NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Quality Account 2021 – 2022

as One

Our Values
Welcoming Kind Positive Respectful Professional

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Part 1 Statement on Quality from our Chief Executive

I am delighted to be able to present my first Quality Account as Chief Executive of Hertfordshire Partnership University NHS Foundation Trust.

Providing great care and achieving great outcomes for our service users, their families and carers is at the heart of everything we do. Every year, we set ourselves quality priorities, developed with our service users, carers, staff and commissioners. We track progress throughout out the year and report against these priorities formally in our annual Quality Account.

2021-2022 was again, both internationally and across the NHS and social care system, a challenging year. Like the rest of the NHS we continued to respond to the COVID-19 pandemic. Our robust infection prevention and control (IPC) procedures meant we kept service users and staff safe, something praised by NHS England's East of England IPC team when they reviewed our processes and outcomes in March.

Safety has remained a key focus across the Trust as we have supported and cared for more people, with much higher level of needs, than ever before. During this period, we have continued to foster an open and responsive culture to inform learning and shape practice. For example, our staff are actively encouraged to report incidents and issues, and we have continued to participate in national audits and enquiries, sharing findings across teams to inform practice. We have also continued to invest in our facilities and technology over the last twelve months to improve safety and outcomes for our service users.

The 2021 NHS Staff Survey results, with scores well above the national average for similar organisations, told us that despite the pressures, demands and challenges of the last year, our teams feel valued and well supported. Our focus in the coming year will be to ensure we continue recruiting, supporting and developing our teams, including continuing our rolling programme of wellbeing activities for our teams alongside our Here for You support service for health and care staff, which we run jointly with Essex Partnership University NHS Foundation Trust (EPUT).

Although I am really encouraged by the progress we have made against our quality priority areas for 2021-22 detailed in this Quality Account, we know we have not always got things right every time. During the year, the Care Quality Commission (CQC) carried out two unannounced focused inspections - at Warren Court, one of our medium secure forensic units, and at Forest House Adolescent Unit. The inspectors found several areas of good practice, in particular staff treating individual service users with compassion and kindness, but they also identified areas of concern which we took immediate action to address. Further details are about this can be found in this Quality Account.

Looking ahead, in line with our Good to Great Strategy, we will continue our relentless focus on safety and improving outcomes and experience for our service users. In this report you will find details on our quality priority areas for 2022-23 which include improving access to care, demonstrating improved outcomes and supporting carers - reflecting the vital role carers have in supporting service users. We will do all of this in conjunction with our health and care partners across Hertfordshire, Essex, Norfolk and Buckinghamshire, and more widely across the East of England.

We have much to be optimistic about and, although the year ahead is likely to be as challenging as the last, I am confident we will continue to improve the quality of care we provide because our dedicated teams focus on what matters most, supporting our service users and carers.

Karen Taylor,
Chief Executive
30 June 2022

This Report

If you have any questions about anything in this report, would like to comment on it or would like to know more about the Trust, please email Bina Jumnoodoo, Deputy Director of Nursing and Quality at Bina.Jumnoodoo@nhs.net

This report was signed and approved on 30 June 2022 and is available on our website at https://www.hpft.nhs.uk/about-us/our-board-papers-and-publications/annual-report-annual-review-and-quality-account/

If you would like to receive a paper copy of this report, or to see it in other formats, please email hpft.comms@nhs.net

1.1 Background

In line with NHS England and Improvement's end of year guidance, every NHS Trust is required to produce a Quality Account for 2021/22. This report includes information about the services the Trust delivers, how well we deliver them and our plans for the following year.

Our aim in this Quality Account is to make sure that everyone who wants to know about what we do can access that information and is also on the NHS Choices website.

We recognise that some of the language in this Quality Account may be hard to understand if you do not work in health care. We have included a full list of acronyms (abbreviations) at the end of this report.

1.2 What the Quality Report includes

- How we performed last year (2021/22), including where our services improved
- What we plan to do next year (2022/23), what our priorities are, and how we intend to address them
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts
- Stakeholder and external assurance statements, including statements from Healthwatch Hertfordshire, Herts Valleys Clinical Commissioning Group (CCG), East and North Hertfordshire CCG and Hertfordshire County Council's Health Scrutiny Committee

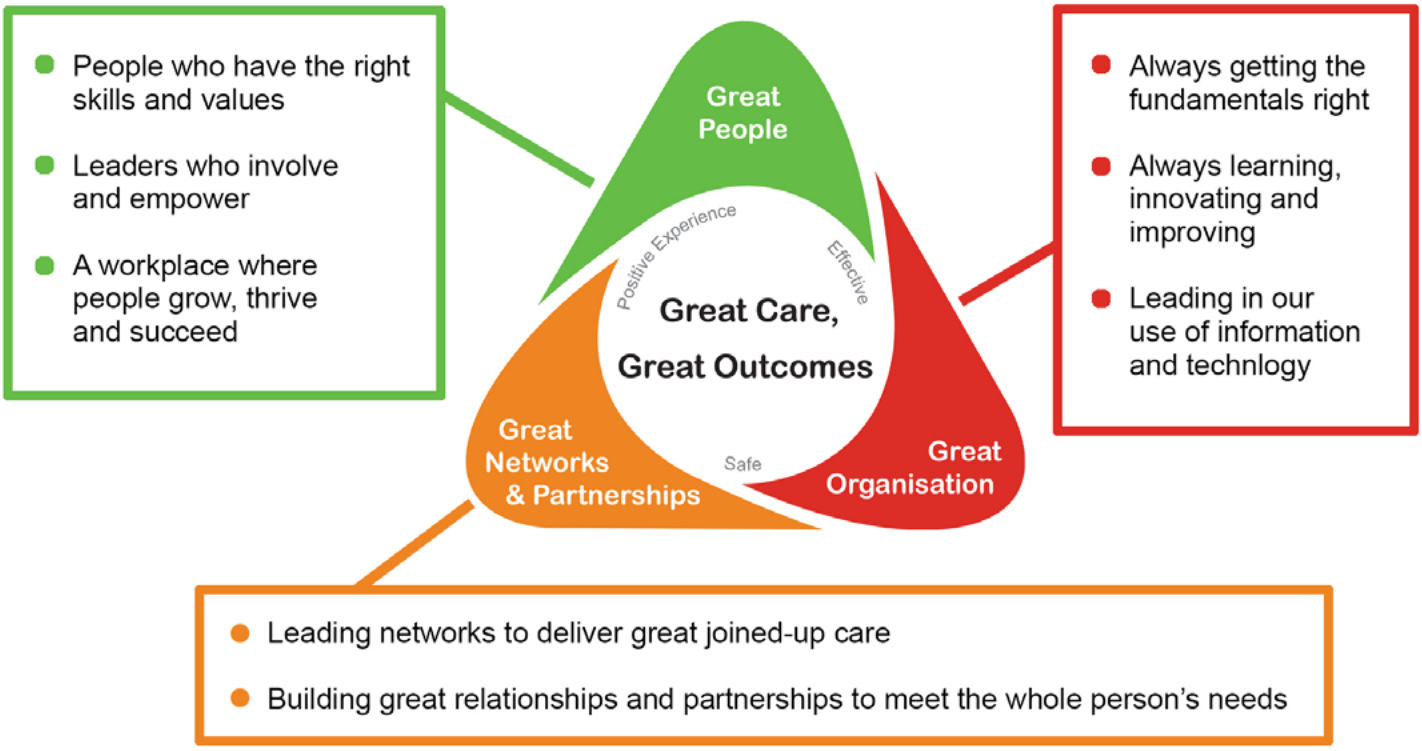
1.3 Hertfordshire Partnership University NHS Foundation Trust

Our Trust is a provider of mental health and learning disability services and we provide integrated health and social care services across community and inpatient settings, treating and caring for people across Hertfordshire and within Buckinghamshire, Norfolk and Essex. We have a longstanding partnership with Hertfordshire County Council and are one of the few integrated social care providers of mental health services in England.

1.4 Our Strategy

Our *Good to Great* Strategy (2016-2021) describes how we are delivering our vision of ***"Delivering Great Care, Achieving Great Outcomes – Together"*** and our mission ***"We help people of all ages live their lives to their full potential by supporting them to keep mentally and physically well"***. Quality is at the heart of our *Good to Great* Strategy.

CQI Leaders Training in June 2021



Winter Wellbeing Festival at the Marlowes

Achieving our vision means that we put the people who need our care, support and treatment at the heart of everything we do. It means we will consistently achieve the outcomes that matter to those individuals who use our services and their families and carers, by working in partnership with them and those who support them. Furthermore, it means we keep people safe from avoidable harm, whilst ensuring our care and services are effective. The vision helps us ensure that we achieve the very best clinical outcomes, support individual recovery and that our services are of the highest quality.

Our *Good to Great* Strategy demonstrates the key areas of focus of our people, our organisation and our partnerships. It focuses on the three domains of service user quality – safety, effectiveness and experience. This has been achieved by providing consistently high-quality care that is joined up and individuals will be supported and empowered to recover and to manage their mental and physical wellbeing. This will enable us to achieve our mission **'We will help people of all ages live their lives to their fullest potential by supporting them to keep mentally and physically well.'**

The following table details some of the key statistics about the Trust and our work.

Summary of the Activity across the Trust during 2021-2022

879 adult acute admissions
for the year 2021–2022

667 Starters, **751** Leavers
for the year 2021–2022

3,085 people on CPA
for the year 2021–2022

30,422 new spells of care in secondary mental health and LD services
for the year 2021–2022

26,777 discharged from secondary mental health services
for the year 2021–2022

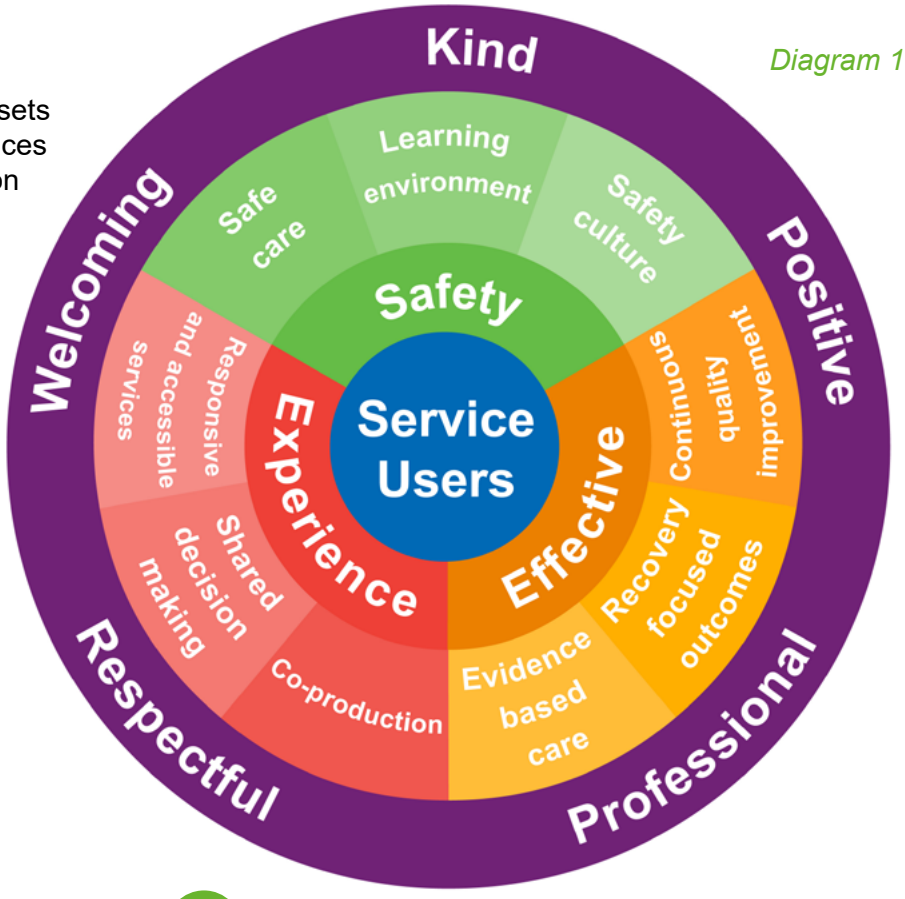
418 inpatient beds
at the end of Q4

412,362 secondary mental health face to face, virtual and telephone contacts
for the year 2021–2022

32,455 people entering treatment in IAPT
for the year 2021–2022

1.6 Quality Strategy

Diagram 1



Our Quality Strategy for 2019 to 2024 sets our direction for delivering quality services (diagram 1). It supports and builds upon our proven track record of providing high-quality care, whilst supporting our ambition for a continuous improvement of services and sustainable growth.

We aim to put quality right at the heart of everything we do to deliver our *Good to Great* Strategy. Our Quality Strategy supports this aim by ensuring that we deliver quality services in response to the specific requirements of our service users, carers, staff, commissioners, regulators, and our communities.

Our Quality Strategy sets out three objectives under each of the three quality domains and provides details of what this will mean to our staff, service users and carers:

Safe

- Delivering safe care in top quality environments
- Fostering a learning and just culture
- Fostering a culture of safety

Effective

- Delivering evidence-based care which is benchmarked nationally
- Delivering recovery focused care and clinical outcomes
- Continuously improving quality

Experience

- Responsive and accessible services
- Embedding shared decision making
- Co-production at the heart of service development

We aim to deliver *great care and great outcomes* and are keen to share information about the quality of our services and how we are working to improve these. This report is one of the many ways in which we share such information.

Physical Health Clinic Essex Opening August 2021

1.7 Our Partnerships

Partnership is central to how we work as well central to providing great care and great outcomes. Our partnerships help us to develop an approach based on a holistic assessment of individual service user's health and social care needs, which focuses on recovery. In particular working in partnership with the Hertfordshire County Council means we can help improve integration between mental health, physical wellbeing and social care services.

We work with a number of NHS partners, including Hertfordshire Community NHS Trust (HCT), Central London Community Healthcare NHS Trust (CLCH) East and North Hertfordshire NHS Trust (ENHT), West Hertfordshire Hospitals NHS Trust (WHHT) and East London NHS Foundation Trust. We also have a strong track record in working in partnership with the third sector, such as

- MIND – Predominantly across our Increased Access to Psychological Therapy (IAPT) services providing Support Time and Recovery (STaR) Workers, Counselling and Dynamic Interpersonal Therapy (DiT), as well as supporting New Leaf College
- Mental Health Matters – in relation to Employment Advisors in IAPT as part of the Department of Working Pensions (DWP) Initiative
- Reinvent Lifestyle – providing bespoke exercises to improve and maintain wellness
- IESO Digital Health - provide additional Step 3 IAPT support with online therapists
- CHS Healthcare – providing Continuing Health Care (CHC) assessments and reviews for older adults
- BEAT Eating Disorders – A national eating disorders charity commissioned to deliver a range of support services for children, young people and families including coaching and support

As a University NHS Trust we have a strong relationship with the University of Hertfordshire. They are an important partner, supporting workforce development, research, training and innovation. In particular, it supports our contribution to clinical research and offers our staff excellent learning and development opportunities.

During the year, we have continued to work with our partners in the Hertfordshire Mental Health, Learning Disability and Autism Collaborative. The Collaborative brings together 14 organisations from the NHS, local government and voluntary sector to create a formal partnership with a vision of supporting people with a mental illness, learning disability and/or autism to live longer, happier and healthier lives. The Collaborative is co-chaired by the Trust's Chief Executive and the Director of Adult Social Care at Hertfordshire County Council. Over the past year, the Collaborative has played a significant role in providing the COVID-19 vaccine for people with mental ill health and people with a learning disability, leading to higher take up levels than in other areas in the East of England. Partners in the Collaborative have also worked together to support people with mental ill health in crisis, improving support for both adults and young people in acute hospitals and increasing the availability of alternative types of support such as crisis cafes which are run by local MIND partners.

The East of England Provider Collaborative was launched in the summer of 2021, part of a national initiative to devolve some of the specialist commissioning and pathway management responsibilities held by NHS England, to local and regional partnerships. The aim of the Collaborative is to ensure that services users with specialist mental health needs experience high quality care as close to home as possible. The Collaborative is a partnership between the Trust and the five other NHS trusts which provide mental health, learning disability and autism services across Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. We are the lead organisation in the partnership for child and adolescent mental health services (CAMHS) and we are already seeing positive progress in reducing waiting times for specialist inpatient care across the East of England, creating a single point of access and reducing the numbers of children and young people who need to be cared for in an acute general hospital whilst waiting for a specialist mental health bed.

1.8 Our Commissioners

We continue to work closely with many organisations that commission and pay for our services. We currently have services commissioned by:

- East and North Hertfordshire CCG
- Herts Valleys CCG
- Hertfordshire County Council (HCC)
- Cambridge and Peterborough CCG
- North East Essex CCG
- Mid Essex CCG
- West Essex CCG
- Basildon and Brentwood CCG
- Southend CCG
- Thurrock CCG
- Castle Point and Rochford
- NHS Norfolk and Waveney CCG
- South Norfolk CCG
- NHS England Midlands and East
- Barnet CCG
- London Borough Hillingdon CCG
- Buckinghamshire CCG

We are also commissioned by NHS England to provide the following nationally commissioned specialist services:

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

**Services included in the East of England Provider Collaborative*

1.9 Freedom to Speak Up (FtSU)

Our staff are encouraged to 'speak up' should they have any concerns regarding their work and/or practice and without fear of experiencing detriment as a consequence. We fully recognise the importance of 'speaking up' as it enables staff to raise issues which may help to improve the quality, safety and experience of those working in and receiving services. During the year, we appointed a full time Freedom to Speak Up Guardian who is continuing to strengthen the 'speak up' culture across the organisation, supported by local Freedom to Speak Up champions across our services.

Should an individual staff member not feel able to 'speak up' to their line manager or supervisor, they can contact our Freedom to Speak Up Guardian, who works independently within the organisation and can support the individual and, when appropriate, escalate their concern. The Guardian can be contacted as follows:

- by email at hpft.speakup@nhs.net
- by calling 01727 804100, our confidential 'Speak Up' line
- via the Trust's incident reporting system (Datix)

The Freedom to Speak Up Guardian can take 'speak up' matters forwards confidentially and will not share the identity of the individual 'speaking up', unless obliged to do so by law, or in accordance with their professional body.

Diane Herbert is the Trust's Non-Executive Director championing speak up within the organisation.

Flag raising at the Civic Offices Borehamwood for the NHS Birthday in July 2021

Part 2 Priorities for Improvement and Statement of Assurance from the Board

Our strategy places *Great Care, Great Outcome* at the centre of everything we do. Our approach to quality has three areas of focus:

1. Service User (patient) safety.
2. Clinical Effectiveness.
3. Service User (patient) experience.

This section of the report sets out:

- How we performed in our Quality priority areas during 2021/22.
- The Quality priorities we have identified for 2022/23 and how we decided on these.
- Statements of assurance.
- Research and development.

Declaration on data accuracy

The Quality Account has been designed to report on the quality of our services in line with regulations. Our aim in the report 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. There are factors involved in preparing this Quality Account Report that can limit the reliability or accuracy of the data reported, and we are required by NHS England and Improvement, the body responsible for overseeing our Trust, to tell you about these:

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

The Trust's Board of Directors and Executive Team have taken all reasonable steps and have exercised due diligence to ensure the accuracy of the data reported. However, we recognise that the data is subject to the limitations described above. To the best of my knowledge, the information presented in this document is accurate and provides a fair representation of the quality of service delivered within the organisation.

Karen Taylor,
Chief Executive
30 June 2022

2.1 Quality priority areas for 2021/22

The table below provides an overview of our quality priority areas from last year (2021/22) and shows how we performed during each quarter and at the year end.

Service User and Carer Experience		Target	Q1	Q2	Q3	Q4
1	The percentage of service users who are followed up within 48 hours after discharge from psychiatric inpatient care during the reporting period	≥=80%	77.6%	76.4%	77.0%	80.0%
2	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	10% reduction overall from 2020/21	Death 20 (1.5%) Severe Harm 1 (0.07%) Total incidents 1333	Death 18 (1.25%) Severe harm 3 (0.20%) Total incidents 1433	Death 20 (1.45%) Severe Harm 4 (0.29%) Total incidents 1371	Death 22* (1.56%) Severe Harm 1 (0.07%) Total incidents 1403
3	Rate of service users who have a completed risk assessment within the last 12 months	≥=95%	91.8%	90.7%	89.9%	88.5%

Clinical Effectiveness		Target	Q1	Q2	Q3	Q4
4	Reduction on the number of inappropriate out of area placements	Target 0 Q3	1125	2164	2355	2596
5	Reduce the readmission rate within 28 days of being discharged from an adult acute hospital bed	5%	5.2%	3.3%	4.9%	2.4%
6	At least one outcome measures to be used for all learning disability and forensic inpatients from the Health of the Nation Outcome Scales (HoNOS) in all inpatient units	≥=80% from Q2		80.0%	75.8%	87.7%
7	Completed annual care plans within Hertfordshire and Essex learning disability community services	50%	46.1%			

** includes 4 Covid 19 deaths of inpatients*

Service User, Carer and Staff Feedback						
8	Rate of service users saying they have been involved in discussions about their care	≥=85%	91.7%	79.2%	83.7%	91.2%
9	Appropriate Carer Essential Training undertaken by all staff at all levels	≥=85%	0%	0.66%	2.2%	3.9%
10	Staff Friends and Family Test (FFT) - recommending Trust services to family and friends if they need them	≥=70%	82.0%	72%	71.4%	75%

Definition of areas in the table:

1. The percentage of service users who are followed up within 48 hours after discharge from psychiatric inpatient care during the reporting period

The first few days following discharge from psychiatric inpatient care can be unsettling for service users, carers and families. The national standard is to follow up 80% of service users within 72 hours of discharge, a target that we routinely exceed. In response to national research and emerging best practice, we have a local target for follow up within 48 hours of discharge from our inpatient services. Over the year, we have increased from 56% of post discharge follow-ups in 48 hours to our current follow-up rate of 94%, averaging 77% across the year. Improving our practice in this way is creating a better experience and improved safety, during a critical period in people's lives.

2. Reduction in the rate and percentage of service user safety incidents that result in moderate or severe harm

All incidents that occur in the Trust are reported to the National Reporting and Learning System (NRLS) which is a central database of service user safety incident reports. All information is analysed to identify hazards and risks and any opportunities to continuously improve the safety of our care. We regularly review all levels of harm sustained to consider areas of learning and development, agree actions for implementation and to share lessons learned and areas of good practice. We set a target of a 10% reduction in moderate or severe harm incidents when compared with 2020/21. We achieved an overall reduction of 26%, exceeding the target.

3. Rate of service users who have a completed risk assessment within the last 12 months

The assessment and management of the risk of a person with a mental health condition is integral to providing safe and effective care. Regular review of the risk assessment creates the opportunity to engage with service users, their carers, and families to promote safety, and forms a vital component of care and support planning. We undertake a full risk assessment when service users enter a service and annually thereafter; risk assessment, formulation and response also take place at every clinical contact and review. In 2021/22 we missed our target of 95% an average of 90.2%. We have reviewed our processes, considered the learning from incidents and implemented change (EPR) case notes.

To support the changes we launched our Simulation Hub and have been offering suicide prevention training using a simulation-based approach. Simulation replicates a real-life scenario in a safe and controlled environment. Teams are placed in an environment accurate to scenarios they would face in real life, whether on an inpatient ward or in the community. Trained actors portray a range of mental


Simulation Room

health conditions and staff are able to interact with them as they would in a similar real-life situation. Scenarios are specifically tailored to the team's working environment to ensure staff receive the best learning experienceDuring the year, we launched our Simulation Hub and have been offering suicide prevention training using a simulation-based approach. Simulation replicates a real-life scenario but in a safe and controlled environment. Teams are placed in an environment accurate to scenarios they would face in real life, whether on an inpatient ward or in the community. Trained actors portray a range of mental health conditions and staff are able to interact with them as they would in a similar real-life situation. Scenarios are specifically tailored to the team's working environment to ensure staff receive the best learning experience.

This training helps teach practical suicide prevention skills, for example screening and assessment and linking the assessment to brief intervention and risk formulation and management. It also teaches staff teams how to work well and communicate effectively together.

4. Reduction in the number of out of area placements

An out of area placement occurs when a person with acute mental health needs who requires inpatient care, is admitted to a ward that does not form part of the usual local network of services. Unfortunately, this can sometimes mean they are admitted to a ward some distance from their local area, family and friends. We aim to treat everyone who needs to be admitted into an inpatient unit as close to home as possible and set a target of zero out of area placements. In 2021/22 we missed our target in every quarter, with an average of 2,060 out of area placements.

We did not meet our target in 2021/22, due to increases in demand for services and increased acuity of service users. We have an inpatient bed base, which is below the national average per head of population, and we experienced more than a 30% increase in demand following the COVID-19 pandemic. This led to extreme pressures on our community and crisis services, with high acuity and complexity of service users needing admission, reflected by increased numbers of people detained and increased overall length of stay. We are committed to providing appropriate care as close to services users' homes as possible, and we have implemented actions to improve the situation, for example the purchasing of additional beds and senior clinical review of all out of area placements to manage length of stay and discharges.

5. Reduce the readmission rate within 28 days of being discharged from an adult acute hospital bed for service users aged 0 to 15 and 16 and over

We want to ensure that everyone discharged from care in one of our inpatient units is supported fully in the community and does not need to be readmitted within a minimum of 28 days following their discharge. This indicator measures our success in helping individuals to recover effectively from illness. If an individual does not recover well, it is more likely that they will require hospital treatment again within 28 days following their previous admission. In 2021/22 the target was not achieved in the first quarter, but it was exceeded in the following three quarters with a considerable reduction by quarter four and an average of 3.9%.

6. At least one outcome measures to be used for all learning disability and forensic inpatients from the Health of the Nation Outcome Scales (HoNOS) in all inpatient units

We aim for all service users who are inpatients in our Learning Disability Admission and Treatment and Forensic units to have at least one outcome measure used to ensure that we are meeting their needs. During 2021/22, this target was applicable from quarter two onwards. It was achieved in two of the three quarters, with an average of 81%, quarter four performance was 88%.

7. Completed annual care plans within learning disability community services in Hertfordshire and Essex

A care plan is a document which specifies a service user's assessed unique individual needs and outlines the support required, how it will be given and how it should be provided. Everyone who uses our Learning Disability Services in Hertfordshire and Essex should have a personalised care plan that is reviewed at least annually. In 2021/22, the target was not achieved but a consistently upwards trajectory has been maintained over the last year. To improve performance during the last year, our teams have been working towards all professionals using a specific learning disability personalised care plan template. The new template is being used at the point where a care plan needs to be updated.

8. Rate of service users saying they have been involved in discussions about their care

We believe service users should be at the heart of the discussions about their care. It is our ambition that service users play a central role in their care and treatment, and that their Care Coordinator and clinical team work collaboratively with them to develop their treatment and support plans. We aim for at least 85% of our service users to report that they have been involved in discussions about their care. In 2021/22, the target was not achieved in two quarters but was exceeded in the other two quarters, with an average of 86% for the year.

9. Appropriate carer essential training undertaken by all staff at all levels

During 2021/22, 146 staff undertook Carer Essential Training, lower than planned because of the need during the COVID pandemic for staff to prioritise core training to support the delivery of safe services. As the training material was co-produced with our carers and Carers in Herts, the launch was delayed from Quarter 1 to Quarter 2 to ensure the content was fully agreed by all parties involved.

Delivering Carer Essential Training is still a priority for the organisation as it assists in the development support pathway offered to carers. During quarter 3, five Carer Support Wellbeing Workers successfully completed the "train the trainer" programme and future training dates have been set until July 2022. Carer essential Trainers will be focusing on training whole teams alongside individuals during 2022/23.

10. Staff Friends and Family Test (FFT) - recommending Trust services to family and friends if they need them

This indicator looks at how many of our staff would recommend the Trust's services to their friends and families if they should need them. The Staff Friends and Family test questions form part of the National Quarterly Staff Survey, align to the NHS People Plan and are an integral part of the NHS People Promise: 'We each have a voice that counts'. It is an opportunity for staff to provide feedback on their experience and views of the care the Trust provides. We have consistently exceeded the target of 70% with an average of 75%, although there has been a decrease in staff recommending Trust services to family and friends during the second year of the Covid pandemic.

2.2 Our Priorities for Quality Improvement 2022/23

This section of the Quality Account describes which areas the Trust aims to focus on in the next 12 months. When deciding our quality priority indicators, we consulted with service users, carers, staff, commissioners and governors to agree which areas we should focus on for the following year.

The Trust's priority indicators must include:

- At least three indicators for patient (service user) safety
- At least three indicators for clinical effectiveness
- At least three indicators for patient (service user) experience

After considering the feedback from the consultation the Trust agreed the following priorities as they cover the full range of our services, will support the improvement of safety and experience for our services users and are aligned to the priorities set out in our Annual Plan.

The table below lists the agreed quality indicators and targets for 2022/23.

Service User Safety		**Target**
1	Rate of service users who have a completed risk assessment within the last 12 months	95%
2	Percentage of inpatient admissions that have been gate-kept by crisis resolution/home treatment team	>=95%
3	Routine referrals to Specialist Community Learning Disability Services meeting 28 day waiting target	>=98%
Clinical Effectiveness		
4	At least one outcome measures to be used for all learning disability and forensic inpatients from the (HoNOS) in all inpatient units	80%
5	Urgent CAMHS referrals seen within 7 days	>=75%
6	The proportion of people completing treatment in IAPT services who move to recovery	
Service User, Carer and Staff Feedback		
7	Staff Friends and Family Test (FFT) – percentage recommending Trust services to family and friends if they need them *(question taken from the National Quarterly Staff Survey)*	≥=80%
8	Rate of service users saying they are treated in a way that reflects the Trust's values *(question taken from Mental Health FFT questionnaire)*	>=80%
9	Thinking about the service the Trust provides, overall how was your experience of our service? *(question taken from Mental Health FFT questionnaire)*	>=70%
10	Trust carer caseload to have an offer of an assessment made in the last 12 months	>=45%

How these targets will be monitored

We will measure and monitor our progress on the implementation of each quality indicator throughout the year.

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

- Report our results to our Board and our commissioners every quarter at our Quality Review Meetings
- Engage with our key stakeholders to discuss our progress throughout the year
- Develop plans to ensure that these priorities are achieved and progress monitored quarterly
- Report progress towards targets through our Governance structures

Our Performance Team will check and assure the quality and accuracy of our data in accordance with Trust policies.

3. Statements of assurances

This section of the report explains how we have provided assurance in relation to the services we provide. This is demonstrated in part by clinical networks, clinical audit and our Care Quality Commission (CQC) inspection report. We have reviewed all the data available to us relating to the quality of care we provide in our services. Our total income from service user activities was £330.1m and our total income was c. £344.0m, with income from service user activities accounting for 96.0% of this total.

3.1 Clinical Audits

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

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

When an audit is completed, we develop an action plan so that we can make and monitor improvements to our services. Our Practice Audit Implementation Group (PAIG), which includes our Deputy Medical Director, Chief Pharmacist and representation from other clinical disciplines, discusses and approves the reports which are then shared throughout the Trust to encourage learning from the results.

What is a clinical audit?

Clinical audit is a way to find out if care is being provided in line with the expected standards and tells us and service users where their service is doing well and where there could be improvements.

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

3.2 National Clinical Audits

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

The Trust participated in 100% of applicable national clinical audits and National Confidential Enquiries during 2021/22, which are as follows:

	National Audit Title	Status	Report Received or Pending	Date Received or Expected Publication Date	Trust Participation	
					Number of cases required by the terms of the audit	Number of Cases Submitted by HPFT
1	National Clinical Audit of Psychosis (EIP) – Employment Supplement	Data submission Complete	Received	2021	100	100
2	POMH-UK Use of Clozapine	Data submission Complete	Received	2021	As many as applicable	63
3	National Audit of Inpatient Falls	Data submission Complete	Received	2021	3	3
4	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	Data submission Complete	Awaiting Report	Spring 2022 (To be confirmed)	9	6
5	National Audit of Therapies	Data submission Complete	Awaiting Report	To be confirmed	As many as applicable	Not known at this stage, sample was dependent on individual therapist caseload
6	National Audit of Dementia	Data submission Complete	Awaiting Report	To be confirmed	As many as applicable	50

The three relevant national audit reports that have been published in 2021/22 are:

1. National Clinical Audit of Psychosis (Early Intervention in Psychosis (EIP) – Employment Supplement Audit
2. POMH-UK Use of Clozapine
3. National Audit of Inpatient Falls

These audits have all been rated to be of moderate risk to the Trust. All clinical audits are rated to record the likely impact of the findings, a moderate risk means the action plans will be implemented and a re-audit scheduled within 12 months. More details on each audit are available by clicking on the relevant audit title above.

The reports of these three national audits were reviewed by the Trust in 2021/22 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit of Psychosis (EIP) – Employment Supplement audit:

Standards		Cycle 1 (2019/2020)	Cycle 2 (2021)
1	Service users began early intervention treatment within 2 weeks of referral	56%	91%
2	Service users using our Early Intervention in Psychosis (EIP) service and their families take up family interventions	9%	5%
3	Service users in our EIP service who have been on the caseload 6 months or more have received a full physical health assessment and relevant interventions within the last 12 months	87%	96%
4	Service users with First Episode Psychosis (FEP) take up cognitive behavioural therapy for psychosis (CBTp)	42%	17%

ACTIONS	
1	Psychosis Assessment and Treatment Hub (PATH) staffing will increase to 80.6 over the next 6 months dependent on recruitment.
2	A PATH Treatment Interventions dashboard will be rolled out to allow more transparency around the offer and update all treatment interventions across current PATH caseloads.
3	Joint working between CAMHS and Adult services to be reviewed

POMH-UK Use of Clozapine:

Standards		Cycle 1 (2019/2020)	Cycle 2 (2021)
1	Documented discussion with the service user, family and/or carers about potential benefits and side effects for people treated with clozapine for less than 18 weeks	50%	83%
2	Service users prescribed clozapine off-label are registered appropriately with the monitoring service	80%	100%
3	Documented pre-treatment general physical examination in service users treated with clozapine for less than 18 weeks	100%	83%
4	Service users established on clozapine treatment for more than a year should be reviewed at least annually by a senior clinician	93%	87%

ACTIONS	
1	Ensure all relevant staff are familiar with the outcomes of this POMH-UK audit and the practice standards are highlighted as good practice as recommended by NICE
2	Improve pre-treatment screening, particularly in general physical examination, plasma glucose or HbA1c and plasma lipid
3	If clozapine is being prescribed off-label, there should be a documented discussion on PARIS that this has been explained to the service user
4	In general, improve documentation on PARIS of discussions with service users ensure physical observations and assessments are all recorded in a standard place and on PARIS
5	Patients established on clozapine treatment for more than a year should have an annual medication review (on therapeutic response and recognised side-effects) by senior clinicians

National Audit of Inpatient Falls

The Trust participated in this national audit, however only three cases met the criteria, which means it is difficult to draw meaningful findings from such a small amount of date. The criteria focused on falls which resulted in hip fractures and relied on our local acute hospital colleagues to identify the sample.

ACTIONS	
1	Post-Falls protocol to be shared Trust wide to ensure service users are checked for signs of injury before being moved from the floor
2	Implement falls training courses, including refresher training
3	Ensure staff are aware via specific communications of the ned to consistently report falls on Datix and in PARIS, including recording fractures as severe harm

Regional Chief Nurse East of England visit to Kingfisher Court in April 2021

3.3 Local Clinical Audit

63 local clinical audits were undertaken by the Trust's PACE team as part of our annual programme. The topics covered each of the Strategic Business Units (SBUs) and ranged from reviewing best audit practice against National Institute of Clinical Excellence (NICE), The Royal College of Psychiatry, Nurses Council and safeguarding procedures as well as adherence to local policies and standards. A further 17 local audits were undertaken by clinicians at team level.

The reports of 80 local clinical audits were reviewed by us in 2021/22 and we will to undertake the following actions to improve the processes for assurance with regard to the quality of care provided.

- To conduct further audit as either a dip audit or a full further cycle of audit activity
- To communicate findings of the audit to staff members involved in the audited service
- To develop Trust guidance or policies to improve governance around the audited area
- Discussion with staff members regarding changing practice in service
- Investigation into data or areas found in the audit which were either anomalous or unexpected
- Continuously monitoring or reviewing data in areas found in the audit to be of high importance
- Meeting between professionals to develop a new process for the service to utilise (including digital tools)
- To provide training for staff members in the audited areas

In addition to the actions described above to focus on learning from local units the PACE team will in 2022/23:

- The PACE team continue to work closely with the SBUs on quality improvement initiatives
- The PAIG now meets monthly to review audit findings, monitor action plan implementation and ensure actions from audits are robust
- PACE participated in the Learning Disability and Forensic SBU Sharing Good Practice Event in January 2022, providing a summary of audit from the past 12 months for the SBU, and giving staff members an opportunity to input to future audit processes
- PACE expanded their clinical audit training services by including targeted training for Speech, Language and Dietetic Therapists and incoming Psychology Trainees
- PACE continue to encourage services to conduct more clinical audits locally, including providing generic and bespoke based audit training for staff

4. Research and Development

Our Research Strategy outlines the way that Research and Development will become strongly embedded in clinical services, across four workstreams - Dementia, Neurodevelopmental, CAMHS and General Adult Psychiatry - and how these four workstreams will report to a new Research Board. The workstreams align strongly with the annual plan of the Trust and each has a dedicated clinical lead with their own research experience.

Our research portfolio is a cornerstone of our status as a University Trust in partnership with the University of Hertfordshire. We work closely with the National Institute of Health Research (NIHR) and Clinical Research Network East of England (CRNEoE), to deliver high quality health science. In 2021/22, the Trust's Research and Development Team was involved with supporting urgent public health research into COVID-19, and as a result many of our active studies in mental health and learning disability were temporarily halted. By autumn 2021, non-COVID studies were mostly active again. In this year our Research Strategy was launched.

Over the past year, we have supported 29 studies on the NIHR portfolio. The NIHR portfolio includes all those studies that the NHS has prioritised for delivery. Funding for research staff to deliver these studies is paid to us by CRNEoE. To date, the number of recruits is 425. All research that is carried out in the Trust has appropriate ethical and regulatory approval.

Integrated Research Application System Number	Title of Research Project	Sponsor
no IRAS	NCISH: The National Confidential Inquiry into Suicide and Safety in Mental Health	University of Manchester
97740	PPIP 2: Prevalence of Pathogenic Antibodies in Psychosis	University of Oxford
188916	DECRYPT: Delivery of Cognitive Therapy for Young People after Trauma	University of East Anglia
160521	A Register for New Anti-Epileptic Drugs in ID/PPD populations	Cornwall Partnership NHS Foundation Trust
201898	Lithium versus Quetiapine in Depression (LDQ)	King's College London
233606	Smartphone App-induced Habit: A treatment ingredient in HRT for OCD	HPFT
254507	FEATSOCS	University of Hertfordshire & HPFT
274009	Hearing nasty voices: Developing new ways to measure the experience	University of Oxford
126600	Novel coronovirus observational study - Clinical Characterisation Protocol – CCP UK	University of Oxford
265175	ESMI-II: Effectiveness of community perinatal mental health services	Devon Partnership Trust
282858	Psychological impact of COVID-19: An international survey	Southern Health NHS Foundation Trust

Integrated Research Application System Number	Title of Research Project	Sponsor
256357	Online Acceptance and Commitment Therapy for family carers iACT4CARERS	University of East Anglia
200695	People with ID moving under Transforming Care	University of Hertfordshire & HPFT
268517	Patient preferences for voice-hearing therapies (PREFER)	University of Sussex
276093	The READY study - feasibility phase	University of Hertfordshire
235424	The SPRINT study	University of Leicester
270760	Early evaluation of the Children and Young People's Mental Health Trailblazer programme	University of Birmingham
260514	Trauma-AID	Birmingham Community Healthcare Trust
285404	Understanding Experiences of Feeling Exceptional: a questionnaire study	University of Oxford
41265	DPIM: DNA Polymorphisms in Mental Illness	University College London
270727	STRATA: A multicentre double-blind placebo-controlled randomised trial of Sertraline for Anxiety in adults with a diagnosis of Autism	University of Bristol
289113	Far Away From Home	University of Nottingham
293445	Safer Online Lives	University of Kent
296159	Wordless vaccine information for people with intellectual disabilities	University of Hertfordshire
289990	The identification and treatment of PTSD in young people	University of Bath
292402	Behavioural interventions for anxiety (BEAMS-ID) Survey	Coventry and Warwickshire Partnership NHS Trust
297661	Service User Views on Digital Health Promotion in Youth Mental Health	University of Manchester
297441	Brain in Hand	Cornwall Partnership NHS Foundation Trust
281532	RESPOND (Mindfulness-Based Cognitive Therapy for IAPT Non-Responders)	Sussex Partnership NHS Foundation Trust

For more information on any of these studies, email our Research and Development Department at hpft.research@nhs.net

5. Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of a health care provider's income to the achievement of local quality improvement goals. The Trust's CQUIN goals are set by NHS England at the beginning of each financial year.

In 2020/21, the CQUIN framework was paused by NHS England because of the COVID-19 pandemic. The Quality Accounts for 2020/21 and 2021/22 do not include any information related to CQUIN, although we continued to implement relevant schemes.

CQUIN recommenced in April 2022, and we will implement and report on all CQUIN schemes relevant to the services we provide in 2022/23.

6. The Data Security and Protection Toolkit (DSPT)

The DSPT is an online system which allows organisations to assess themselves or be assessed against information governance policies and standards and grades organisations as 'small', 'medium' and 'large'. The Trust is a 'large' organisation and is, therefore, required to undertake 110 mandatory evidence items on all aspects of information governance and data security.

In 2021/22, the Trust submitted all evidence within the deadline, and received an assessment of 'Standards Met'.

The Trust will submit its DSPT before 30 June 2022 deadline. The Toolkit covers 48 assertions based on the National Data Guardian's ten Data Security Standards:

- Personal Confidential Data
- Staff Responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding to Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- Accountable Suppliers

Positive Practive in Mental Health Award Winners

7. Clinical Coding

We use clinical coding to categorise the information we gather about our service users and the services and treatments they receive from us. This information is then used to analyse the data that informs our quality indicators. Although we are not part of the NHS 'Payment by Results' (PbR) system, our clinical coding is still externally audited.

Hospital Episode Statistics (HES) is a database containing details of all admissions, Emergency Department attendances and outpatient appointments at NHS hospitals in England.

During 2021/22, the Trust submitted records to NHS Digital for inclusion in the HES which are included in the latest published data. Although national figures for 2020/21 have not yet been published, the percentage of Trust records in the published data which included the service users' valid NHS number was:

- 100% for admitted patient care
- 99.2% for outpatient care

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

- 97.6% for admitted patient care
- 96.8% for outpatient care

This data is based on a Trust calculation following the NHS Digital rules.

Clinical Coding Audit is an essential component of the Data Assurance Framework. This method of data quality assurance is designed to measure results achieved by the NHS in a way that is meaningful to the public, to healthcare professionals and to NHS managers and to correlate NHS funding with clinical activity and outcomes.

The 2021/22 audit has achieved the objectives for robust data quality:

			Level of attainment	
	2020/21	2021/22	Mandatory	Advisory
Primary diagnosis	98%	98%	>=85%	> =90%
Secondary diagnosis	92.8%	95.6%	>= 75%	> =80%

- The Trust has met the requirements for achieving attainment of mandatory and advisory levels for clinical coding analysis within information quality assurance
- The overall quality of coded data was good, and coders demonstrated great knowledge of clinical coding standards and guidance
- Coders have an established clinical engagement and validation process to ensure the data is accurate and comprehensive
- Coding is carried out remotely as the Trust has a good IT infrastructure and has facilities to access electronic clinical documents via PARIS, its EPR system

Ethnicity

The percentage of records in the published data which included the service users' ethnicity was 84%.

We plan to improve our data quality and clinical coding by:

- Conducting regular audits
- Supporting staff with data quality issues through reviewing key performance indicators (KPI) guides
- Developing front end reports which are updated daily

8. Patient (service user) Safety

This section describes key actions taken to ensure that we provide safe care. We have continued to focus on developing a culture of safety over the last year, building safety into the heart of all we do. This has been supported through a number of safety initiatives, including:

- Introducing a Continuous Quality Improvement (CQI) project with the Eastern Academic Health Science Network to reduce the use of restrictive practices in services in Norfolk. This project continues and there are plans to widen this to 10% of inpatient wards in 2022/23, with the aim of reducing physical interventions, seclusions, rapid tranquilisations and long-term segregation (LTS)
- Responding to the learning from previous quarters with a particular focus on racial abuse, violence and aggression, sexual safety, and restrictive practice. There has been a focus in improving sexual safety within our inpatient units with regular meetings and development of a sexual safety work plan
- Three Independent Domestic Violence Advisors (IDVAs) employed by Refuge are now co-located with our adult community teams in Hertfordshire. Their role is to work directly with service users experiencing domestic abuse and to support staff in managing risks
- Following a successful pilot, the electronic Patient Safety dashboard was rolled out across the Trust, to support and enable more active monitoring and responding to incidents.
- Colleagues from British Transport Police (BTP) and Network Rail attend Trust reflective learning sessions, to support wider system learning around suicide on the railway
- A joint partnership with the Samaritans to offer follow- up support for service users seen by the Mental Health Liaison Team (MHLT) has been established.

We have also further developed our Datix incident management system in response to changing needs; for example, providing virtual training and bespoke training videos for individual services. This has enabled staff to complete timely and accurate incident reports so that we can learn from incidents and take appropriate actions.

Service User journal

During the year, our Enhanced Risk Assessment (ERA) and Enhanced Risk Assessment Team went live. An ERA is a framework to capture and formulate risk to enable a management plan to be developed. A minority of service users may pose a risk to others, and The ERA Team helps the Trust to understand and manage potential risks at the earliest opportunity and so increase safety for service users, their families, friends and carers, our staff and our communities.

We made changes to the case note section of PARIS to allow clinicians to view and immediately note actions related to changes in risk without having to open a new Risk Assessment care document. This change increases safety by increasing visibility of risk assessments and risk management in the casenote view. It has helped clinicians to continuously assess, evaluate and record management of risk as part of routine work, rather than as an additional, separate task.

We rolled out the National Early Warning Score (NEWS2) across all our inpatient services. NEWS2 was developed by the Royal College of Physicians to improve the detection of and response to clinical deterioration in adult patients and is a key element of patient safety and improving outcomes outcomes.

There has been a stronger focus on encouraging staff to report incidents of racial abuse. We developed posters for both inpatient units and community hubs giving a stronger message that abuse of staff is not tolerated by the Trust.

The total number of incidents reported (via our incident reporting system Datix) between 1 April 2021 and 31 March 2022 was 15,512. Of these, 18 (0.12%) are recorded under the harm category as ‘severe harm’ and 554 (3.6%) are recorded under harm category as ‘death’. There was a decrease in reported deaths of 5% compared to the previous year.

We will prioritise training for our First Response, Crisis Resolution and Home Treatment Team (CRHTT) and Prevention Assessment Treatment in Hertfordshire in our Simulation Suite and plans are in place with partners including the ambulance and fire services to simulate joint scenarios involving multiple agencies.

We have worked with commissioners and the Provider Collaborative to ensure that people are admitted for assessment and treatment appropriately and discharge pathways are agreed on admission – avoiding inappropriate admission and delays in transfers of care.

9. Developing a culture of safety

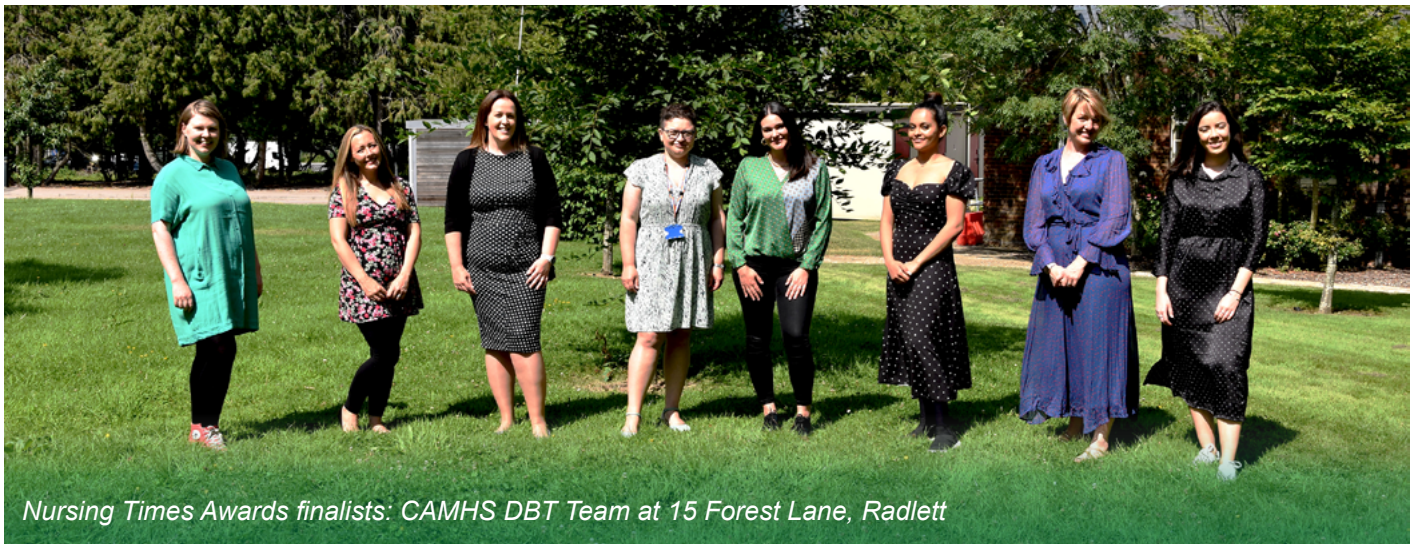
We have again focused on developing a culture of safety over the last year, delivered through collective ownership and leadership as well as a shared understanding and belief that safety is paramount. Some of the initiatives that have supported this approach are:

- Introducing the post of Head of Safety and Patient Safety Specialist in line with the NHS Patient Safety Strategy. This post provides dynamic, senior leadership and visibility whilst supporting the development of a patient safety culture, safety systems and improvement activity and networking with other Patient Safety Specialists. The post is also key in embedding learning from incidents into the clinical areas and in practice
- Preparing to implement the NHS Patient Safety Incident Response Framework (PSIRF) from summer 2022. The aim of the PSIRF is to allow a more proportionate response to safety incidents, allow a greater range of responses to incidents as opposed to reliance on formal investigations, improve support and involvement of affected patients, staff and families; and improve the existing governance and oversight procedures. In preparation for the transition, over 50 members of staff have been trained in a systems-based approach of patient safety incidents investigation.
- Introducing modules 1 and 2 of the national Patient Safety Syllabus which provides an understanding of safety and the approaches that build safety for service patients, reduce the risks created by systems and practices and develop a genuine culture of patient safety

As a result, we saw a reduction of more than a quarter of incidents being categorised as moderate/severe harm when compared to the previous year.

We also continued with previous initiatives, including:

- Using Applied New Technologies (ANT) to provide assurance on weekly ligature point audits and focusing on any changes to the environment that may introduce a ligature risk
- Holding SWARM meetings, multidisciplinary forums which provides open support, guidance and feedback following serious incidents in order to learn from them and improve our service. SWARMs are held as soon as possible after a service user safety incident and carried out in a blame-free environment and while the incident is still fresh in everyone's mind
- Working with key partners including public health teams, the Samaritans, BTP, Network Rail, Hertfordshire Constabulary, HM Coroner for Hertfordshire, Change Grow Live drug and alcohol recovery services, our service user and carers councils and the Hertfordshire Spot the Signs suicide prevention teams to reduce suicides. We participated in two suspected suicide cluster responses, this year working with partners to support local communities and prevent future suicides, and commissioners have agreed funding for a bereavement support officer to support people bereaved by suicide



Nursing Times Awards finalists: CAMHS DBT Team at 15 Forest Lane, Radlett

10. Restrictive Practice and our MOSS together Strategy

The priorities of our Making our Services Safer (MOSStogether) Strategy are:

- To use the least restrictive practices, as a last resort, and as a safety intervention, considering alternative approaches to ensure safe care
- To reduce the negative impact on service users and staff when restrictive practice is used
- To involve service users in their recovery and care through shared decision making
- To ensure our practice is responsive to the changing needs of service users and services as well as best practice and the evidence base

Restrictive practice refers to the implementation of any practice which restricts a service user's movement, liberty and/or freedom to act. Where an individual service user's behaviour places them or others at imminent risk of significant harm, a restrictive practice may be necessary as a proportionate and reasonable response. To enable a reduction in the use of restrictive practice, high quality and safe services need to be provided in therapeutic environments with staff engaging in therapeutic relationships, providing value-based care that is person-centred and focuses on recovery.

To create and maintain a safe and supportive environment for staff, service users and carers, we need to ensure processes are designed and in place which are informed by what works well and why, and which replicate and optimise these behaviours and processes. We have a comprehensive training programme for preventing and managing violence and aggression, which includes developing competence in both proactive and reactive approaches, focused on the best interests of service users.

Our MOSStogether strategy enables us to deliver on the strategic objective - "we will provide safe services, so that people feel safe and are protected from avoidable harm" – by:

- Ensuring we use the least restrictive practices possible by setting out how service users will feel safe in our services and how they can be a partner in their own care and treatment and have a positive experience of that treatment
- Supporting a reduction in violence and aggression experienced by staff and services users across all of our service

The strategy is monitored by our Restrictive Practice Committee. The Committee supports the actions detailed in our Annual Plan, around reducing violence and aggression and ensuring the use of the least restrictive practice.

Other notable achievements during 2021/22 include:

- Introducing the HOPE(S) clinical model of care, an ambitious human rights-based approach to working with people in long term segregation which was developed from research and clinical practice and results in the least restrictive practice being used. In partnership with Mersey Care NHS Foundation Trust, NHS England and NHS Improvement are funding the model through the NHS-led Provider Collaboratives across England. A Modern Matron from our learning disability services was seconded to the role of HOPE(s) National Model Specialist Practitioner to lead a system change to reduce long term segregation for people with a learning disability and/or autism across the region
- Building four new safety suites with a further four under construction. These new spaces are much larger than our previous facilities and help promote the human rights of service users requiring seclusion or LTS. The suites include separate living and sleeping areas and shower facilities, radio and TV, adjustable mood lighting and access to outside space and meaningful activities
- Increasing capacity for our RESPECT training programme which supports the prevention and management of violence and aggression
- Introducing the Dynamic Appraisal of Situational Aggression (DASA) - a structured violence risk assessment – in our adult psychiatric intensive care within 24 hours of an assessment
- Introducing live data via an electronic patient safety dashboard, including the ability to monitor seclusions
- Refreshing our joint working protocol with Hertfordshire Police which supports a just culture for dealing with concerns around potential criminality in mental health settings

11. Assurance

11.1 Duty of Candour

Duty of Candour requires registered providers and managers to act in an open and transparent way with people receiving care from us. We are committed to the principles of openness, honesty and transparency and aim to learn from all incidents and engage service users and families in the review process.

Our Duty of Candour policy defines the incidents to which Duty of Candour applies, sets out the duties and responsibilities of senior staff after an incident and details the requirement to meet the Statutory Duty. Every investigator contacts the service user involved in an incident and/or their family or carer and offers to meet them as part of the investigation. Their views are routinely recorded and considered in the reports and recommendations made. A copy of the Serious Investigation report is shared in full with the service user or the family and also with HM Coroner and GP when a death has occurred. Signposting to suicide bereavement support and resources is included in the Duty of Candour letter sent to families.

11.2 National Confidential Inquiry into Suicide and Homicide (NCISH)

The NCISH is led by the University of Manchester. An annual report publishes findings and recommendations which we respond to through our internal Suicide Prevention Group and our collaborative work with partner organisations. The NCISH process asks clinicians to complete questionnaires where a suicide is suspected or confirmed. We disseminate the key findings of the NCISH annual report via our Strategic Business Unit (SBU) governance meetings and also our Continuing Professional Development (CPD) meetings. The NCISH annual report was also used to inform our Suicide Prevention Group work plan for 2022/23.

11.3 Learning from Deaths

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

The following elements capture 'Learning from Deaths' updates as required in the quality accounts regulations:

a) The number of patients (service users) who have died during the reporting period, including a quarterly breakdown of the annual figure

We capture data for service users who die whilst they are in our services or within 12 months of discharge. During 2021/22, 544 (by date of death) of our service users died. Of these, 128 were identified as meeting the criteria for further review, either as a Serious Incident investigation (65) or as a Structured Judgement Review (63). A large number of the deaths reported are due to natural causes (including from COVID-19), ill health or accident and are not related to our care. Deaths are recorded on Datix, our incident reporting system, which has a mortality section enabling reporting and recording of screening information.

Table 1: Deaths by Quarter in 2021/22 (this information is correct as at 6/4/2022)

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
East and North Hertfordshire Strategic Business Unit	72	85	104	94	355
Essex & IAPT SBU	12	13	14	17	56
Learning Disabilities & Forensic Strategic Business Unit	8	7	17	14	46
West Hertfordshire Strategic Business Unit	18	19	24	26	87
Total	110	124	159	151	544

This number is the reported deaths of all service users in the year we had contact with in the previous 12 months. The number for 2020/21 was 635, which was largely due to COVID-19.

The high number of deaths within the East and North SBU reflect the age distribution of the service users, as this business unit covers our older peoples' services. The majority of these deaths were from natural causes and due to conditions commonly associated with older age, such as end stage dementia.

The increase in the number of deaths of individuals with a learning disability is consistent with the later part of the previous year. The majority of these were community service users and the reasons are largely attributed to winter related illnesses and physical health conditions. All of these deaths will be subject to a LeDeR review and are reviewed by the Trust's Mortality Governance Team.

b) The number of deaths included in table 1 which the Trust has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient (service user), including a quarterly breakdown of the annual figure.

63 case record reviews and 65 investigations have been carried out in relation to 544 of the deaths included in table 1.

None of the cases were subject to either a case record review or a Serious Incident investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out are detailed in the table below:

Table 2:

Incident Investigations		Structured Judgement Reviews	
Quarter 1	15	Quarter 1	15
Quarter 2	17	Quarter 2	12
Quarter 3	18	Quarter 3	21
Quarter 4	15	Quarter 4	15
Total	**65**	**Total**	**63**

Note: Serious Incident investigations and Structured Judgement Reviews (SJR) are separate process, so the data in each column is not linked.

c) An estimate of the number of deaths during the reporting period included in item b, for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

These numbers have been estimated using the Mortality Case Record Reviews (using SJR methodology) only. In keeping with Root Cause Analysis methodology and national reporting requirements, Serious Incident investigations do not directly address the question of whether the death was more or less likely to be due to problems in care. Instead, serious incidents reports analyse and comment on care or service delivery problems, contributory or influencing factors and a root cause where identified.

Zero (representing 0%) of service user deaths during the reporting period are judged to be more likely than not to be due to problems in the care provided to the service user.

d) A summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths identified in item c.

Not applicable as no such deaths were identified.

e) A description of the actions which the Trust has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item d).

Not applicable as no such deaths were identified.

f) An assessment of the impact of the actions described in item 5 which were taken by the provider during the reporting period.

Not applicable as no such deaths were identified.

g) The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item b in the relevant document for that previous reporting period.

Zero case record reviews and four serious incident investigations were completed in 2021/22, which related to deaths that occurred before the start of the reporting period.

h) An estimate of the number of deaths included in item g which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the service user, with an explanation of the methods used to assess this.

Zero (representing 0%) of the service user deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the service user. The method used to arrive at this is review of Serious Incident Investigation reports. Which in themselves do not make that specific judgement.

i) A revised estimate of the number of deaths during the previous reporting period stated in item c of the relevant document for that previous reporting period, taking account of the deaths referred to in item h.

Zero (representing 0%) of the service user deaths during the previous reporting period are judged to be more likely than not to have been due to problems in the care provided to the service user.

All deaths of people with a learning disability are referred to the Learning Disabilities Mortality Review (LeDeR) programme. LeDeR has undergone a policy review and local Integrated Care Systems (ICSs) are responsible for ensuring reviews are undertaken and actions are implemented. The Trust will continue to notify deaths through a new web-based platform. The reviews will be undertaken by a central pool of reviewers.

During 2021/22, 75 deaths have been reported by us to the LeDeR programme.

- 10 in the first quarter: April to June 2021
- 16 in the second quarter: July to September 2021
- 23 in the third quarter: October to December 2021
- 26 in the fourth quarter: January to March 2022

The primary representative for the LeDeR steering group is the Deputy Director of Nursing and Partnerships, who leads on physical health for the Trust. The recommendations from reviews will be taken forward through the physical health outcomes group in the Learning Disability and Forensic SBU and the Physical Health Committee.

12. Reporting Against our Core Indicators

This section of the Quality Account sets out how we performed against our core (local) indicators. These are the priorities that were published in our 2020-21 Quality Account. For the Trust there are five mandatory local indicators set by the NHSI Regulation Framework. The tables below provide an overview of our performance against each indicator.

The percentage of service users on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care during the reported period

Name of Priority	PATIENT (SERVICE USER) SAFETY				
Related NHS Outcomes Framework Domain and who will report on them	7-day follow-ups				
Data Definition	All adult mental health inpatients should receive a follow-up face to face appointment (or in exceptional circumstances a phone call) to ensure their wellbeing, following discharge from hospital. The measurement is the percentage of people discharged who received a follow-up within 7 days, with the day following discharge counting as day 1.				
How this data will be collated	Follow-ups are recorded on the EPR, Paris, and a report is extracted monthly for reporting purposes.				
Validation	Validated between performance, SBU managerial staff and clinical staff.				
Performance in Q1 to Q4 in 2021-22	**Q1**	**Q2**	**Q3**	**Q4**	**21/22**
	96.9%	93.7%	96.2%	95.7%	95.6%
Performance in Q1 to Q4 in 2020-21	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
	97.0%	97.3%	96.0%	97.1%	96.9%
Target (National)	95%				

The Trust considers that this data is as described for the following reasons:

- Data is routinely checked and validated internally as well as by internal and external auditors.

The Trust has taken the following actions to improve this indicator and so the quality of its services by:

- Introducing a 48-hour target for follow ups with an 80% target; this was achieved in Quarter 4 - January to March 2022
- We have ensured that service users who are placed in an out of area inpatient bed receive the same quality and timeliness of follow-ups

The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

Name of Priority	CLINICAL EFFECTIVENESS				
Related NHS Outcomes Framework Domain and who will report on them	CRHTT Gatekeeping (Mandated)				
Data Definition	The percentage of people who are admitted to our acute inpatient units who have been assessed by the CRHTT or MHLT (Trusted assessor for CRHTT) prior to admission.				
How this data will be collated	Collected manually by CRHTT teams – SPIKE report relying on data input on PARIS				
Validation	Validated by Service Line Lead and Service Manager				
Performance in Q1 to Q4 in 2021-22	**Q1**	**Q2**	**Q3**	**Q4**	**21/22**
	95.5%	97.1%	98.1%	97.1%	96.9%
Performance in Q1 to Q4 in 2020-21	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
	95.3%	97.7%	97.7%	98.3%	97.2%
Target (National)	95%				

The Trust considers that this data is as described for the following reasons:

- Data is routinely checked and validated internally as well as by internal and external auditors.

The Trust has taken the following actions to improve this indicator and so the quality of its services by:

- Additional validation by clinical service line lead and/or Service Manager as well as performance
- Regular feedback to local teams on practice and recording issues

The Percentage of Patients aged i). 0 – 15 and ii). 16 or over readmitted to a hospital that forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Name of Priority	CLINICAL EFFECTIVENESS
Related NHS Outcomes Framework Domain and who will report on them	**Readmission Rate (Mandated)** **Readmission rate of all 0 – 15 year olds who have been an inpatient in our services** **Readmission rate of all 16+ people who have been an inpatient in our services**

Name of Priority	CLINICAL EFFECTIVENESS					
Data Definition	The number of readmissions within 28 days of discharge expressed as a percentage of total discharges.					
How this data will be collated	Collated from our Electronic Patient Record in the form of an automated report.					
Validation	Validated by the Performance Improvement Team.					
Performance in Q1 to Q4 in 2021-22	**0-15**	**Q1**	**Q2**	**Q3**	**Q4**	**21/22**
		0.0%	0.0%	0.0%	0.0%	0.0%
	16+	**Q1**	**Q2**	**Q3**	**Q4**	**21/22**
		6.1%	3.6%	6.4%	2.4%	4.6%
Performance in Q1 to Q4 in 2020-21	**0-15**	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
		0.0%	0.0%	0.0%	0.0%	0.0%
	16+	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
		5.7%	6.2%	4.3%	1.9%	4.7%
Target (National)	5%					

The Trust considers that this data is as described for the following reasons:

- Data is routinely checked and validated internally as well as by internal and external auditors.

The Trust has taken the following actions to improve this indicator and so the quality of its services by:

- Validation and review of reasons for readmission
- Continuing to strengthen the discharge process by including a final discharge meeting.

The Trust's 'Service User Experience of Community Mental Health Services' indicator score with regard to a service user's experience of contact with a health or social care worker during the reporting period

Name of Priority	SERVICE USER AND CARER EXPERIENCE
Related NHS Outcomes Framework Domain and who will report on them	**Service User experience in the community (Mandated)**
How this data will be collated	Service user experience of nursing and social care staff, taken from the published National Service User Survey.

Name of Priority	SERVICE USER AND CARER EXPERIENCE				
How this data will be collated	Collated by company who run the National Survey and published on CQC website				
Validation	Validated nationally				
Performance in Q1 to Q4 in 2021-22	**Q1**	**Q2**	**Q3**	**Q4**	**21/22**
	6.9 – 'About the same' as other trusts				
Performance in Q1 to Q4 in 2020-21	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
	7.3 - 'About the same' as other trusts				
Target (National)	No target set				

The Trust considers that this data is as described for the following reasons:

- Data is routinely checked and validated internally as well as by internal and external auditors

The Trust has taken the following actions to improve this indicator and so the quality of its services by:

- Focusing on increasing the numbers of service users responding to national and local surveys to gain a broader spectrum of experience
- Launching a text message version of the national Friends and Family Test to service users in our community service, with a 60% increase in feedback in January, February and March 2022.

The number and, where available, rate of service user safety incidents reported within the Trust during the reporting period and the number and percentage of such service user safety incidents that resulted in severe harm or death.

Name of Priority	PATIENT (SERVICE USER) SAFETY
Related NHS Outcomes Framework Domain and who will report on them	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)
Data Definition	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)
How this data will be collated	The data is collected from Datix and the Covid Sitrep and consists of Patient Safety Incidents reported to NRLS and Covid Inpatient Deaths
Validation	Validated by the Safer Care Team Datix and Patient Safety Lead

Name of Priority	PATIENT (SERVICE USER) SAFETY				
	Q1	**Q2**	**Q3**	**Q4**	**21/22**
Performance in Q1 to Q4 in 2021-22	Death 20 (1.5%) Severe Harm 1 (0.07%) Total incidents 1333	Death 18 (1.25%) Severe harm 3 (0.20%) Total incidents 13	Death 20 (1.45%) Severe Harm 4 (0.29%) Total incidents 1371	Death 22 *(includes 4 Covid 19 deaths of inpatients)* (1.56%) Severe Harm 1 (0.07%) Total incidents 1403	Deaths 80 *(includes 4 Covid 19 deaths of inpatients)* (1.44%) Severe Harm 9 (0.16%) Total incidents 5540
Performance in Q1 to Q4 in 2020-21	**Q1**	**Q2**	**Q3**	**Q4**	**20/21**
	Death 35 *(Includes 26 Covid inpatient deaths)* (2.96%) Severe Harm 3 (0.25%) Total incidents 1186	Deaths 12 (0.15%) Severe Harm 2 (0.15%) Total incidents 1284	Deaths 17 *(Includes 3 Covid Inpatient deaths)* (1.26%) Severe Harm 4 (0.29%) Total incidents 1344	Deaths 19 *(Includes 5 Covid inpatient deaths)* (1.62%) Severe Harm 0 Total incidents 1167	Deaths 83 *(Includes 34 Covid inpatient deaths)* (1.66%) Severe Harm 9 (0.18%) Total incidents 4981
Target (National)	Not applicable				

The Trust considers that this data is as described for the following reasons:

- Data is routinely checked and validated internally as well as by internal and external auditors

The Trust has taken the following actions to improve this indicator and so the quality of its services by:

- Encouraging incident reporting via virtual and bespoke training programmes to help support a positive reporting culture
- Introducing measures to support reduction in moderate and severe harm incidents including SWARMS, reflective sessions, monthly learning events and our simulation training facility

13. Accreditation

Accreditation of our services by the Royal College of Psychiatrists (RCPsych) and other organisations offers external assurance around quality. Accreditation standards are nationally agreed, evidence based best practice standards, which also enable providers to gain detailed insightful feedback from service users and carers on the service they receive. The CQC has announced that it will use accreditation as part of its assurance processes. In some instances, inspection activity will be reduced. .The CQC states that *"A trust's participation in accreditation schemes is reflected in the well-led key question at provider level as evidence of a commitment to quality improvement and assurance. Achieving accreditation under a specific scheme is reflected in the effective key question for the relevant core service."*

Achieving accreditation means that the service generally performs well, service users and carers are engaged with the services, good systems are in place and that the people who use and work in the service are satisfied with it overall. Whilst problems may be less likely to occur in an accredited service, accreditation does not guarantee that problems will not occur from time to time.

Along with the RCPsych, the National Autism Society (NAS) also offer Accreditation. There are no plans currently to go through a separate accreditation process with NAS as there is a significant overlap between the RCPsyh and NAS and our quality network and accreditation projects will use the set of core standards most relevant to the service they provide. Each project will adopt these core standards which will be used alongside their own specialist standards. The standards have also been linked to the CQC's "Regulations for service providers and managers, 2014."

There is variation between accreditation schemes, but they share broadly similar approaches and formats. For example, the community services accreditation scheme Accreditation for Community Mental Health Services (ACOMHS) highlights that the full set of standards and criteria are aspirational, and it is unlikely that any service would meet all of them. Therefore, each standard is categorised at one of three levels:

- Type 1: criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment
- Type 2: criteria that a service would be expected to meet
- Type 3: criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service

All type 1 standards must be met for a service to be accredited, along with 80% of type 2 standards and 60% of type 3 standards.

Accreditation runs on a three year cycle of:

- A detailed self-review, which includes completion of patient, carer, staff and referrer questionnaires and a health record audit during the self-review phase
- A detailed peer review
- Decision about accreditation category and feedback.

Teams that satisfactorily complete the accreditation process will be accredited for three years. Teams that are participating in the accreditation process will be listed on the Royal College of Psychiatrists' website, with their accreditation rating.

Scheme Type/ Scheme Name		Please provide details of any services, labs, units or wards that are currently accredited
Accreditation for Inpatient Mental Health Services (AIMS)	AIMS - WA (Working Age Units)	Albany Lodge
	AIMS - PICU (Psychiatric Intensive Care Units)	Oak Ward
	AIMS - OP (Wards for older people)	Lambourn Grove
	AIMS - Rehab (Rehabilitation wards)	Hampden House The Beacon Gainsford House
Quality Networks	Quality Network for Inpatient Learning Disability Services (QNLD)	Astley Court Dove Ward
	Quality Network for Perinatal Mental Health Services (QNPMH)	Thumbswood Ward
ECT Accreditation Scheme (ECTAS)		ECT Suite (Kingfisher Court)
Psychiatric Liaison Accreditation Network (PLAN)		CORE 24 MHLT based at the Lister Hospital (Stevenage) and Watford General Hospital
Memory Services National Accreditation Programme (MSNAP)		EMDASS North EMDASS North West EMDASS South West EMDASS East
Accreditation for Psychological Therapies Services (APPTS)		Wellbeing Services in Hertfordshire Wellbeing Mid-Essex Wellbeing North East Essex
Adult Mental Community in North and East Herts (ACOMHS)		Rosanne House Holly Lodge Cygnet House Oxford House Centenary House Saffron Ground
Forensic Mental Health inpatient wards (QNFMHS)		Beech Ward Warren Court 4 Bowlers Green Broadland Clinic

The Trust also belongs to the following accreditation schemes:

- AIMS Accreditation Scheme (Royal College of Psychiatrists)
- Accreditation for Community Mental Health Services (ACOMHS)
- Accreditation Inpatient Mental Health Services Working Age Wards (AIMS WA)
- Memory Services National Accreditation Programme (MSNAP)
- Accreditation Programme for Psychotherapy Services (APPTS)
- Accreditation for Inpatient Mental Health Services-older people's wards (QNOAMHS)
- Electroconvulsive Therapy Services (ECTAS)
- The Psychiatric Liaison Accreditation Network (PLAN)

14. Clinical Networks

The Trust is a member of the following networks:

Clinical networks:

- The Trust is part of the larger Eastern Clinical Research Network (CRNE) and contracts with it annually to deliver the NIHR portfolio research. Funding from CRNE supports some of the Trust's R&D team
- Founders and members of the newly created Research in Developmental Neuropsychiatry (RADiANT) Clinical Network, hosted by the Trust

Quality networks:

- Quality Network for Forensic Mental health Services (Adult Forensic) Community
- Quality Networks for Community Forensic Mental Health Inpatient
- Quality Networks for Early Intervention Psychosis (EIPN)
- Quality Networks for Child & Adolescent Eating Disorder Community (QNCC)
- Quality Networks for Child & Adolescent Inpatient (QNIC)
- Quality Networks Inpatients Child & Adolescent Inpatient
- Quality Networks for Peri-natal inpatients
- Quality Networks for Peri-natal community
- Quality Networks for Rehabilitation services Inpatient
- Quality Network for Psychiatric Intensive Care Units (QNPICU)
- Quality Network for Inpatient Learning Disability Services (QNLD)
- National Association of Psychiatric Intensive Care Units (NAPICU)

Part 3 Other information

This section includes information relating to the quality of services that our Trust provides. It covers the three domains of quality:

- patient (service user) safety
- clinical effectiveness
- patient (service user) experience

15. Patient (service user) Safety

15.1 Care Quality Commission (CQC)

The Trust is fully compliant with the registration requirements of the CQC, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the COVID-19 pandemic, the CQC kept its regulatory approach under review, in recognition of the changing pressures in health and social care services. Throughout 2021/22, the CQC undertook inspections where there has been evidence that people are at risk of harm; alongside their risk-based activity, the CQC has recommenced ongoing monitoring of services which helps to identify where they may need to take further action to ensure people are receiving safe care and offer support to providers.

The CQC carried out an unannounced focused inspection at Warren Court on 16 September 2021, following concerns raised regarding the safety and quality of the services. The inspection was risk focused and the CQC did not, therefore, look at all Key Lines of Enquiry (KLOE) and the service was also not rated at this inspection. The CQC provided an inspection report outlining their findings, which included seven 'must dos' and one 'should do' actions. These actions have all been closed and are continuing to be monitored.

The CQC also carried out an unannounced focused inspection at Forest House Adolescent Unit on 25 November and 9 December 2021, following concerns raised regarding the safety and quality of the services provided. On 18 January 2022, the CQC issued the Trust with a Section 29a Warning Notice, stating significant improvement was required by 8 April 2022 in five identified areas. The service experienced a significant increase in the acuity of young people admitted, in part as a consequence of the COVID-19 pandemic and the well-publicised deterioration in the mental health of some young people. At the same time, a number of General Assessment Unit beds in the East of England region (both NHS and private) were closed to new admissions for young people. The service also experienced staffing challenges, with an increase in both vacancies and the number and level of prescribed safe and supportive observations. Forest House therefore implemented a Service Improvement Action Plan in September 2021, prior to the CQC's inspection, which set out areas of development against the five CQC KLOEs, the specific actions required, relevant leads and actions with clear timescales, including risk assessments, safe and supportive observations and physical health checks.

The CQC published its inspection report on Forest House on 30 March 2022 and rated the service as 'inadequate'; the Trust submitted its formal action plan to the CQC on 25 April 2022, within the required timeframe. We full accepted the findings of the report and took action to improve the care and support that young people and their families received.

15.2 Serious incident response times and analysis

The Trust reported 138 Serious Incidents in 2021/22, compared to 124 in 2020/21. This increase is in the context of continued work to encourage a positive reporting culture and an ongoing commitment to learning and continuous quality improvement. As a Trust, we continue to learn from incidents and encourage a positive response to reflections from incidents. The Trust recognises that variation in numbers of serious incidents reported in any one year can be expected, and an over focus on numbers only can discourage reporting, information sharing and learning. Unexpected or avoidable death continues to be the highest reported serious incident category, increasing from 47 in 2020/21 to 68 in 2021/22.

During the previous year at the start of the COVID-19 pandemic there was a decrease in the incidence of self-harm and unexpected death. In response to the increase in unexpected deaths in 2021/22, a task and finish group was set up which includes an ongoing deep dive undertaken by the Deputy Medical Director focused on demographic data including age, gender, geographic location, employment, method and access to means. Our Crisis and First Response teams were prioritised for simulation hub training to support risk assessment, risk management and decision making.

When compared with 2020/21, the number of disruptive, aggressive or violent behaviour incidents reported as serious incidents in 2020/21 has decreased from 15 to 13. There has been an increase in self-harm serious incidents from 35 in 2020/21 to 37 in 2021/22.

Category	2020/21	2021/22
Unexpected or avoidable deaths	47	68
Disruptive, aggressive or violent behaviour	15	13
Apparent, actual or suspected self-inflicted harm	35	37
Slip, trip or fall	12	7
Abuse or alleged abuse of adult patient by staff	0	1
Abuse or alleged abuse of adult patient by a third party	2	6
Abuse or alleged abuse by adult patient of a third party	0	1
Medication incident	2	0
Unauthorised absence	2	0
Sub-optimal care of deteriorating patient	0	2
Confidential information leak/information governance breach	1	0
Health care associated infection or infection control	2	0
Apparent, actual or suspected homicide	2	2
Commissioning incident meeting SI criteria	0	1
Accident e.g.collision/scald (not slip/trip/fall) meeting SI criteria	1	0
Treatment delay meeting SI criteria	1	0
Medical equipment	1	0
Allergy incident on ward	1	0
TOTAL	**124**	**138**

Serious Incidents are investigated using Root Cause Analysis (RCA). Since September 2020, the Trust has had zero cases where Serious Incidents were not investigated within the mandated time frame. During 2021/22 work has continued to support incident investigators to deliver RCA reports within the framework timescales. Weekly update meetings with the SBUs and the Safer Care Team are in place, along with circulation of cases with upcoming deadlines each week. In keeping with the Serious Incident Framework; for a small number of cases, extensions are agreed between the Executive Director of Quality and Safety (Chief Nurse) and commissioners on an exception basis, for example to support family involvement in the review process.

The NHS Patient Safety Strategy was published in July 2019 and included the Patient Safety Incident Reporting Framework (PSIRF). Originally due to be launched in the Spring of 2021, NHS organisations are now expected to transition to using the new framework in Spring 2022. The Framework is also being updated with feedback from early adopter sites. The Trust is expected to establish effective systems, processes and behaviours that enable recovery from the effects of an incident and ensure learning and improvement are more likely to happen. The strategy provides guidance on how to respond to patient (service user) safety incidents with a focus on a Just Culture, openness and candour, engagement of service users and families in learning from incidents, support for staff and trained investigators. These principles are in evidence within our existing processes and will be built on further in 2022/23.

During 2021/22, the Trust commissioned and delivered training for 50 staff across all disciplines to undertake incident investigations using human factors and systems based methodologies in preparation for the launch of PSIRF. The Trust will also support staff to attend the national training programme due to be delivered in 2022/23 to ensure consistency of approach in investigation of patient safety incidents within the NHS.

Themes that have emerged through learning from our serious incidents and structured judgement reviews in 2021/22 have included:

- Carer engagement and support
- Safeguarding
- Risk formulation
- Recording practice
- Bereavement support
- Joint working and communication in relation to dual diagnosis and physical health monitoring

In response, we have taken a number of actions, including:

- A carer Continuous Quality Improvement project within the West Strategic Business Unit
- A review and refresh of the Joint Dual Diagnosis Protocol with the Change Grow Live drug and alcohol service
- Safeguarding webinars on self-neglect and domestic abuse
- Commissioning a suicide bereavement support service across the Integrated Care System in Hertfordshire and West Essex; as this is a new service, we will be able to report how many carers and families have accessed it in the 2022/23 Quality Account
- Delivering bespoke risk formulation refresher sessions to teams across the Strategic Business Units informed by learning from serious incidents
- Launching our simulation training programme in September 2021
- Refreshing “back to basics” training
- Working with system partners including local public health teams and Hertfordshire Constabulary to implement real time surveillance in January 2022 to support early notification of potential suicides to all system partners, timely signposting to bereavement support for those affected, and monitoring of potential suicide clusters to enable immediate actions to be taken

We continue to look at other ways to support clinicians and teams to learn from our serious incidents and structured judgement reviews, including:

- Laptop screensavers on Clozapine monitoring, NEWS2 and seven-minute briefings
- Sharing learning notes to summarise incidents, key learning points and identified good practice to support discussion and aid reflection
- Discussing learning notes at local Quality and Risk meetings and Patient (service user) Safety meetings
- Holding reflective learning sessions following serious incident investigations to share learning, involving multiple stakeholders to enable system wide learning – recent sessions have included attendance GPs, British Transport Police, Network Rail, CGL, The Samaritans and NHS partners
- Monthly virtual learning event facilitated by the Deputy Medical Directors, open to all staff - recent topics have included safeguarding, domestic violence, self-neglect, risk to others, coercive control and risk formulation
- Requesting summaries from GPs inform serious incidents reviews and sharing final reports with the GP practice on completion

Examples of changes implemented following serious incidents include:

- Joint working protocol between crisis and community teams
- Updated working protocol with Change Grow Live, the provider of drug and alcohol services in Hertfordshire
- Quality improvement projects for risk formulation and violence and aggression reduction
- Establishment of a Trustwide Sexual Safety Group and trial of a sexual safety initiative in Swift Ward

15.3 Safeguarding

Safeguarding Children

During 2021/22, we saw the highest number of child safeguarding incidents (the numbers of referrals made by our teams to statutory children's services) of the past three financial years, with emotional abuse being the most commonly reported category. This increase is attributed to the mental health and wellbeing impact of the COVID-19 pandemic on children and young people which is also reflected in the large increase in referrals to our Child and Adolescent Mental Health Services (CAMHS).

Safeguarding Adults

For the safeguarding of adults, the Trust is responsible both for recognising abuse and raising concerns and also investigating these allegations for adults who have functional mental disorders, i.e., disorders other than dementia or a brain injury. The response to safeguarding concerns did not change with the onset of the pandemic and we therefore maintained a 'business as usual' approach to adult safeguarding throughout the period.

As with child safeguarding, there was a peak in safeguarding adult activity in the Trust during Quarters 1 and 2 (April – September 2021). In Quarter 2, the numbers of incidents were 488, the highest number seen since 2018. This could be linked to the increase in need seen by adult mental health services as the pandemic continues, based upon pent-up demand and people delaying seeking help, leading to higher levels of need and risk.

For adults, domestic abuse is one of the main categories of abuse experienced by people with mental health needs, second only to physical abuse linked to incidents on mental health units. The numbers of referrals into the Trust for domestic abuse has steadily grown and it is notable that incidents also went up during lockdowns and just after the country opened. Domestic abuse also impacts on children, and we have taken steps to ensure staff are trained in understanding and managing disclosures of domestic abuse through a programme of online seminars.

Safeguarding practice developments in the Trust

In addition to our domestic abuse training programme, practice developments in 2021/22 included:

- Adding a supervision case note to the PARIS EPR
- Establishing regular meetings between children's services and our CAMHS teams to discuss practice issues and support joint working
- Running a quality improvement project to improve support for care leavers, developing best practice guidance and webinars to raise the profile of children looked after
- Creating a tool to help identify childhood neglect which has been endorsed by the Hertfordshire Safeguarding Children Partnership and is now available online for all agencies in Hertfordshire to use at mac-tool-neglect-accessable-version-v3.docx

Safeguarding audits

Audits for children were completed on:

- Children Looked After (CLA)
- Quality of safeguarding children referrals and the outcomes of those referrals
- Criminal Justice Liaison and Diversion Team communications with Youth Offending Services
- Invitations and attendance at child protection meetings

For adult safeguarding, our Corporate Safeguarding Team carry out nine qualitative audits per month of safeguarding practice within the Trust, focussing on those teams carrying out investigations. Other audits and deep dives have taken place into:

- Domestic abuse referrals
- Accuracy of recording around safeguarding adult concerns
- Decision making around enquiries, ensuring this is in line with the Care Act 2014

Safeguarding assurance/Section 11 Visit

The annual Clinical Commissioning Group joint adult and children's assurance visit took place on 9th December 2021. In its letter to the Trust, the CCG commended the Corporate Safeguarding Team for its *"…resilience and commitment to protecting children and adults during a time which has been challenging due to the impact of the Covid pandemic and the significant increase in complexity and acuity for children, young people, and adults" … "The team is valued for their expertise across safeguarding within Mental Health Services and their contribution to the wider multiagency partnership is acknowledged"*

Identified areas of good practice from the visit were:

- An excellent demonstration of care and compassion at a recent face to face learning event
- A clear commitment to safeguarding, including joint working with all agencies, including the tenacity of the safeguarding team in undertaking escalations and ensuring other services are working together to protect children
- The successful appointment of two safeguarding practitioners
- Implementation of learning from safeguarding adult reviews, domestic homicide reviews and others
- The rollout of the Professional Nurse Advocate programme within the organisation
- Introduction of the simulation hub to expand training in mental health and provide experiential learning in a safe environment.
- Sexual Safety Group meetings and Sexual Safety Improvement Plan
- A robust process for obtaining safeguarding children referral outcomes
- A successful safeguarding conference with a "Think Family" approach
- The development of a modern slavery pathway, with a clear flowchart for staff to follow
- Work to lead a Hertfordshire-wide task and finish group around improved engagements with private health providers
- Implementing a personality disorder pathway which embeds trauma-informed approaches
- Peer group supervision for staff in trauma-informed CBT

- Piloting and rolling out a programme of trauma focussed support training to foster carers
- Introducing a workbook to provide clear explanations to young people on the processes involved in the transition from CAMHS to adult care
- Developing and implementing information cards for the Mental Capacity Act

Safeguarding improvement plan for 2022/23

Our safeguarding team will focus on the following priorities in the coming year:

- Continue to improve training compliance and finalise the safeguarding training passport
- Offer group safeguarding supervision to all teams
- Ratify the domestic abuse policy for staff who are victims and offer training to managers
- Recruit a trainer from Hertfordshire Care Providers Association to enhance our teams' knowledge of mental health issues in the care home sector
- Increase the number of hours worked by the named doctor for safeguarding children
- Explore further ways to learn from incidents and reviews
- Improve response times to Section 47 and Section 17 requests for information
- Continue to work with adult care services to mitigate issues around adult care provision
- Prepare for the replacement of the current national Deprivation of Liberty Standards (DoLS) by the Liberty Protection Safeguards (LPS), recruiting a lead within the Trust to develop policies, guidance and training
- Update our Safeguarding Adults at Risk Policy to include advice on making referrals when a service user who is being cared for in an out of area placement experiences abuse
- Further explore information sharing processes for children in police custody

The team also plans to take part in the following planned safeguarding audits in 2022-23:

- Children Looked After documentation for referrals in and discharges out
- Section 47 and Section 17 information return compliance
- Child exploitation
- Think Family: referrals made by mental health liaison and crisis teams
- Domestic abuse
- Instances where children are not brought in for booked appointments
- Decision Making re-audit

Safeguarding adults decision making audits and safeguarding adult inpatient unit audits will also continue.

15.4 Infection Prevention and Control

During 2021/22, there was a continued a significant focus on Infection Prevention and Control (IPC) and its role in ensuring that Trust provides high quality, safe and effective care. Key aspects are detailed in this section of the report.

Healthcare Associated infections (HCAI)

There have been zero reports of service users being infected with Clostridioides difficile (C. difficile) or blood stream infections (caused by MRSA, MSSA or gram-negative organisms) during the year.

Outbreak management

28 confirmed outbreaks of COVID-19 reported during 2021/22, all occurring in the period from December 2021 to March 2022 during the peak of the Omicron variant wave and affecting many services and locations. This is a significant increase of 65% compared to 2020/21 when

we reported 17 outbreaks and reflects the national increase in COVID-19 cases as a result of the highly transmissible nature of the Omicron variant which was first identified in November 2021 and the lifting of many restrictions for the general public from July 2021.

All outbreaks were fully investigated and monitored through daily Outbreak Control Team (OCT) meetings, which were reduced to three times a week from March 2022 following a decrease in cases reported. The Trust continues to have good working relationships with external organisations, including the UK Health Security Agency (UKHSA), local CCGs and regional representatives from NHS England and Improvement. These colleagues attended OCT meetings on a regular basis to provide additional guidance. Key learnings from the COVID-19 outbreaks and the actions taken as a result were:

Lesson identified	Action implemented to improve the standards
Staff not always implementing the principles of cohort nursing in a timely manner	Guidance relating to the principles of cohort nursing was developed and introduced
Competencies on swabbing procedure or making Best Interest decisions regarding offering swabs	Swabbing procedure developed and introduced. Training also provided to staff
Competencies with the 'donning' and 'doffing' procedures for personal protective equipment (PPE)	Training provided to staff. Regular communications provided on correct procedures and an audit tool developed and added to the audit programme
Appropriate placement of COVID-19 positive service users who should not be nursed in positive pressure rooms	Review of COVID 19 positive service users on units where air flow can be adjusted to ensure safe management. Any new builds or refurbishments take account of the ventilation guidance regarding positive pressure rooms
Cleaning issues reported	Concerns identified were addressed in a timely manner through the implementation of weekly cleaning audits and regular attendance at the OCT meetings from the estates and cleaning contractor with oversight from the Infection Prevention and Control team
Challenges relating to isolation for some acutely mentally ill service users who were non-compliant with isolation procedures.	Cohort nursing was introduced where possible but some units did not always have the capacity to do this due to the layout of the ward and other mitigations also implemented
Staff areas identified as high risk for transmission	Information added into local guidance to support reductions in cases e.g. car sharing; desk etiquette to support reducing numbers in shared spaces in non clinical areas and ensuring that staff areas were not missed in cleaning and decluttering programmes

IPC practices and procedures were implemented in line with the national guidance which was regularly reviewed. This included implementing isolation/cohorting practices, swabbing and adhering to standard and transmission-based precautions. Root cause analysis reports and risk assessments were developed and implemented for staff and service users who were identified as being COVID-19 positive.

In addition to the COVID-19 outbreaks the Trust also reported an outbreak of diarrhoea and vomiting in September 2021 which affected both staff and service users. IPC controls were implemented and outbreak meetings held to contain the outbreak, with additional specialist input from a consultant microbiologist at Watford General Hospital.

Testing

We continued to require our staff to take twice-weekly COVID-19 lateral flow device (LFD) tests and to report their result via a dedicated website. Managers continuously encouraged staff to carry out regular testing, with compliance ranging from 18% to 56% across individual teams. Accessibility to LFD test kits at different times over the winter period may have been a cause for lower compliance in some teams, along with lower numbers of tests being reported online than were actually carried out.

Vaccinations for COVID-19 and flu

We continued to encourage and support staff to have the COVID-19 vaccination during the year. At the end of March 2022, we recorded almost 94% of staff having a first dose and 92.4% having the second dose. We also offered the booster dose to staff in the Autumn of 2021 with an uptake of almost 80%.

The national target for frontline NHS staff having a flu vaccination for 2021-22 was 90%. We achieved 60%, a decrease of 12% from the previous year. This was a disappointing result but was in line with national average of 60.5% for all NHS trusts*.

Vaccine uptake rates were monitored at weekly steering group meetings, enabling us to review our rates and adapt our different vaccine clinic offers for staff. These included bookable appointments across all our sites, drop-in clinics and ad hoc walk rounds, covering different shift patters and focussed sessions for individual teams. The National Director for the NHS's staff vaccination programme shared positive recognition at a meeting of mental health trust chief executives about our ongoing work to monitor vaccine uptake rates.

Cleaning

During the year, all Trust teams worked closely with our cleaning service provider, who continued to deploy specialist cleaning teams to carry out all COVID-19 related cleaning which was conducted in line with UKHSA guidance. Enhanced cleaning of high touch points and high usage areas continued within site cleaning schedules across the Trust's estate.

The Trust's COVID-19 waste standard operating procedure was updated in compliance with renewed national guidance. We continue to use our jointly developed internal COVID-19 cleaning procedures for all sites, with clear escalation procedures identified when required. Overall cleaning audit scores are in compliance with the national standards and remained high throughout the year with an improvement from the previous year, as below:

Year	Inpatient unit score	Increase	Overall score	Increase in score
2020-21	97.17%		96.53%	
2021-22	97.36%	+ 0.19%	96.61%	+ 0.07%

We are now working towards implementing the new National Standards of Healthcare Cleanliness (2021), which aim to drive improvements while being flexible enough to meet the different and complex requirements of all healthcare organisations. We welcome a more focused approach on collaborative working across all teams, clinical and non-clinical, to meet the cleanliness standard for all our sites.

Training

All Trust staff are required to be compliant with either level 1 or level 2 national infection prevention and control training, with an overall target of 92% compliance. At the end of quarter 4, the training compliance was reported as:

- Level 1 – 85%; a decrease from 85.3% reported at the end of January 2022
- Level 2 – 88.18%; a decrease from 88.46% at the end of January 2022

These reductions reflect the continued challenges brought about by the COVID-19 pandemic with levels of infection outbreaks and staff sickness. Support has been provided to individual staff and IPC link practitioners are also offered additional training to help them support local compliance.

** Seasonal flu and COVID-19 vaccine uptake in healthcare worker 2021 to 2022: provisional monthly data for 1 September 2021 to 28 February 2022* https://www.gov.uk/government/statistics/seasonal-flu-and-covid-19-vaccine-uptake-in-frontline-healthcare-workers-monthly-data-2021-to-2022

Personal Protective Equipment (PPE) 'Donning' and 'doffing' training has been provided competencies developed, along with guidance developed and updated in line with national advice.

Following a national agreement for training on antimicrobial resistance to be classed as to be classed as essential training for nurses, prescribers and pharmacy staff, we have steady increase in training being completed, exceeding the target of 92%:

2021- 2022	Q1	Q2	Q3	Q4
Antimicrobial resistance – An Introduction	91.63%	92.8%	93.32%	93.32%

15.5 Compliments, comments and complaints

We place great value on feedback, including the comments, compliments and complaints we received from our service users, their carers, relatives, friends and advocates. We encourage people to give feedback using Having Your Say surveys via our website, and we make and paper survey forms available on all wards and units along with our comments, concerns and complaints leaflets. In March 2022 we launched a text message version of the national Friends and Family Test questionnaire for service users in our adult and older peoples' community services. We always encourage people to raise concerns with staff who are caring for them or their loved one in the first instance, but if matters cannot be resolved informally, our Experience Team is available on 01707 253916 or by email at hpft.pals@nhs.net.

Compliments

We often receive letters of thanks from service users, carers, advocates and visitors and we log and report these centrally. During the last year there has been a 67% increase in compliments received, with CAMHS and IAPT teams recording positive feedback received through outcome measures and group sessions as a compliment, helping to increase the volume:

- 2021/22 – 2,205
- 2020/21 – 1,321
- 2019/20 – 1,529
- 2018/19 – 1,571

You're amazing, superheroes! I am grateful and appreciate the care you gave me. (Swift Ward)

You potentially saved my life from what would have been a miserable and anxious existence… (Enhanced Primary Care)

Having Your Say

In 2021/22, we received 3,290 Having Your Say survey responses compared to 2,440 in the previous year.

Our surveys have told us that:

- 90% of service users and carers had a good experience of services (FFT) (92% last year)
- 90% of service users said our services were welcoming (89% last year)

All our services promote Having Your Say surveys and encourage service users and carers to give feedback. Our valued volunteers who support this process were stood down during the pandemic bu are now being reintroduced into our community hubs and inpatient wards.

Thank you for all the hard work and support given to the family and myself as class teacher, it is very much appreciated. (CAMHS MH Support Team)

Patient Advice and Liaison Service (PALS)

Our Patient Advice and Liaison Service (PALS) provides people with advice and assistance if they have a concern or enquiry. This year we received 1,112 contacts, compared to 927 in the previous year, an increase of 19%. The table below shows the number and main categories of PALS contacts. During the year, we saw a 50% increase in enquiries relating to systems and procedures, with access to treatment being the predominant reason for these enquiries. There was a significant increase in enquiries related to referral delays and discharges and a 32% increase in the number of enquiries about issues not related to Trust services.

Category	No. of enquiries 2021/2022
Assault or abuse	4
Clinical practice	238
Communication	243
Environment	6
Not HPFT	246
Other	68
Security	5
Staff Attitude (Including values and behaviours)	31
Systems and Procedures (Including Policies & Trust Admin)	233
Transport	2
Grand Total	**1,076**

Formal complaints

When we investigate complaints, we aim to provide a fair, open and honest response and to learn from the issues raised so that service users and carers can benefit from the resulting changes. This year the Trust has conducted a Continuous Quality Improvement (CQI) project to understand the areas that require improvement and identify actions. This piece of work was further enhanced when the Trust became an early adopter for the new National Complaints Framework. The Trust's current operations were self-assessed against a matrix provided by the Parliamentary and Health Service Ombudsmen. An action plan has been produced and will be monitored over the next year in readiness for the introduction of the National Complaints Framework in 2023.

The number of complaints received in 2021/22 was 347 compared to 271 in 2020/21. There were also 112 enquiries from Members of Parliament on behalf of constituents, compared to 71 in the previous year. Of the 197 complaints categorised as being related to clinical practice, assessment and treatment and care were the main sub-categories.

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

During 2021/22, we received six requests for casefiles from the Parliamentary and Health Service Ombudsmen. We also received two final reports which were both partially upheld. In March we received one request for a local resolution meeting which is currently being arranged.

How we use feedback to improve our services

We use information received from feedback to improve our services, along with the outcomes of any investigations. Our Experience Team works closely with our Safer Care and Practice Governance Teams to ensure that lessons learnt are turned into action plans that ensure continuous quality improvement.

Each quarter, clinical teams are required to produce a 'you said, we did' poster based on all the feedback they have received. This process was suspended during the COVID-19 pandemic and restarted in April 2022. The Quarterly Feedback Group, a coproduction group, looks at the feedback received each quarter, the themes and trends and decides on future work plans to ultimately improve the experience for service users and carers. Results of Having Your Say and Friends and Family Test data are sent to teams for them to discuss feedback in their team meetings. We recognise that there is more to do to in this area and the Experience Team support clinical teams with face-to-face training in how to share and learn from feedback. Action plans and actions following complaints can now be tracked through the Datix risk management system. Compliments are also shared directly with our teams and with all staff through our regular communications channels.

Peer Experience Listening, a coproduced mechanism for understanding the experience of care with trained Experts by Experience listening to service users and carers, was reviewed in Q3 and Q4 and new Experts recruited in readiness for a resumption of projects in 2022/23.

16. Doctors' rotas

The Trust operates the following psychiatric on-call rotas:

- Four resident 1st on-call on rotas
- One resident 2nd on-call rota
- One non-resident consultant combined general adult and old age on-call rota
- One non-resident learning disability consultant on-call rota
- One CAMHS consultant on-call rota
- One gate-keeping on-call rota

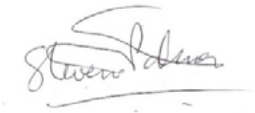
The Trust has introduced a formal handover process where all on-call doctors meet to identify the workload and address any gaps. Whenever a doctor in the 1st on-call rota is away from work, the other rota members cover those gaps. Longer term absences are covered via doctors registered on our staff bank or via locum cover if necessary. Absences are also covered by consultants, who also cover gaps in the 2nd on-call rota along with members of the 1st on-call rota. Consultant on call gaps rarely occur, and when they do a request is sent out for a consultant to cover on a locum basis if at short notice.

These process, along with the fact that recruitment into psychiatric training posts has improved over time, means that we now manage rota gaps much more effectively. We hold fortnightly review meetings to address on-call issues and longer term gaps in rotas before they become an issue.

Part 4 Annexes - Statements from Partners

Healthwatch Hertfordshire

This has been a particularly difficult and challenging year for the Trust and we have appreciated the opportunity to work alongside them to improve the experience of service users and carers. We welcome the commitment of the new CEO to hear the voice of service users and carers and look forward to continuing to work closely with the Trust to help improve services as well as to support the quality priorities outlined in this Quality Account.



Steve Palmer, Chair Healthwatch Hertfordshire, June 2022

NHS East and North Hertfordshire Clinical Commissioning Group

NHS Herts Valleys Clinical Commissioning Group

Hertfordshire Partnership University Foundation NHS Trust Quality Account Statement from Herts Valleys Clinical Commissioning Group and East and North Hertfordshire Clinical Commissioning Group

The pressures and challenges across the health and care system have continued into this year and managing quality and performance for the Trust must still be viewed in the context of the Covid-19 pandemic and its effects on our communities, services, and staff. The Trust has continued to work with Commissioners, the wider system and stakeholders through this time and has adapted and flexed its resource, expertise, and worked in partnership throughout this difficult period. Commissioners would like to thank the Trust for the way in which it has worked with partners and the Trusts ongoing commitment to the citizens of Hertfordshire.

In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, commissioners have reviewed the information contained within the HPFT annual account and checked this against data sources, where these are available through existing monitoring processes, and confirm to the best of our knowledge the account to be accurate and fairly interpreted.

Both CCGs recognise through the Account how quality underpins the strategies within the trust and the positive collaborative working across the health and social care system. There are further opportunities to maintain this collaboration as the system transitions to the Integrated Care Board and the further development of the Mental Health Learning Disability and Autism Collaborative and our Health and Care Partnerships in the coming year. Through these changes we welcome the opportunity to work with the Trust to reflect on the prevention work undertaken in 2021/22, for example offering GP support in looking after children with eating disorders and to look ahead to how the Trust will engage in future prevention strategies across the system.

Regarding quality, we welcome the further development of supervision models in the coming year as a valuable resource to ensure appropriate responses to patient needs and support staff who are working with individuals who have additional challenges, often in complex situations and contexts. Staff in the Trust have experienced a further year of pressure and working in challenging circumstances both in work and at home which we acknowledge, and we wish to thank staff for their ongoing commitment.

The recruitment of a Hertfordshire Care Provider Association Trainer to offer mental health training in care homes will be valuable in the systems ongoing support for care homes. We are also pleased to see the development of a Domestic Abuse policy for staff and supporting managers to better understand the issues surrounding Domestic Abuse for both staff and patients.

We note the reduction in the numbers of reported deaths, that the Trust has exceeded the target of reduction in moderate and severe harm incidents, and progress on out of area placements. Recognition needs to be given to the work to improve timelines of Serious Incidents and note there is further work to do prior to transition to the Patient Safety Incident Response Framework and ensuring that learning from Serious Incidents is embedded. However, further work is clearly needed following the outcomes of CQC inspections and resulting enforcement action which needs to be a primary focus going forward.

The Trust provides integrated Adult Community Mental Health Services in partnership with Hertfordshire County Council. The Trust continues to align social care practice with the Council under a programme of work to embed the Connected Lives approach. The Trust is reorganising its community mental health teams to deliver a more robust social care assessment and support offer, which alongside a move away from the Care Programme Approach (CPA), will enable more joined up and personalised care and support planning. The Trust maintains strong links and alignment with the Council and shows commitment to continuing to elevate social care within the Trust and in supporting people's wellbeing and recovery.

Transformation of Primary and Community Mental Health services continues despite the challenges of Covid-19 and the Trust has worked to consolidate the Integrated Community Mental Health model with Primary Care Networks (PCNs) alongside the implementation of the Mental Health Additional Roles Reimbursement Scheme (ARRS) Practitioners. The Trust continues to work with partner organisations and GPs to develop and further evolve the Primary Care offer for service users. HPFT are working closely with stakeholders on the evolution of the programme through coproduction with service users, carers, PCNs and other GPs. The increased use of virtual meetings has increased the availability of clinicians to join coproduction meetings and therefor coproduction of service transformation has been more effective at an incredibly challenging time.

The Trusts IAPT services have remained open to referrals throughout the Covid-19 pandemic and brought online a range of services to deliver interventions, including through digital platforms. Referrals have remained stable and access numbers low but waiting times have been met for initial assessment, and recovery rates have increased. However, acuity has increased over the period with people needing more intensive longer-term support at Step 3. Commissioners and the Trust have worked together to focus resource on higher level referrals and the Trust has adapted to changes in presentation, which is welcomed.

Commissioners welcome the continued focus and developments on adult eating disorder pathways within the integrated Community Mental Health model. Which includes the development of a hybrid model of both virtual day service and face to face sessions, alongside peripatetic support. We look forward to seeing progress on these changes including the implementation of the FREED model and Experts by Experience supporting recovery journeys.

HPFT continues to deliver its stepped care transformational personality disorder pathway. Alongside training, education, and consultation this programme offers peer support and expert by experience trainers which will be further enhanced in 22/23. It is hoped this will improve access for underserved communities by working with crisis services, MH liaison teams, street triage, and drug and alcohol services to identify people with a personality disorder at the earliest stage in a crisis presentation.

The Trust has experienced increased demand for adults requiring an inpatient admission. In line with national trends there was an overall increase in the number of people with high acuity and complexity needing an admission. HPFT's bed base is below the national average per head of population which has placed more pressure on out of area placements. The Trust, Commissioners and regional NHSE colleagues continue to work closely to give assurance of safety, patient flow and patient experience whilst people are placed further away from home. The additional purchase of beds locally has helped to alleviate some pressure but reducing the number of out of area bed placements needs to remain a key focus.

A continued focus on strengthening partnership working is essential for further improvements around the patient experience and the Trust are strong partners in the Hertfordshire Mental Health Learning Disability and Autism Collaborative. Continued partnership working with drug and alcohol service providers, local acute hospitals, EEAST and Primary Care under the Collaborative and Hertfordshire's Place-based Health and Care Partnerships is needed to ensure that patient experience improves, and the right services are available to our population.

Since the onset of the Covid 19 pandemic referrals to the trusts CAMHS services have continued to increase throughout 2021/22, with pressures across Children and Young People Community Eating Disorder (CYP CED), and the Children's' Crisis Assessment and Treatment Team (C-CATT). Workforce recruitment and retention challenges has affected the Trusts ability to address this increased demand and has led to concerns about staff's wellbeing. The trust has been proactive in steps to manage this and has worked with commissioners and system partners to establish a Workforce Group across the CAMHS system to consider strategies to enable a sustainable workforce.

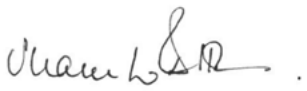
Referrals for the CYP Community Eating Disorder Service have continued to rise with significant numbers of CYP waiting to access the service. Additionally, we have seen increased demand for those who need to access Tier 4 specialist eating disorder beds, some of whom have high complexity and require additional support. Pressures on CYP CED services have increased nationally and system partners have been meeting regularly to support and stabilise the service. The Trust has been working with commissioners and wider system partners to implement an eating disorders action plan to address demand and capacity across the continuum of eating disorder need. Additionally, the trust is actively working with commissioners to respond to the demand and reduce the numbers of those waiting for a service.

Similar pressures have been experienced by the Trust's CAMHS C-CATT service with an increase in referrals of CYP presenting through A&E. The crisis offer has been increased with additional funding and the trust has worked to increase capacity, lengthen operational hours, and worked on joint initiatives with wider partners to support CYP. This has provided some mitigation but staffing pressures remain and the trust has responded well targeting resource and additional staffing to those requiring a rapid response.

The Trusts Specialist Learning Disability Services have also experienced demand increases across service, particularly Assessment and Treatment Unit (ATU) inpatient services and the Offending Behaviour Intervention Service (OBIS). OBIS has had increased demand since its creation and is being reviewed to ensure adequate capacity while the Trust and partners identify longer term plans for Community Forensic Services.

The system has seen increased admissions for those with a learning disability and/or autism to the trusts ATU services at the end of the year through the third Covid-19 wave, this was compounded further by delayed discharges due to community pressures out of the Trusts control and wider systems recovery from Covid-19. Commissioners and HPFT continue to work together to identify actions required from lessons learned. The Trust worked with commissioners through the NHSE Safe and Wellbeing Reviews (SAWRs). A key area of work going forward will be implementing the lessons learned from these admissions, the SAWRs process, and by continuing to work with Commissioners to ensure there is the correct mix of community and inpatient services in Hertfordshire which reflects the expected Mental Health Act reforms.

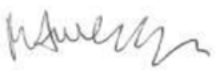
The Trust has continued to experience additional demand across its services into this year, alongside significant workforce challenges. We welcome the close partnership working with commissioners and the wider system through the Covid-19 pandemic and look forward to maintaining shared priorities and commitments as the system continues to recover and overcome our current challenges.



Sharn Elton

Managing Director

East & North Herts CCG



Matt Webb

Managing Director

Herts Valleys CCG

Hertfordshire Partnership University Foundation NHS Trust Quality Report Statement from Dee Hart, Chair, Hertfordshire Health Scrutiny Committee

Quality Account 2021/2022

On behalf of the Hertfordshire Health Scrutiny Committee I would like to thank the Herts Partnership University Foundation Trust (HPfT) for the services it continued to deliver during the pandemic and its response in recovery. We are aware of the challenges facing the NHS and will seek to continue working constructively with the trust.

Members of the committee have been appreciative of the support HPfT has provided during this challenging period. This has included regular attendance at Committee meetings, providing written updates when requested and briefings when concerns have been raised by the community or by the committee. The contribution from the trust has meant the committee has maintained its overview of the health system across the ICS. It has enabled our health scrutiny members to hear about the impact on services and how the health system is seeking ways to address on-going needs and additional pressures.

Despite the demands of the pandemic and recovery there has been regular communication between the Health Scrutiny Committee, Scrutiny Officers and HPfT over the last 12 months. HPfT has supported the scrutiny process when approached and the Committee look forward to working with the Trust in the future.

Yours sincerely

Dee Hart
Chairman Hertfordshire Health Scrutiny Committee

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