



Hertfordshire Partnership  
University NHS Foundation Trust



# Annual Review

## 2015 / 2016



Our  values

Welcoming Kind Positive Respectful Professional



## Welcome from the Chair and Chief Executive

The past year has been a challenging but satisfying one for the Trust. We have experienced our highest ever demand across all our services, including children and young people's services and our staff have worked hard to respond to this challenge. We are very lucky to have one of the most motivated workforces in the country - which has been recognised in the NHS national staff survey. We see this motivation in action when we visit our services and see our staff living our values daily in how they carry out their roles. It is these people who have been integral to our success this year.

### The year's highlights include:

- The CQC's inspection rating of 'Good' overall for the Trust. We are proud to be one of the few mental health and learning disability trusts around the country that have received this rating (see right). However, we are working hard on improving our 'safe rating'.
- Success in the renewal of our contracts. The three year renewal for Herts County Council and the five year renewal for Norfolk (with possible further extensions year on year for two years) both stand out. This is very welcome confirmation of our commissioners' confidence in the Trust and its work.
- Praise for our governance and leadership from an external organisation. Foresight told us that we are one of the highest performing trusts for governance.
- Continuing to develop integrated health and mental care services with other organisations within health and the public sector - including our nationally recognised HomeFirst service and our role in the Herts Valley 'Your Care Your Future' programme.
- Continuing to invest in refurbishing our buildings. Earlier in the year we reopened Lambourn Grove and Seward Lodge, providing service users, staff and families with a much improved care environment.

It is also our people who will ensure that we deliver on our aspiration to go from 'Good to great'. We look forward to a challenging but exciting year ahead.



Tom Cahill  
Chief Executive



Chris Lawrence  
Chair



### CQC ratings

Our overall rating is 'good'



#### Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

## Trust is top of the league for staff motivation



"We have an incredibly dedicated and highly skilled workforce"

We are incredibly proud of the positive results for the Trust in this year's National NHS Staff Survey which saw us ranked the highest in the country for staff motivation...

The survey found that HPFT staff felt that patients are our top priority and they would recommend the Trust as both a place to work and receive treatment. Staff felt satisfied with the quality of work they provided and that there was good communication between senior management and staff.

The health and wellbeing of our staff is a top priority. We have introduced a number of measures, with the help and involvement of our staff, in the last 12 months which have already had a positive impact. These include offering staff protected time to spend with their teams, organising staff personal career development sessions, holding a staff benefits and rewards fair and appointing new Occupational Health and Employee Assistance providers to ensure our staff have access to the very best support available.

We have also continued to move forward with several of our other key staff engagement initiatives including embedding the Trust values and behaviours throughout the Trust. We have moved to value based appraisal and recruitment systems, which clearly defined the expected behaviours for those working for HPFT and developed our 'Working Together As One' quarterly wellbeing magazine. We also increased the visibility of the Executive Team and senior managers through roadshows, blogs and visits across all our sites, and instigating a programme of listening events for staff (including twice-yearly 'Big Listen' events for all staff and CEO team breakfasts) and running quarterly pulse surveys to measure employee satisfaction between the national staff survey data.

Tom Cahill, Chief Executive, said "I am very proud to see how motivated our staff feel in this year's survey as it's widely acknowledged that a motivated and engaged workforce links directly to improved patient care.

"We have an incredibly dedicated and highly skilled workforce but they can only deliver the excellent services for local people that we aspire to if they have the right support from us. This is why we take the findings of the annual NHS Staff Survey so seriously and why we put in place a programme of measures to drive forward improvements in areas where we could do better."

### 2015/16 at a glance



### Where we operate



Our values: Welcoming Kind Positive Respectful Professional



# A swifter approach to acute care

On Swift Ward, our Acute Admission Unit (AAU), changes have been introduced that mean people spend less time in hospital and we can treat more people within the unit. We spoke to Consultant Psychiatrist, Jo Farrow, about the impact this is having...

So what does the AAU do, you ask? Jo explains how service user care is delivered through skilled multidisciplinary initial assessments, putting in place treatment plans. They also decide if in-patient service users can be safely and effectively managed in the community with support from services such as our Acute Day Treatment Unit (ADTU), Crisis Assessment and Treatment Team (CATT) or the Host Family initiative.

## What changes have we made?

Our AAU has achieved a great deal in a short period of time. The transformation since its set-up in June 2012 is remarkable, going from eight beds within an existing treatment ward to its move to Swift Ward, with 18 beds in May 2015.

The length of time that people stay on the ward was increased from 72 hours to 10 days to allow time for a full assessment and treatment to be started. Over half of service users are then discharged back home with ongoing support, as needed.

By using beds more effectively to increase the flow of people through the unit, more beds are now available. This means that we do not need to send as many people out of the area but can treat them much nearer to home. Not only is this better for people using the service but it has led to projected savings of over £660,000 in 2016-2017.

There has been an increase in staffing; in nursing and medical staff, and other multi-disciplinary team (MDT) staff to meet the increased demands on the ward. Therapists and recreational workers have also proved to be a welcomed addition.

More recently, community meetings and mutual health meetings take place led by service users, which allow them to raise any issues and focus on wellbeing.

The team also work closely with families, carers, PALS, Mind, care co-ordinators and social services – by inviting them to meetings as soon as possible after a person is admitted (usually within 48 hours). This allows for a full assessment, provides support to families and carers and ensures relevant information is shared, and safe and effective care is provided.

## What does this mean for service users?

Now all service users have a comprehensive assessment led by a consultant psychiatrist within 24 hours of admission (including weekends and holidays). Service users have told us that this is very effective as they discuss what is going to happen to them next.

A recovery-focussed care plan, risk management plan and Health of the Nation Outcome Scale (HONOS) are also completed within 24 hours. People are also offered advice on health promotion and referred to other services as needed.

Service users can take part in a therapeutic group each day, as well as having group and individual sessions with a recreational worker. The horticultural therapist provides individual sessions out in the gardens and occupational therapists deliver varied sessions such as service users' cooking their own breakfasts once a week, which always goes down well.

Swift has received good feedback from service users, carers and relatives alike, with the main focus being on how the service user is cared for as an individual, having support for other services they require, and the opportunity to take part in recreational and therapeutic activities during what is an otherwise extremely distressing time.

One service user described it as the **'Best experience of mental health care received in 34 years' experience.**

Whilst another said **'Excellent staff and a very welcoming atmosphere. Always felt like my problems and needs were being catered for.'**



Photo: Edinah Masiya, Team Leader, and Dr Snehita Joshi, Consultant Psychiatrist on Swift Ward

# HPFT horticulture gets growing

Late last summer we appointed a new horticulture specialist at Kingfisher Court. Here we find out more about the new role and the benefits of horticulture for our service users...

Gardening was once a commonplace therapeutic activity in the large Victorian institutions; however through the move to modern day units where outside space can be limited, this seemed to be lost.... That was until we opened our state of the art inpatient services, Kingfisher Court!

The Occupational Therapy (OT) team decided to maximise the spacious gardens at Kingfisher Court and turn them into therapeutic environments for our service users with the help of Amanda Horton, our new Social and Therapeutic Horticultural Therapist.

With large enclosed outdoor space, raised beds, a poly tunnel and large shed, the benefits of having a horticultural therapist for our services users' experience and recovery meant we didn't have to think long about having the new post.

Like OTs, horticultural therapists use activity as a therapy to assess and treat people's ability in terms of motivation, concentration and see how their environment best supports them. Amanda joined us last September and she works with our service users individually and in groups.

Tasks are graded according to ability and gradually built up as people's functioning improve. So for example, if someone's mental health issues are limiting their ability to concentrate, handling tiny seeds or pricking out seedlings may initially be frustrating for them. However they may really enjoy watering plants, digging over a patch of land or planting whilst they build up their concentration levels.

**"I found gardening very helpful in my recovery. The fresh air off the ward helps me clear my head and the practical element aids my focus, I also feel a sense of accomplishment from learning new skills"** said a service user.

The focus is also on giving people information about horticultural opportunities out in the community for when they leave our services allowing them to continue to engaging in similar activities.

Another service user said **"I particularly enjoyed planting sunflowers and look at the plant as a symbol of my personal growth. It's very relaxing to see colourful flowers. It's good exercise and when plants grew I felt happy because I achieved something, and it helps me focus"**



## What other horticulture opportunities are available at HPFT?

Amanda also attends Albany Lodge, another of our in-patient facilities, and the Acute Day Treatment Unit in the West.

At Lister Mental Health Unit, we have a partnership project with 'Growing People', a horticultural therapy charity, who provide two sessions of horticultural therapy each week and work with in-patient OT staff. Last year, they extended their services to a further two sessions a week at the Acute Day Treatment Unit at Lister Hospital.

This has been really successful in providing both therapy within the hospital setting and raising awareness of activities outside the norm to support people with mental health issues. Many service users have gone on to attend the project, or similar, after their discharge and so increasing their social networks, supporting them to (re)establish a routine and giving them a feeling of accomplishment and self-worth.

This is all great news for us as it means all of our adult in-patients are able to access some sort of horticulture therapy.

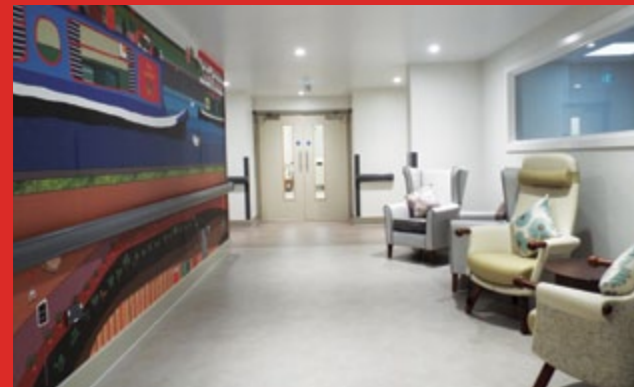
And there has been some great feedback for this new therapy; 87% of service users have felt more motivated, 73% feel more hopeful about the future, and importantly for those in hospital away from their friends and family 100% have said it's a good way to get to know other people, support each other and feel less isolated.





# Hertford hosts Herts first new-look dementia unit

The first in a series of refurbished assessment and treatment centres for people with dementia has opened in Hertford...



Seward Lodge, Lilbourne Drive, has undergone a major transformation that places it at the forefront of dementia care, offering a home from home for people needing expert support.

Chief executive Tom Cahill said: "This sets a benchmark for the Trust and I'm proud that we have set our sights so high."

"More than 15,000 people live with dementia across Herts. This refurbishment programme is our response to the challenge providing the best possible support."

The nine-month refurbishment reflected the latest thinking around dementia care providing a welcoming and therapeutic environment.

The whole space is dementia-friendly from distinctive entrances to each bedroom which includes low level windows, optional subdued night lighting, en-suite toilets and easy grip handles, to a sensory room and lounge areas which are deliberately homely and intimate.

A walking route has been created around the central core of the ward allowing service users to safely move around and 'visit' different areas which include various lounges, a games area, kitchen and toilets.

Large mural style art work dominates much of the unit's wall space and was commissioned by a specialist arts and health consultancy.

13 designs were created around the heritage of Hertford, the historic market town where Seward Lodge is located. Artist Hannah Broadway cleverly incorporated some of the service users own artwork into the collaged backgrounds of her larger floor to ceiling murals.

Tom added: "We're very proud of Seward Lodge because it reflects our commitment to the future of mental health services across Hertfordshire irrespective of the current challenges facing the NHS."

# Award winners

Every year many Trust staff members and teams are nominated for local and national awards. Awards cover a wide range of areas including nursing, patient safety, good value and innovation in mental health care. Many of our entries in 2015/16 won first place in their categories recognising the exceptional contributions of a project team or individual. Another highlight of the year was our Deputy Chief Executive, Prof Oliver Shanley receiving his OBE from the Queen in April this year (below).



Prof Oliver Shanley receiving his OBE

Award and Categories	Winners
Healthcare People Management Association (HPMA) - HR Director	<b>Jinjer Kandola</b> Executive Director of Workforce & Organisational Development
Positive Practice in MH - Specialist Services	Community Eating Disorders Service
Positive Practice in MH - Unsung Hero	<b>Charmaine Newman</b> Modern Matron, Older People Services
Advancing Healthcare Awards - Rising Star	<b>Katie Timms</b> Specialist Speech and Language Therapist
Design in Mental Health - Project of the Year	Kingfisher Court
Considerate Constructors	Kingfisher Court
Building Better Healthcare - winner in three award categories	Kingfisher Court
Nursing Times - Inspirational Leader	<b>Prof. Oliver Shanley</b> Deputy Chief Executive, Executive Director of Quality & Safety and Executive Nurse
New Year Honours - OBE	<b>Prof. Oliver Shanley</b> Deputy Chief Executive, Executive Director of Quality & Safety and Executive Nurse
Top 50 Chief Executives in the NHS (2014 & 2016)	<b>Tom Cahill</b> Chief Executive
Stonewall top 100 employer for Lesbian, Gay and Bisexual staff 2016	HPFT
East of England Leadership Recognition Awards - Educator of the year	<b>Dr Kunle Ashaye</b> Consultant Psychiatrist and Head of Psychiatric Training
East of England Leadership Recognition Awards - NHS Development Champion of the Year	<b>Carrie Catlin</b> Manager, Single Point of Access

# Lending a listening ear

We all need to be listened to. And HPFT has a scheme in place to ensure that service users' views are captured and listened to. Jaskawal tells us why peer experience listening is so valuable for staff, service users and carers alike!

## Tell us about your experience and how you came into Trust services

Following my graduation, I started working as a College Learning Advisor for disadvantaged and disabled students and was looking forward to building my career and my dreams. Then suddenly, around September 2008, I was taken seriously ill, left totally disabled and eventually diagnosed with Multiple Sclerosis (MS).

This came as a massive shock for me and my family. I underwent a year of intensive rehabilitation. Although I made physical improvements, I felt lost and fearful over my future and my confidence had diminished. I was living in a state of denial, rejection and depression. I was fighting to get back what I had lost.

Not surprisingly, I had another relapse. At this point, I realised I needed to change. I received psychological treatment, CBT and counselling. This helped me finally accept my condition and its limitations and change my outlook. I started taking steps to leading a fulfilling life in meeting my goals and aspirations.

## Can you tell us what peer experience listening is?

Started in HPFT in 2010, it involves people with personal experience of mental health services as service users or as carers, providing a listening ear to other service users and carers and a platform for them to share their stories and experiences.

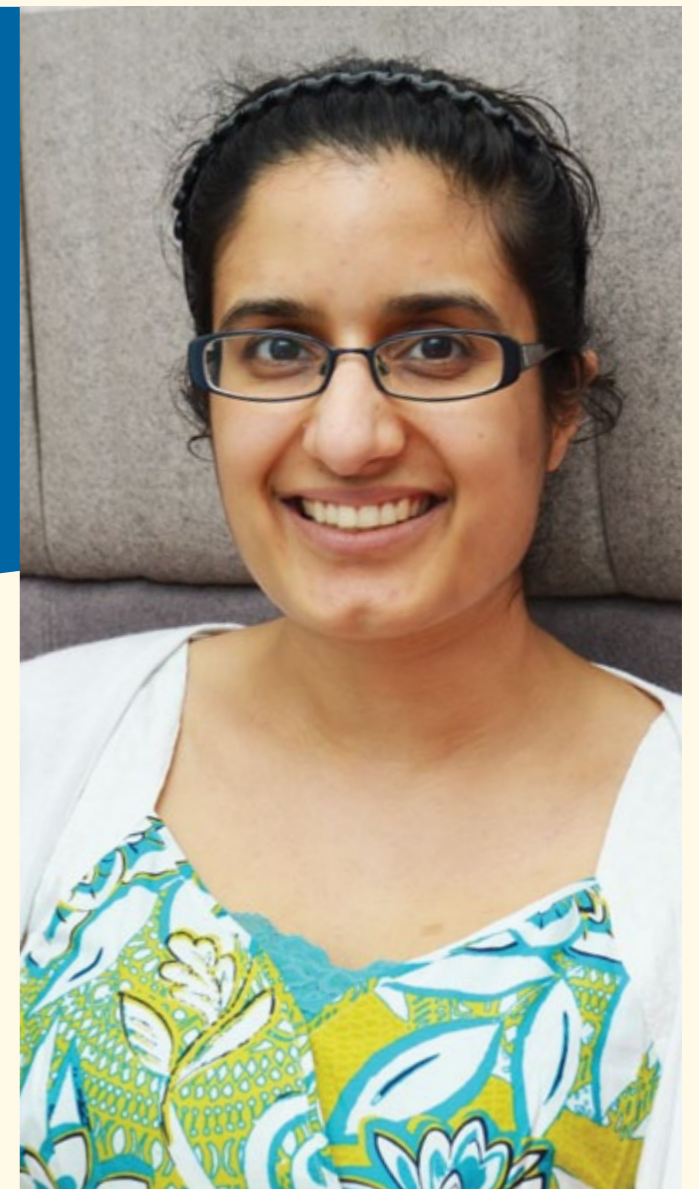
## What does your role involve?

We gather feedback and information from service users and carers to improve services. We have worked across the Trust in various projects such as Mental Health Act Assessment, Carer Experiences and most recently Dementia Carer Pathway Service. All these projects are co-produced and peer experience listeners are involved in every step of the journey from forming questions through to evaluating feedback and putting forward recommendations.

## What impact does this have?

Many projects we have worked on have seen improvements from the qualitative feedback we have provided. Peer experience listening provides service users and carers with a safe and open platform to voice their experiences and concerns. Because we have been in their position, service users and carers can talk to us more openly and freely about their experiences. This shared common bond between us has allowed a trusting relationship to be formed. For many service users, speaking to a peer experience listener is their first meaningful and valuable engagement with the service.

"Peer experience listeners are a crucial communication link for open dialogue and collaborative working between professionals and service users"



## Has this experience helped you in your own recovery journey?

Yes, definitely! It has increased my confidence hugely. It has allowed me to work with a diverse range of people and has been a valuable step on my career path, building on my work experience and skills. Being involved in developing the plans for the new Hertfordshire Wellbeing College and achieving a Post Grad in Mental Health Recovery and Social Inclusion has given me a new meaning and purpose in my life, hope for the future, and a passion for wellbeing and recovery. I have begun to see and understand myself in a new light and hope others will feel and realise the same benefits!

## What is your favourite part of the role?

A personal highlight is seeing the positive difference made in the lives of others and using my personal experiences in a positive way to make a difference.

## What is the toughest part?

Seeing people in distress or particularly unwell. But, as I said above, I like pushing myself and when I see the difference we can make, the rewards outweigh the challenges.

To end, I would like to express my heartfelt gratitude to all who have helped me along my recovery journey and thank you for this opportunity!

If you would like to be involved with similar projects contact the **Inclusion & Engagement Team**

01727 804418 involvement@hpft.nhs.uk

# HomeFirst Highlights

**We take a look at the HomeFirst programme and the positive outcomes it is having for people in Hertfordshire.**

## So what is HomeFirst?

HomeFirst for mental healthcare was introduced in 2013 to support older people with long term or complex conditions to remain at home rather than going into hospital.

The integrated care model brings us together with our health and social care partners across Hertfordshire to work collaboratively to deliver improved access to rapid support, providing person-centred care and supporting service users to have independence.

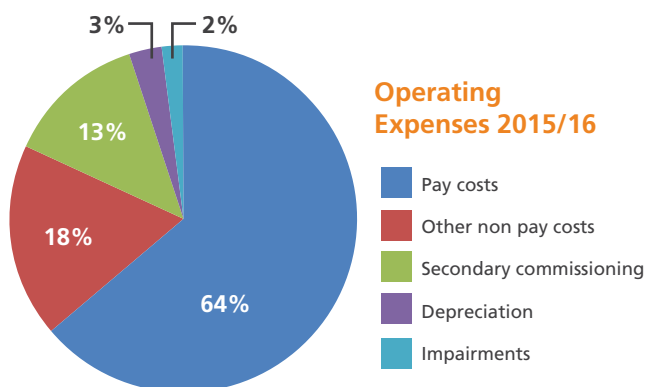
Simply put, it is about delivering care from the right professional, in the right place and at the right time.

## On the money

**During 2015/16 the financial challenges within the NHS have continued to grow and we have not been immune to these pressures. Despite these pressures we have continued to maintain a stable financial position. Our income has grown by £7m to £208m which has allowed us to continue to invest a further £7m in our services.**

### Summarised statement of comprehensive income

	2015/16 £m	2014/15 £m
Operating income	208.1	201.3
Operating expenditure and finance costs	(211.4)	(211.2)
Surplus	(3.3)	(9.9)
Adjustment for impairments	3.3	9.9
Surplus for the year excluding impairments	0	0



### What are partners saying about the programme?

Dr Alison Jackson, a Cheshunt GP, who has supported the development of HomeFirst from the start said: "HomeFirst has enabled GPs to work differently and more proactively. As part of a wider team of professionals we are helping our patients to have the best possible quality of life. Together we are able to offer patients more individualised care that meets their complex needs in their place of choice, their homes."

Councillor Colette Wyatt-Lowe, Chairman of the Hertfordshire Health and Well Being Board and the County Council's cabinet member for Adult Care and Health, said: "HomeFirst makes a real difference to people's lives, bringing health and social care together and shaping services around people's individual needs to help them stay independent."

### What are service users and their families saying about the programme?

"From day one of the HomeFirst visits I became less anxious, more reassured and optimistic about my health. Knowing that the HomeFirst team is always there to help is in itself such a physiological boost."

"What a marvellous service, it is so reassuring as the carer to have the support and guidance of the HomeFirst team."

"I can't speak highly enough of the HomeFirst team. They've definitely kept me out of hospital. My son and daughter wanted me to go back into hospital but when we found out about HomeFirst I was delighted because the matron came to see me the very next day."

"Most importantly, we patients prefer and hope to be at home, not in hospital, so I think this service is the way of the future."

**Income and expenditure** – Throughout the financial year we managed our costs very closely and met and exceeded performance for many of our quality measures. However, we experienced an unprecedented demand for services. In maintaining our focus on quality, we were not able to achieve the planned surplus, resulting in an underlying break-even position, £1m behind our planned performance. This gave us a financial sustainability risk rating of 3 (4 being the highest) from our regulator Monitor which reflected a strong level of financial management despite the very difficult financial environment.

Operating income	£m	%
Income from Activities	197.5	94.9
Other Operating Income	10.6	5.1

Like other Trusts, a large part of our budget is spent on staffing. We also commission £27m of social and specialist health care packages. We operate from over 50 sites in Hertfordshire, Norfolk and North Essex. Operating expense details are contained in **note 5 (page 20)** of the **Annual Accounts for 2015/16**.



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