  - feedback from Overview and Scrutiny Committee dated May 2017
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2017
  - the national patient survey dated November 2016
  - the national staff survey dated February 2017
  - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2017
  - CQC inspection report dated September 2015
  - the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
  - the performance information reported in the Quality Report is reliable and accurate
  - there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
  - the Quality Report 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 Report.
- The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board:

Chairman

26 May 2017

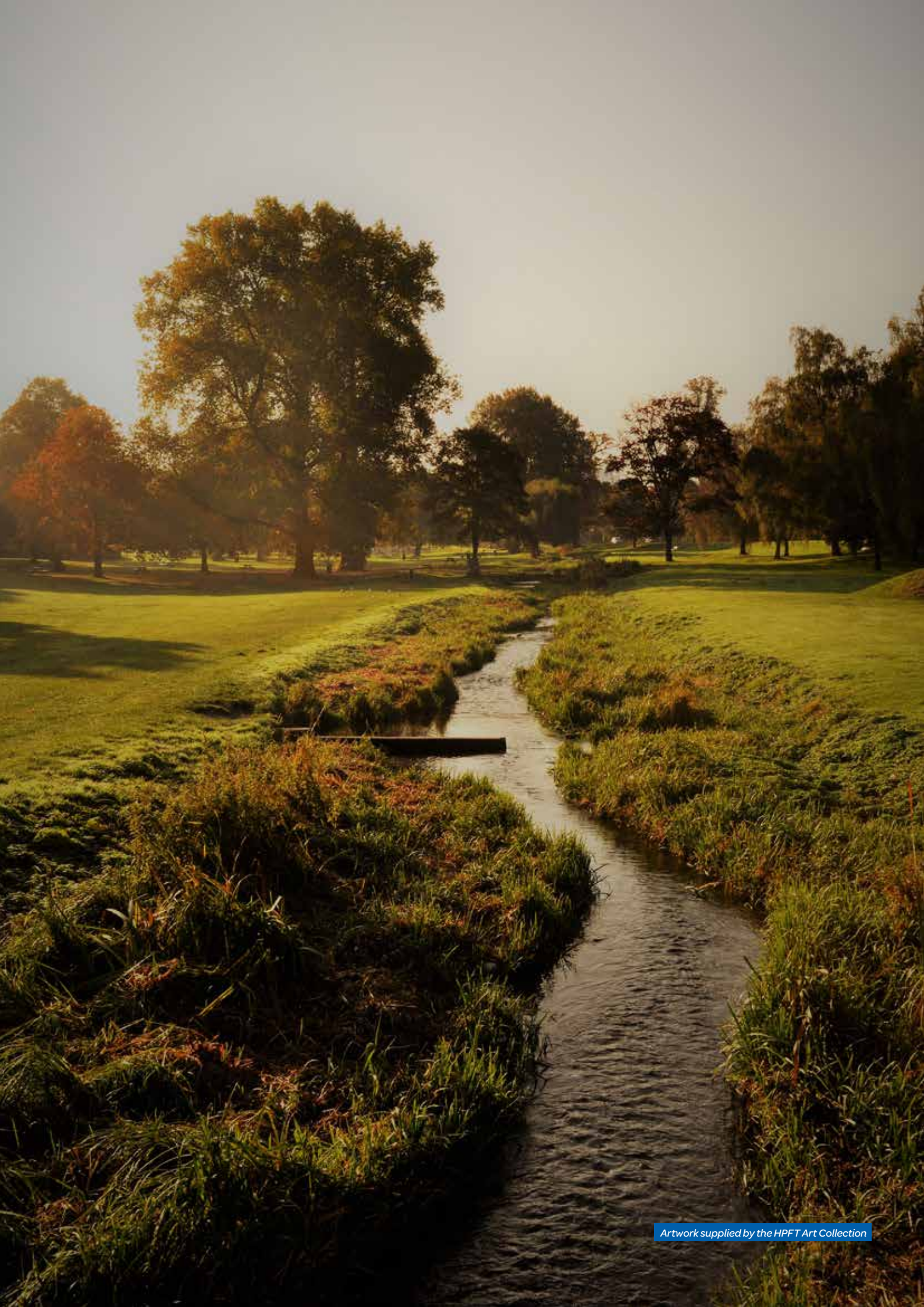
Chief Executive

26 May 2017

Glossary

ADHD	Attention Deficit Hyperactivity Disorder
Aetiology	The cause, set of causes, or manner of causation of a disease or condition.
AMH	Adult Mental Health
BMJ	British Medical Journal
CAMHS	Child and Adolescent Mental Health Services
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
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorders Service
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DOLS	Deprivation of Liberty Safeguards
Dysphagia	Dysphagia is the medical term for the symptom of difficulty in swallowing
EDS	Equalities Delivery Scheme
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 that will keep themselves and others safe.
FFT	Friends and Family Test

HoNOS	Health of the Nation Outcome Scales
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HQUIP	Healthcare Quality Improvement Partnership
HSCIC	Health and Social Care Information Centre
HYS	Having Your Say
IAPT	Improving Access to Psychological Therapies
JCT	Joint Commissioning Team
LD	Learning Disabilities/Disability
MH	Mental Health
MHMDS	Mental Health Minimum Data Set
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning System
OCD	Obsessive Compulsive Disorder
PACE	Practice Audit and Clinical Effectiveness
PBR	Payment by Results
POMH UK	Prescribing Observatory for Mental Health – UK
Q	Quarter (three month period)
R and D	Research and Development
RAID	Rapid Assessment Interface and Discharge
RfPB	Research for Patient Benefit
SBU	Strategic Business Unit
SPA	Single Point of Access
SSRI	Selective Serotonin Reuptake Inhibitor (a type of anti-depressant medication)
UK CRN	UK Clinical Research Network



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