as One

Hertfordshire Partnership NHS
University NHS Foundation Trust

Hertfordshire Partnership University NHS Foundation Trust

Quality Account 2015-2016

Our Values
Welcoming Kind Positive Respectful Professional

Contents

Quality Account

Part 1 – Statement on quality from the Chief Executive

Once again, I am delighted to have the chance to introduce you to the 2015/2016 Quality Account. I hope it offers you the chance to find out more about what we do and how well we are delivering. This report tries to describe in a balanced and accessible way how we have approached the challenges of improving the quality of care across all our services last year.

Our year started with a visit from the Care Quality Commission (CQC) who conducted a full and robust inspection where we were awarded an overall rating of 'Good'. I believe that this is a result of the dedication of our workforce to ensure we are delivering high quality services. At the time of publication we were one of six Mental Health Trusts to achieve such a positive score.

A team of over 90 experts visited our services and inspected all of the Trust services over a period of one week. The robust inspection process included focus groups with service users, carers, staff groups, commissioners and Healthwatch. Not only this, it also included site visits and observations, examining clinical records and interviews with staff at all levels of the organisation, service users, carers and the Mental Health Act assurance group and hospital managers. They also attended multi-disciplinary team meetings and clinical reviews.

The Trust is proud of the 'good' rating, particularly within the context of being in the fifth year of necessary major savings, reflecting the acute pressures on NHS budgets locally and nationally. Services continue to develop and innovate to meet the needs of our service users whilst remaining efficient and clinically effective.

The CQC rating is the one step in our journey of going from good to great. We continue to strive to continually improve and innovate within our services in order to fulfil our objectives. Providing high-quality services, and ensuring excellence for every service user and their carer, continues to be our focus. There have been so many service developments and innovations it would be difficult to name them all in this report. You will be able to read more about these initiatives including Home First, Rapid Response, and Living Well in the report.

Going forward our key objectives remain as important as ever:

- We will deliver safe and effective services
- Service users, carers, referrers and commissioners will have a positive experience of our services
- We will transform services, putting the needs of service users and carers at the centre
- Staff will have a positive experience of work
- We will have a productive and high performing workforce
- We will embed a culture that promotes our values
- We will secure the financial sustainability of our services
- We will develop an enviable reputation for quality and innovation, and strong relationships with commissioners, GPs and our key partners.

Awards

Every year many Trust staff members and teams are nominated for local and national awards, and 2015 has been our most successful year to date. Over the last 12 months we have entered HPFT teams and individuals for more than 30 awards, all of which recognise outstanding achievements in the provision of healthcare services. Awards cover a wide range of areas including nursing, patient safety, building design, good value, and innovation in mental health care.

Governors

The addition of two new Governors continues our tradition of having Governors who have used our services in the past. Including people with lived experience as well as other key skills is incredibly important. I am also delighted that we have our first Governor under the age of 20.

Executive team

I am delighted to welcome Dr Kaushik Mukhopadhaya, who has recently been appointed as our Executive Director for Quality & Medical Leadership. Kaushik continues to practice as a clinician within Older People's Services as well as providing medical leadership and working in partnership with Professor Oliver Shanley, Deputy Chief Executive and Executive Director for Quality and Safety, leading on the Quality of the Care that the Trust provides.

Jinjer Kandola, Executive Director of Workforce and Organisational Development fought off stiff competition to pick up the accolade of HR Director of the Year at the at the prestigious Healthcare People Management Association (HPMA) awards. This award is given to an individual who demonstrated excellent leadership and an outstanding contribution to the HR profession over the past year.

Professor Oliver Shanley, Deputy Chief Executive, was made an OBE in recognition of his services to people with mental health and a learning disability and was named by the Nursing Times in their list of the most inspirational nursing leaders in 2015.

Estates

This year Kingfisher Court was officially opened by Sir Simon Stevens. The building continues to have many visitors and has been received a number of prestigious awards in recognition of the high quality environment.

The Trust has continued to implement our estates strategy and refurbished and has dramatically improved one of our Dementia inpatient units in Hertford, investing £2.5 million to create a more dementia friendly environment. We have also enhanced many of our community sites so that people visiting our services are treated in a modern purpose built environment. On completion of the programme we will have invested approximately £11 million in our community sites including developing hubs. These hubs support us to maximise our efficiency and flexibility through the adoption of having a modern clinical environment.

The Care Act

The Care Act 2014 was enacted in April 2015 with a focus on personalised, appropriate and proportionate assessment and care planning. This built on work undertaken by 'Time to Care' to streamline clinical processes and reduce the administrative burden on clinical staff. The introduction of the Act required a review of all of our services and a redesign of some of our processes and systems. We have taken this opportunity to co-produce all our new forms and they have been developed to drive good practice; embedding an approach that is service user and carer focused. This has been reinforced through training, supervision and practice governance forums.

Integration

The NHS Five Year forward plan sets out the vision for more integrated care. This will lead to more partnership working and the development of new care pathways. We are delighted with the strategy as it aligns with the Trust's direction of travel. The Trust has engaged in work that is being undertaken across the region in relation to integration.

As a partnership Trust, we are already operating in an integrated model and this vision provides us with new opportunities such as supporting the physical health needs of individuals, closer partnership working with District and General nursing in the community to manage and reduce acute admissions, A&E attendance and ambulance conveyance to A&E as well as readmission to General Hospital.

Workforce

I was incredibly proud of the staff survey results, which have shown that we are making progress, and I was delighted to hear that we have the highest score in mental health and learning disabilities nationally for 'motivation at work'. This is a great achievement given the challenges and pressures currently facing our Trust and across the whole of the NHS.
Other highlights include above average scores in staff satisfaction with the quality of work and patient care they are able to deliver, staff family and friends recommending HPFT as a place to work or receive treatment, communications between managers and staff and effective use of patient/service user feedback.

Challenges

Similar to other areas of the NHS, we have challenges in relation to the recruitment and retention of staff and the current financial climate. The Trust is working hard to ensure that we are delivering a safe and effective service. I know that the experience of service users and carers can still be varied, and this account includes some frank acknowledgments of where we need to improve. We are determined to move from good to great and build on the positive work that has been undertaken this year.

Declaration:

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

- Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audits' programme of work each year.

- Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.

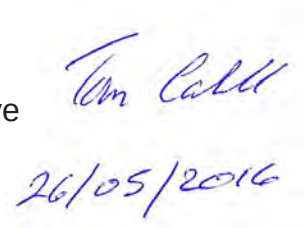
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.

- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to re-analyse historic data.

The Executive Team and Board of Directors have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognise that it is nonetheless subject to the inherent limitations noted above. Following these steps, to my knowledge, the information in the document is accurate.

Please use this account to publicise and raise awareness of what we are doing – across Hertfordshire and in Essex and Norfolk.

Tom Cahill
Chief Executive
Date:



Background

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

What is NHS Choices?

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

What does the Quality Report include?

The content of the Quality Report includes:

- What we plan to do next year, including declarations about our priorities for the coming year and how we intent to address them.
- How we performed last year including highlights which demonstrate the service improvement work.
- Mandatory statements and quality indicators, which allows comparison between trusts.
- Stakeholder and external assurance statements.

Understanding the Quality Report

We recognise that some of the information provided may not be easily understood by people who do not work in the healthcare system. So, for clarity, explanation boxes have been included alongside the text.

This is a 'What is' text box

It explains or describes a term or abbreviation found in the report.

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

Quotes from staff, service users and carers are contained in speech bubbles that support the information in the report

This is a 'Comments' box

Quotes and comments from regulators and other governing bodies that further support the report are found.

In addition to this a list of acronyms has been included on page 97 at the end of the report.

Our Trust

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

The Trust is committed to providing excellent health and social care for people with mental ill health with physical ill needs and those with learning disabilities. Our vision is:
To be the leading provider of mental health and specialist learning disability services in the country.

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

In 2015/2016 we continued to provide:

- The full range of mental health care and treatment for people in Hertfordshire with mental health difficulties, including alongside GPs a comprehensive primary care service for those with common mental health problems
- Inpatient and specialist community health care for adults with learning disabilities in Hertfordshire and North Essex
- Secure inpatient services for adults with learning disabilities and challenging behaviour in Hertfordshire and Norfolk and an Assessment and Treatment unit for people with learning disabilities at Astley Court in Norfolk
- Specialist services for:
  - adolescents who need mental health inpatient care
  - peri-natal care (mother and baby)
  - the treatment of severe obsessional-compulsive disorder
- In addition to the enhanced primary care mental health services (in partnership with MIND) that we were already providing in mid and North East Essex we now also provide this service in West Essex as part of a new contract.

What is a Partnership University Foundation Trust?

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

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

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

We employed 2,848 staff based at 56 sites, and we budgeted to spend c. £198m on our services. We received over 22,700 new referrals for secondary care services and almost 24,000 referrals for our wellbeing service through our Single Point of Access service.

The Trust is keen to share information publicly about the quality of the services we provide and about our continuous quality improvement work that aims to result in 'great care and great outcomes.' This report provides one of the many ways we are doing this.

Our partnership arrangements with the local authority provide us with an excellent opportunity to develop a recovery orientated approach. This is based on a holistic assessment of an individual's health and social care needs. This partnership enables us to play a full part in the local health and social care economy that we serve by promoting greater integration between mental health, physical wellbeing and social care.

What is the Single Point of Access (SPA)?

The Single Point of Access is a service provided by the Trust for routine or urgent referral for GPs and new services users. Fully trained staff, including clinicians, provide advice and guidance and also signpost to other organisations where necessary. The service links with other Hertfordshire mental health services, including those provided by Herts County Council, Herts Urgent Care and voluntary sector organisations.

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

Our Commissioners

HPFT is committed to working closely and in partnership with the commissioners of our services. These include both County Council and Clinical Commissioning Groups (CCGs). The Trust has services commissioned by the following organisations.

- East and North Hertfordshire CCG
- Herts Valleys CCG
- Hertfordshire County Council (HCC)
- Cambridge and Peterborough CCG
- North Essex CCG
- West Essex CCG
- Mid Essex CCG
- Norwich CCG
- South Norfolk CCG
- North Norfolk CCG
- West Norfolk CCG
- Great Yarmouth and Waveney CCG
- NHS England Midlands and East
- Barnet CCG
- London Borough Hillingdon CCG

What is commissioning?

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

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

- Tier 4 CAMHS
- Perinatal Services
- Low Secure Mental Health
- Medium and Low Secure Learning Disabilities
- Highly Specialist Obsessive-compulsive disorder and body dysmorphic disorder Service

This report

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

If you have comments on anything we have said in this report, or simply want to know about HPFT, please do not hesitate to contact Jane Padmore, Deputy Director of Nursing and Quality *quality.account@hpft.nhs.uk*

The Quality Account will be published before 1 July 2016 on the NHS Choices website and on our website: *www.hpft.nhs.uk*.

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

The Trust in 2015/16

Mental Health, Community and Learning Disability Services for children and adults

431,376 Service User contacts

43,319 pa referrals through Single Point of Access (SPA)

297,807 IAPT contacts

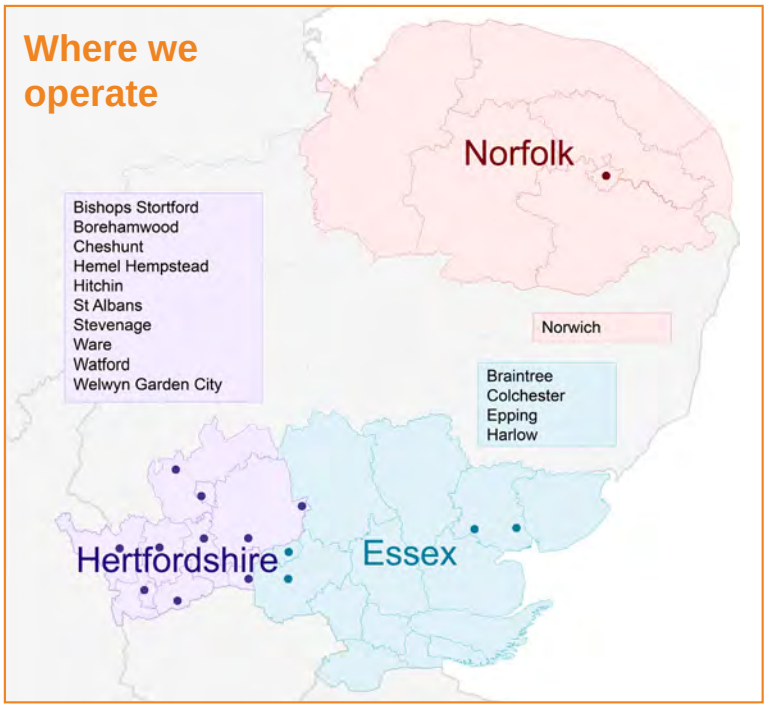
179,410 occupied bed days

87% would recommend us to friends and family

2,879 Staff working across 60 **HPFT** sites

UK top scorer for staff motivation

Where we operate



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

Hertfordshire Partnership University NHS Foundation Trust (HPFT) is committed to delivering great care and great outcomes and, with this in mind we have worked in partnership with others, over the years, to identify areas for improvement. The quality priorities fall into three categories:

- patient safety,
- clinical effectiveness,
- patient experience.

This part of the report sets out:

- The priorities that have been identified for 2016/17 and how these were determined.
- Statements of assurance from our Trust Board.
- Our performance against our priority areas for 2015/16.

What are Quality Account Priority categories?

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

Our Quality Account gives us an opportunity to share our performance against our priority areas for 2015/16, describe our priority areas for 2016/17 as well as to showcase notable and innovative practice that have taken place across our services this year.

2.1 Priorities for Quality Improvement 2016/2017

This section of the report looks ahead to our priorities for quality improvement in 2016/17. Our Trust Board has agreed our 11 key quality priorities for 2016/17 and the targets were agreed in the May 2016 Board meeting. The 11 selected quality priorities were identified through considering the feedback from a wide variety of sources and are spread across the three categories of Patient Safety, Clinical Effectiveness and Patient Experience. This included the work that we have done so far to improve the quality of our Services and our commitment to build on what has been achieved to date.

The 11 core targets were chosen through a consultation process but these represent only a small sample of the large number of quality initiatives which are undertaken. The priorities set for 2015/16 will continue to be monitored and worked on to ensure those priority areas remain a focus.

The final 11 priorities for 2016/17 were specifically chosen as they are areas which will potentially have a significant impact on the safety and quality or our services. If an area was identified through the consultation process that will be monitored through a CQUIN in 2016/17, it was not included in the final 11. The rationale for this was that there will be robust monitoring and assurance in place to ensure the quality in that area.

What is a Trust Board?

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

Consultation Process

How we chose our Quality Priorities

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

- Five year forward view
- The NHS England Business Plan 2015-2016
- NHS Outcomes Framework 2015/16
- Care Quality Commission, from the announced and unannounced inspections that have taken place throughout the year
- Department of Health, with specific reference to
  - *'No health, without mental health'* (2011)
  - *'Mental health: priorities for change'* (2014)
  - *'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing'* (2015)
- Internal assurance inspections
- Hertfordshire Dementia Strategy 2015-2020
- CAMHS Transformation Plan
- Transforming Care: A National response to Winterbourne View Hospital 2012
- Crisis Care Concordat
- Herts Concordat action plan
- Health and Well-being strategy
- Commissioning priorities
- Feedback from people who access our services using a 'Having Your Say' form
- Feedback from our staff via 'Pulse survey' and our communication to them in our weekly internal bulletin
- Monitor reporting requirements
- King's Fund report on Quality Accounts
- National Institute for Health & Care Excellence publications including their quality standards
- 'Preventing suicide in England: two years on. Second annual report on the cross-government outcomes strategy to save lives.' Department of Health 2015
- Lessons learnt from complaints and compliments
- Learning from serious incidents
- Internal assurance and internal audit reports
- National guidance

The proposed Quality Priorities were set out with the information about how they would be measured and presented to a wide range of stakeholders so that they could make an informed decision about what they would like the Trust quality priorities for 2016/17 to be. For a detailed description of the chosen priority indicators with the rational for what is being addressed, why it was being addressed, how it will be measured, see pages 88 to 95.

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

- Adult Service User Council
- Carers Council
- Youth Service User Council
- Healthwatch Hertfordshire Mental Health and Learning Disability Service Watch group
- Hertfordshire County Council Scrutiny Committee
- Stakeholder Reference Group (Carers in Hertfordshire, MIND, Viewpoint, Guidepost Trust)
- Our Clinical Commissioning Groups through the regular quality meetings
- Trust's Governors, through the subgroup that leads on Quality
- Trust clinicians and managers

What are stakeholders?

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

We are grateful to all who have contributed to, supported and worked with us in reviewing and setting our quality plans for 2016/17 and will work in partnership with our stakeholders to deliver great care and great outcomes.

What we heard during the consultation

The stakeholders fed back that they considered that the proposed areas were "all good things to measure" and "sensible." They found the "layout of the priorities really clear and detailed" which meant that they could make an informed decision. They also found it reassuring that the Trust is employing an external auditing firm to audit our methodology in gathering and reporting on our findings.

Of particular concern to the stakeholders were:

- Physical health checks
- Liaison with GPs to ensure that all eligible patients/service users are followed up and receive a health check
- Staff satisfaction
- Care co-ordination, in particular the high turnover of staff and workloads
- The way in which service users are supported on a very regular basis on such things as remembering to take medication, look after themselves and get involved in the community (either work or other things)
- Measurable outcomes that show good quality services
- Carer involvement
- Workforce satisfaction

Selection and Monitoring

This year we remain very clear that our priorities should cover all three domains of quality:

Safety: avoidance of preventable incidents from serious incidents such as suicides to more low level incidents such as slips, trips and falls; helping inpatients feel safer, reducing actual or threatened assaults on inpatient units, planning services so that they are as safe as possible; assessing and managing each service user's risks with them effectively.

Clinical effectiveness: making sure that access to services is good for both urgent and routine care; enabling service users to move on when they are ready; providing interventions that work.

Service user and carer experience: recognising that a service is not good unless it is experienced as good; having flexible ways of hearing from service users and carers and acting on what is said; using the Friends and Family Test questions to measure quality.

On the basis of our consultation and planning we added a workforce priority to those that were initially consulted on. The priority areas and the targets went to the Trust Board in March 2016 and the priority areas were signed off. The Board wanted to consider further where the target should be set and therefore did not approve the target. The targets will be confirmed at the Trust Board in due course.

The eleven quality priority areas for 2016/2017 that were agreed at the Trust Board are:

	Patient Safety
1	CPA 7 day follow ups (Monitor)
2	CPA Reviews within 12 months (Monitor)
3	Inpatients receiving Physical Health Checks within 24 hours
	Effectiveness
4	Emergency readmissions within 30 days (Monitor)
5	CATT Gatekeeping (Monitor)
6	FEP waits within 14 days (Monitor)
7	Delayed Transfer of Care (Monitor)
	Service User and Staff experience
8	Service Users reporting being treated according to trust values
9	Carers feeling valued by staff
10	Staff who would recommend the Trust as a provider of care to their friends and family
11	Staff would recommend the Trust as a place to work

Detail of each priority

Name of scheme	1. CPA 7 day follow up			
Related NHS Outcomes Framework Domain and who will report on them	Preventing people from dying prematurely Enhancing quality of life for people with long-term conditions			
Detailed descriptor	The proportion of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days			
Data Definition	Service user is followed up either by face to face contact or by telephone within 7 days of discharge, whether the Trust contacts the service user or the service user contacts the trust. The 7 day period should be measured in days not hours and starts on the day after discharge.			
Exemptions	• Patients who die within 7 days of discharge or discharged as a result of death • Where legal precedence has forced the removal of the patient from the country • Patients transferred to NHS psychiatric inpatient ward. • CAMHS (children and adolescent mental health services) • The seven-day period should be measured in days, not hours, and should start on the day after the discharge			
How will this data be collated	Data will be collated by the performance team and reported on a monthly basis			
Validation	A random sample is validated by Data Quality Officers quarterly to ensure that the follow up has been completed as stated in the performance report			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	100.00%	98.74%	99.17%	99.02%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	97.30%	98.30%	100.00%	98.72%

Name of scheme	2. CPA Reviews within 12 months
Detailed Descriptor	The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months
Data Definition	CPA meetings may occur within community or hospital settings and should be used to fulfil statutory requirements in accordance with Section 117, Mental Health Act (MHA) (aftercare). These meetings will be convened by the care co-ordinator. They should be approached in a flexible manner which encourages full service user involvement and should be supported by an advocate if required.

Exemptions	• Service users not on CPA • Those who have received services for less than 12 months in the current spell			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	An audit undertaken by the Practice Audit & Clinical Effectiveness (PACE) team on a sample of those reported to have had a CPA review within 12 months during 2016/17			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	97.00%	97.20%	96.70%	97.70%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	97.89%	96.47%	95.65%	96.28%

Name of scheme	**3. Inpatients receiving Physical Health Examinations within 24 hours**			
Detailed Descriptor	People with severe mental illness who have received a list of physical checks (inpatients only) in 24 hours			
Data Definition	All inpatients should have a comprehensive physical examination by the admitting doctor within 24 hours of admission. This must be recorded on the Physical Examination form on the Electronic Patient Record (EPR)			
Exemptions	• If immediately not possible at the time of admission, the admitting Doctor/Nurse must make arrangements for this to be completed on the next working day • If the patient refuses to consent at the time of admission, this should be recorded in the patient's clinical record. The admitting Doctor/Nurse should still make a record of basic observable physical signs, such as levels of consciousness, skin colouring/ condition, etc. • This is only applicable to adult inpatient units			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	Those service users with an inpatient physical health check are validated by the Performance Officer to ensure accuracy.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	96.57%	98.34%	96.6%	96.31%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	37.20%	84.00%	89.30%	96.40%

Name of scheme	4. Emergency readmissions within 30 days			
Related NHS Outcomes Framework Domain and who will report on them	Helping people to recover from episodes of ill health or following injury			
Detailed descriptor	Emergency readmissions to hospital within 30 days of discharge			
Data definition	This indicator measures the percentage of admissions of people who reside in Hertfordshire who have returned to hospital as an emergency within 30 days of the last time they left hospital after a stay. It aims to measure the success of the NHS in helping people to recover effectively from illnesses. If a person does not recover well, it is more likely that they will require hospital treatment again within the 30 days following their previous admission. Thus, readmissions are widely used as an indicator of the success of healthcare in helping people to recover.			
Exemptions	People who self-discharged are excluded			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	Data is validated by the strategic business unit who look at all re-admissions on a monthly basis to ensure accuracy of the report and give a narrative as to why there was a re-admission.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	6.61%	4.35%	6.43%	3.87%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	10.70%	6.00%	7.20%	4.50%

Name of scheme	5. CATT Gatekeeping (Monitor)
Related NHS Outcomes Framework Domain and who will report on them	Enhancing quality of life for people with long-term conditions
Detailed descriptor	The proportion of inpatient admissions gate kept by the crisis resolution home treatment teams.
Data definition	A crisis resolution home treatment (CRHT) team provides intensive support for people in mental health crises in their own home. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. Teams are required to meet all of the fidelity criteria including gatekeeping all admissions to psychiatry inpatients wards and facilitate early discharge of service users. In order to prevent hospital admission and give support to informal carers CATT teams are required to gate keep all admission to psychiatric inpatient wards and facilitate early discharge of service users.

Data definition (continued)	An admission has been gate kept by a crisis resolution team if they have assessed the service user before admission and if the crisis team was involved in the decision making-process, which resulted in an admission.			
Exemptions	Total exemption from CATT Gatekeeping: • Patients recalled on Community Treatment Order. • Patients transferred from another NHS hospital for psychiatric treatment. • Internal transfers of service users between wards in the Trust • Patients on leave under Section 17 of the Mental Health Act. • Planned admission for psychiatric care from specialist units such as eating disorder unit is excluded. Partial exemption: • Admissions from out of the Trust area where the patient was seen by the local crisis team (out of area) and only admitted to this Trust because they had no available beds in the local areas. CATT team should assure themselves that gatekeeping was carried out. This can be recorded as gate kept by CATT teams.			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	There is no validation of the data. An audit has been submitted for approval to the Practice Audit and Clinical Effectiveness Team Annual Programme.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	99.50%	98.30%	99.30%	100.00%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	100.00%	99.60%	100.00%	99.54%

Name of scheme	**6. FEP waits within 14 days**
Detailed descriptor	The standard requires that more than 50% of people experiencing first episode psychosis (FEP) will commence treatment with a NICE-approved care package within two weeks of referral.
Data definition	From 1 April 2016 the access and waiting time standard for Early Intervention in Psychosis (EIP) standard requires that more than 50% of people experiencing first episode psychosis will commence treatment with a NICE-approved care package within two weeks of referral. There are two conditions relating to the standard and both must be met for it to be deemed achieved, namely: • A maximum wait of two weeks from referral to treatment • Treatment delivered in accordance with NICE guidelines and Quality Standards for psychosis and schizophrenia (in children and young people or in adults).

Exemptions	**Service users who do not fulfil the criteria for FEP**			
How will this data be collated	Data will be collated by the performance team and report on a monthly basis			
Validation	Performance and service validate the data			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	43.00%	42.00%	46.00%	39.00%
	In total the Trust received 170 new referrals against a target of 150 Note, target and therefore measurement will change as from the 1st April 2016)			
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	100.00%	99.60%	100.00%	99.54%
	In total the Trust received 177 new referrals against a target of 150			

Name of scheme	**7. Delayed transferred of care**			
Detailed descriptor	A 'delayed transfer of care' occurs when an adult inpatient in hospital no longer requires treatment within an inpatient setting. Sometimes referred to in the media as 'bed-blocking.'			
Exemptions	**Children**			
How will this data be collated	Acute, Elderly and LD&F have weekly MDT meetings on each ward where the Service User is discussed. If the MDT agree that the Service User no longer require acute treatment, the staff record this as a delayed transfer of Care on the Service Users case notes. This information is then recorded on a delayed transfer of care. This information is reviewed weekly both at the ward level and at a weekly delayed transfer of care meeting (This information is then fedback to the performance team, who produce an overall picture of the Trust's performance on delayed transfer of care.			
Validation	Quality and accuracy of the data is assured through the performance team and data quality officers in accordance with Trust policies.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	5.60%	6.60%	7.02%	5.84%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	5.98%	6.35%	5.02%	4.26%

The Delayed Transfer of Care has been subject to external audit this year for the first time and some issues have been identified. We will be taking the following steps to improve the data quality supporting this indicator:

- Rolling out refresher training to front end staff
- Formally documenting key meetings and retaining evidence to support Start and Stop dates for Delayed Transfers
- Improving our processes to help ensure the completeness and accuracy of delayed discharges is recorded more generally.

Name of scheme	8. Service users reporting being treated according to Trust values			
Detailed descriptor	Service users reporting being treated according to Trust values			
Data definition	Having Your Say is offered to all service users at point of entry to the Trust, review meetings and discharge. All questions are set against the Trust Values. Once received they are entered onto the Membership Engagement System (MES) which is the Trust's service experience dashboard, and reported upon by the performance team.			
Exemptions	None			
How will this data be collated	Data will be collated by the performance team and report on a quarterly basis			
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Deloitte, our external auditors, also validate the data.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	92.30%	90.90%	87.20%	93.10%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	72.80%	75.70%	78.35%	86.00%

Name of scheme	9. Carers feeling valued by staff
Detailed descriptor	Carers feeling valued by staff
Data definition	Having your say is offered to all carers. All questions are set against the Trust Values. Once received they are entered onto the Membership Engagement System which is the Trusts service experience dashboard, and reported upon by the performance team.
Exemptions	None
How will this data be collated	Data will be collated by the performance team and report on a quarterly basis
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Deloitte, our external auditors, also validate the data.

Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	84.50%	76.20%	84.10%	75.00%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	68.30%	72.80%	84.10%	75.00%

Name of scheme	**10. The percentage of staff employed by the Trust who would recommend the trust as a provider of care to their family or friends.**			
Related NHS Outcomes Framework Domain and who will report on them	Ensuring that people have a positive experience of care			
Detailed descriptor	Friends and family test			
Data definition	The FFT is a feedback tool which allows staff to give their feedback on HPFT services. The FFT asks how likely staff are to recommend the services they work in to friends and family who may need treatment or care and also as the employer of choice. Participants respond to FFT using a response scale, ranging from “extremely unlikely” to “extremely likely”. They also have the opportunity to provide a free text comment after each of the two FFT questions. The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. This question is in the Trust’s Pulse survey. This is also an NHS England statutory submission.			
Exemptions	None			
How will this data be collated	Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken)			
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Deloitte, our external auditors, also validate the data.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	63.7%	62.3%	70.7%	72.5%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	68.88%	63.25%	60%	58.34%

Name of scheme	11. The percentage of staff recommending the Trust as a place to work			
Detailed descriptor	Friends and family test			
Date definition	As stated above the FFT is a feedback tool which allows staff to give their feedback on HPFT services. To measure this target the Trust will follow the same process as described above. The percentage of staff that would recommend the Trust as a place to work. This is also an NHS England statutory submission.			
Exemptions	None			
How will this data be collated	Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken)			
Validation	All surveys are re-checked for accuracy and 5% of the monthly inputs are re-checked by the Service Experience Lead. Deloitte, our external auditors, also validate the data.			
Performance for Q1 to Q4 in 2015-16	Q1 – 2015/16	Q2 – 2015/16	Q3 – 2015/16	Q4 – 2015/16
	51.2%	49.6%	56.4%	55.6%
Performance for Q1 to Q4 in 2014-15	Q1 – 2014/15	Q2 – 2014/15	Q3 – 2014/15	Q4 – 2014/15
	57.3%	45.2%	47.0%	44.9%

How these targets will be monitored

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

What does reliable mean?

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

A robust reporting framework has been put in place so that positive progress can be ensured and any challenges can be addressed early. The results will continue to be reported to the Trust Board and our Commissioners every quarter at our Quality Review Meeting. This year we intend to engage with our key stakeholders on our progress throughout the year. Once the targets have been agreed by the Board, trajectories for each quarter will be set, with plans developed to ensure that these priorities are achieved.

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

What does valid mean?

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

2.2 Statements of Assurance

This section of the report explains how the Trust has provided assurance in relation to the services it provides. This is demonstrated through clinical networks, audit and our CQC inspection report.

During 2015/16 Hertfordshire Partnership University NHS Foundation Trust has provided 30 relevant health services (listed below). Hertfordshire Partnership University NHS Foundation Trust has reviewed all the data available to them on the quality of care in these 30 services.

1.	Adult Community Mental Health Services
2.	Wellbeing Service delivering Improving Access to Psychological Therapies (IAPT)
3.	Adult Crisis and Alternatives to Admission
4.	Adult Acute Inpatient Services
5.	Service for People in Later Life and those with Dementia
6.	Secondary Commissioning of Placements
7.	Rapid Assessment, Interface and Discharge (RAID) Service
8.	Rehabilitation Service
9.	First Episode in Psychosis
10.	Targeted Provision for Child and Adolescent Mental Health Services
11.	Tier 3 Provision of Child and Adolescent Mental Health Services
12.	CAMHS Crisis Assessment and Treatment Team (C-CATT) Service
13.	Eating Disorder Provision for Child and Adolescent Mental Health Services
14.	Learning Disability Service at Forest Lane
15.	Specialist Learning Disability Assessment and Treatment Service
16.	Single Point of Access
17.	Carers Service
18.	Medicines Management
19.	Mental Health Act Legal Services
20.	Continuing Health Care
21.	Community Forensic Mental Health and Mental Health Liaison Diversion Team
22.	HomeFirst North Herts
23.	In Patient CAMHS

24.	Mother and Baby Unit
25.	Specialist OCD and Body Dysmorphic Service
26.	Psychiatric Intensive Care
27.	West, Mid and North Essex IAPT
28.	Essex In Patient and Community Learning Disability Services
29.	Norfolk Assessment and Treatment Inpatient Service
30.	Forensic Medium Secure Services

The income generated by the relevant health services reviewed in 2015/16 represents 100 % of the total income generated from the provision of relevant health services by Hertfordshire Partnership University NHS Foundation Trust the 2015/16.

National Audits

During that period Hertfordshire Partnership University NHS Foundation Trust participated in five (100% that the Trust were eligible for) national clinical audits and 1 (100% that the Trust was eligible for) National Confidential Enquiries into Patient Outcome and Death which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hertfordshire Partnership University NHS Foundation Trust was eligible to participate in during 2015/16 are as follows:

National Clinical Audit

- National Early Intervention is Psychosis audit
- National Physical Health CQUIN
- The national Prescribing Observatory for Mental Health (POMH-UK) Topic 13b Prescribing for ADHD in children, adolescents and adults
- National Early Intervention in Psychosis audit CQUIN
- National Physical Health CQUIN

What is a National Confidential Enquiry into Patient Outcome and Death?

National Confidential Enquiry into Patient Outcome and Death assists in maintaining and improving standards of care the benefit of the public by reviewing the management of service users, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

National Confidential Enquiry

- National Confidential Enquiry into Suicides and Homicides

The national clinical audits and national confidential enquires that Hertfordshire Partnership University NHS Foundation Trust participated in, and for which data collection was completed during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. The results are summarised in the following table.

Topic	Trust Participation		National Participation	
	Teams	**Submissions**	**Teams**	**Submissions**
National Early Intervention in Psychosis CQUIN	Target Treatment Teams across Adult Community Services and those identified in the CAMHS	80%	* Data not available	* Data not available
National Physical Health CQUIN	All inpatient wards	100%	* Data not available	* Data not available

- POMH UK Topic 15c Use of Sodium Valproate
- POMH UK Topic 9c Use of Antipsychotic medicine in People with a Learning Disability

Topic	Trust Participation		National Participation	
	Teams	**Submissions**	**Teams**	**Submissions**
Topic 9c	19	359	338	5654
Topic 13b	15	184	359	6109
Topic 15c	10	122	*N/A	*N/A

**This information is not yet available.*

Topic 9c is a supplementary audit for a quality improvement programme addressing the use of antipsychotic medication in people with a learning disability. The practice standards were as follows:

Standard		Trust compliance	National average
The indication for treatment with antipsychotic medication documented in the clinical records		99%	Information Not Available
The continuing need for antipsychotic medication should be reviewed at least once a year.		98%	Information Not Available
Side effects of antipsychotic medication should be reviewed at least once a year, including:	presence of extrapyramidal side effects (EPS),	67 %	45%
	Obesity	84%	70%
	Hypertension	60%	60%
	Blood glucose and lipids	72%	75%

The reports of five national clinical audits were reviewed by the provider in 2015/16 and Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

The action plans for topic 13b and 15c have not been published yet. In relation the topic 9c actions are below:

For practice standard 1

Clinical Leads in each service area have reminded clinical staff to:

1. Review and revisit the diagnosis when care plan reviewed
2. Document clearly and accurately the indication for the treatment with antipsychotic medication
3. Communicate to GPs the indication for treatment with antipsychotic medication

For practice standard 2

1. Service users to have a medication review at least once a year
2. Audit by the medicines management team to review compliance with this standard

For practice standard 3

1. Medication review including antipsychotic side effects monitoring at least once a year
2. Develop a standardised physical health check list / tool to ensure that body weight, blood glucose levels and blood lipids are monitored at least annually
3. To distribute ‘Physical Health’ leaflets to service users, their families or support workers regarding the importance of monitoring weight and blood pressure
4. Information to be given to patients/carers regarding the importance of monitoring weight and BP.
5. Our Trust staff to access and document in PARIS blood test results for serum lipids and HbA1c via ICE if available or via GP surgery

The two other national audits have not yet published their reports however our Trust does have a local action plan for the Early Intervention in Psychosis Service which has been put in place.

Local Audit

The reports of 42 local clinical audits were reviewed by the provider in 2015/16 and Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided below. A further 68 local audits were registered with the Practice Audit and Clinical Effective (PACE) Team by clinicians from throughout the Trust. The full details of all these audits are beyond the scope of this report but detailed below are examples of the results that were found.

What is a clinical audit?

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

Our PACE Team ensures that all our audits, whether local or on a programme, are subjected to the same scrutiny. An audit will only be approved if it reaches an acceptable standard with Specific, Measureable, Achievable, Realistic and Time Orientated (SMART) action plans that ensure improvements are made.

Our PACE Team also provides bespoke training, as well as assistance in an advisory and supportive capacity, which ensures that staff are competent and confident in conducting audit work. The team ensure that there are audits that look at our compliance with NICE guidelines, along with a number of service evaluations, which all support the assurance of quality services.

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

The Practice Audit and Clinical Effective (PACE) team is the service in our Trust that offers guidance, support and assurance in relation to quality and service improvement.

Where audits said we did well

Potassium levels

An audit was conducted by one of our junior doctors and he was successfully shortlisted in the Junior Doctor Audit competition hosted by the Clinical Audit Support Centre in conjunction with the Healthcare Quality Improvement Partnership (HQIP). This audit lead to a reduction in the need for repeat blood tests and no patients needing transfer to Watford General Hospital with false high potassium levels.

CQC reported that the trust used a range of indicators and other measures such as clinical audits to monitor the performance of services. These were used by the trust to identify areas for improvement.

Incidence of potassium levels in samples

Result	Audit [January 2015]	Re-Audit [June 2015]	Movement
High Potassium Levels	16 (23%)	6 (7%)	↓
Normal	54 (77%)	78 (90%)	↑
Low Potassium Levels	0 (0%)	3 (3%)	↑

Repeat of high potassium samples

Result	Audit [January 2015]	Re-Audit [June 2015]	Movement
Repeated normal	7 (44%)	1 (16.6%)	
Repeated high potassium	1 (6%)	1 (16.6%)	
Not Repeated	8 (50%)	4 (66.6%)	

Care Co-ordination

This audit considered the use of care co-ordination within the Trust with the aim of ensuring that care reviews were of a high quality and worked towards recovery. Table A below shows the percentage of our service users that had an agreed goal that was personal rather than just a treatment goal.

Table A – Care co-ordination

Result	2015	2014	Movement
Evidence of care co-ordination having taken place	100%	98%	
Is there an agreed goal?	98%	85%	
Is the goal a personal goal rather than a treatment goal?	88%	53%	

Community Eating Disorders Services (CEDS)

This audit considered whether a service user was with the right team and getting the right treatment through an analysis of the services and care pathway. It considered service users who had an established diagnosis of Emotionally Unstable Personality Disorder (EUPD) as well as an eating disorder. The audit won 1st prize at the Royal College of Psychiatrists' conference. The findings lead to dedicating time from one of our consultant Psychologists to support clinicians to enhance their skills in providing Dialectic Behaviour Therapy (DBT) as well as reviewing the treatment programme.

Host Families

This project reviewed the work of the host families and looked at ways to progress the host family scheme in the future. The findings of the evaluation were used to support a "Sharing Best Practice" seminar, which included attendees from other Trusts who were interested in setting up a similar project in their area. The evaluation found that the Number of Host Families has risen year on year. Other information gathered highlighted the number of "Bed days" saved by using the Host Family scheme as an alternative to hospital.

Capacity to consent to treatment

This audit looked at the capacity to consent within our dementia services. This showed a significant improvement in performance in this area by the team.

	First Audit 26/6/15 to 27/7/15		Second Audit 1/10/15 to 1/11/15		Movement
Section	**%**	**No.**	**%**	**No.**	
Patient name	84%	16/19	100%	21/21	↑ 16%
Date of Birth	84%	16/19	100%	21/21	↑ 16%
Section	84%	16/19	100%	21/21	↑ 16%
Responsible Clinician	84%	16/19	100%	21/21	↑ 16%
If patient has consented is there a signature?	10%	1/10	47%	7/15	↑ 37%
If patient is unable to consent has the clinician signed?	100%	9/9	100%	7/7	→
Is there a S62?	60%	3/5	100%	1/1	↑ 40%

What is S62?

In emergency situations Electroconvulsive Therapy (ECT) can be given under section 62 of the Mental Health Act (2007) but only for treatment:

(a) which is immediately necessary to save the patient's life; or

(b) which (not being irreversible) is immediately necessary to prevent a serious deterioration of his condition.

Where audit said we need to improve

CAMHS DNA Audit

The audit indicates a variance of compliance against key aspects of the CAMHS DNA follow up process. The expected level of compliance is 100% for each of the below criteria.

Audit area	% compliance
Care professional assessing the risk of non-attendance	43
Evidence of parent/carer being contacted	70
Reasons for non-attendance documented	52
Notification in writing to the GP	22
Consideration of alternative venues	9
Consideration of flexible appointment times	4
Appropriate discussion of concerning cases	29
Referral/involvement of Children's Social Care if appropriate	86

The majority of DNAs within the sample are within the 16-18 age range, suggesting consideration should be given to alternative ways to engage these individuals. This is perhaps the group which would benefit the most from consideration to flexible appointments and venues as stated in the policy. These criteria demonstrated the poorest levels of compliance within the audit at 4% and 9%.

A lack of one clear process within both policies may also be a factor in varying compliance and will be addressed in order to provide clinicians with clear guidance. In addition to this, additional clinical and managerial support has been put into the service.

GP Letter after CPA Reviews
Good communication of key clinical information for each service users following a CPA is an essential aspect of communication and support to GPs. This audit sampled a range of CPAs conducted across all adult community services found that improvement was required as letters were only present in 42% (38/90) cases. This area of work will be a CQUIN target for 2016/17 and therefore be subject to a focus for work and scrutiny over the next year.

Research and Development

The number of patients receiving relevant health services provided or subcontracted by Hertfordshire Partnership University NHS Foundation Trust in 2015/6 that were recruited during that period to participate in research approved by a research ethics committee is 168. Details can be found on the National Institute of Health Research (NIHR) website: *www.ukctg.nihr.ac.uk* and is detailed in table J:

Study ID	Study Acronym	Total
6113	PRAISe	33
6116	ConMan - Service User Module	3
15271	Psychological Intervention Alcohol Misuse Learning Disability	1
16588	Wordless Intervention for Epilepsy in Learning Disabilities (WIELD)	6
16966	EpAID	9
17026	OTO	17
18338	ERIC-PPCI	8
18629	EQUIP TRIAL	24
5655	NCISH	17
11207	Homicide by patients with schizophrenia: a case-control study	1
14412	Long-stay patients in high and medium secure forensic-psychiatric care	3
14796	LonDownS cohort	6

18727	LP-MAESTRO (WS1)	2
18957	Prospective memory in Mild Cognitive Impairment	28
19878	The mATCH study	10

The Trust works closely with, and receives funding from, the NIHR as well as the Eastern Clinical Research Network (CRN Eastern) to help us deliver and take part in a number of research programs. The Trust is the NHS contractor for the following NIHR Research for Patient Benefit (RfPB) funded studies:

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

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

Study	Acronym	Stage of recruitment
Extended Brief Intervention in Learning Disability	EBI-LD	Completed recruiting
Wordless Intervention for Epilepsy and Learning Disability	WIELD	Completed recruiting
Optimal Treatment in Obsessive Compulsive Disorder	OTO	Currently recruiting
People with Autism detained within hospitals	MATCH	Currently recruiting
Herts and Minds Study	HAM	Currently recruiting

The Trust works with a number of collaborating academic institutions on the above studies, including

- University of Hertfordshire
- University College London
- University of East Anglia
- University of Cambridge
- University of Kent
- University of Southampton
- The Anna Freud Centre

Our Trust also recruits to a number of other research studies that are on the NIHR portfolio, and we are working to increase the number of studies available to our service users and carers year on year. All research that takes place within the Trust has the appropriate level of ethical approval in place.

If you are interested in participating in any of our research projects please contact Prof Tim M Gale, Lead for Research & Development via e mail t.gale@herts.ac.uk or telephone: 01707 253837.

Commissioning for Quality and Innovation (CQUIN) 2015/16

The Trust has CQUIN goals that are agreed with our commissioners, local and specialist at the beginning of each year.

A proportion of the Hertfordshire Partnership University NHS Foundation Trust income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between Hertfordshire Partnership University NHS Foundation Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2015/16 and for the following 12 month period are available electronically in '*Trust Papers*' in the *'About Us'* section of the Trust's website: *www.hpft.nhs.uk/about-us/trust-papers*

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

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

2.5% of our income (£3,077,000) in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between us and our commissioners through the CQUIN payment framework. At the end of Q3 our Trust had achieved £2,865,302 which was 93% of the total amount available to that date. The final amount achieved had not been confirmed at the time of writing. In 2014/15 we achieved £2,739,008, which was 92% of the £2,991,000 available.

The table below details the financial achievement against each target. At the time of writing confirmation of the amount achieved for the year had not been received.

Goal	Description of Goal	Goal Value and weighting (£ [%available])	Achieved £ [%]
Making Our Services Safer (MOSS) – year 2	To improve the safety of inpatient care across the Trust.	430,780 [14]	Information Not Available
Strengthening Community mental health services	To improve the safety and stability of community mental health services, so that service users and carers receive consistent high quality care, based on continuity of care and robust care co-ordination	430,780 [14]	Information Not Available

Improved service user flow in acute mental health services	To improve the admission and flow of service users and their discharge experience by ensuring systematic admission and discharge using best practice in the acute mental health services.	430,780 [14]	Information Not Available
Communication with GPs/primary care	To improve the communication and working relationship between clinicians in HPFT and GPs; one of the planned outcomes is also to join up the physical and mental health care of people with mental health problems.	430,780 [14]	Information Not Available
Improving physical healthcare to reduce premature mortality in people with severe mental illness (national CQUIN 4a and 4b)	To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients with psychoses and community patients in Early Intervention psychosis teams	615,400 [20]	Information Not Available
Improving diagnoses and re-attendance rates in A&E (national CQUIN 8a and 8b)	Mental Health Trusts to reduce re-admission rates of people with mental health needs at A&E	307,700 [10]	Information Not Available
Greenlight toolkit (year 2)	The Green Light Toolkit is a guide to auditing and improving mental health services so that they are effective for supporting people with learning disabilities and autistic spectrum disorders.	430,780 [14]	Information Not Available
	Totals:	3,077,000 [100]	Information Not Available

In summary this equates to:

	Commissioner	Value	Achievements up to Q3 of 2015-2016
1	**Hertfordshire CCG**	£3,077,000	90%
2	**Specialist**	£447,000	100%
3	**West Essex**	£221,000	100%
4	**Essex IAPT**	£100,000	100%
5	**Norfolk**	£49,000	100%

Clinical Coding

Clinical coding considers the information we gather in relation to our service users. This information is then used to pull the data that informs our quality indicators. This section will outline the data that was collated for the Hospital Episode Statistics. It is important to note that for clinical coding the results should not be extrapolated further than the actual sample audited and all our in-patient services were reviewed within the sample.

What is Hospital Episode Statistics?

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

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

- 97.2% for admitted patient care
- 99.3% for outpatient care

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

- 97.2% for admitted patient care
- 99% for outpatient care

At the end of March we submitted our Information Governance Toolkit to the Health and Social Care Information Centre (HSCIC) and achieved an overall score of 81% up from 79% in 2014/15, level 2, with a green satisfactory rating. We were also able to confirm that 95% of our staff had completed their annual Information Governance e-learning.

The results for each area of the Toolkit are broken down as follows:

Information Governance Management	**86%**
Confidentiality and Data Protection Assurance	**95%**
Information Security Assurance	**75%**
Clinical Information Assurance (good clinical records management)	**80%**
Secondary Use Assurance (data used for any other reason other than directly caring for the service user)	**70%**
Corporate Information Assurance (good corporate records management)	**88%**

The Trust was not subject to the Payment by Results clinical coding audit during the year by the Audit Commission. However we were audited in October 2015 by The London Clinical Coding Academy.

The results were:

Primary Diagnosis correct 98%

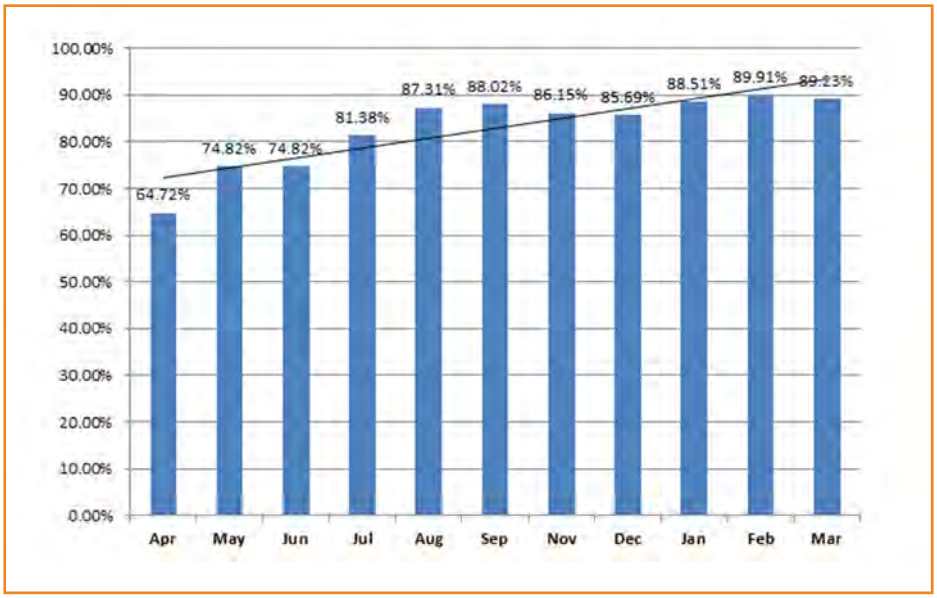
- This is a decrease from 2014/15 by 2%.

Secondary Diagnosis correct 97.73%

- This is an increase from 2014/15 by 0.08%.

The Ethnicity recording proved a challenge for the Trust at the beginning of the year but progress has been made and was at 89.6% at the end of Q4, the highest level of recording achieved to date. All services monitor ethnicity recording closely and the 90% target is predicted to be achieved by the end of Q1 2016/17.

Ethnicity April 2015 - March 2016



The Trust plans to take the following action to improve the data quality and clinical coding by:

- Developing a robust system that produces timely and accurate discharge summaries to support the coding process.
- Continue to carry out regular coding audits on PARIS.
- Continue to undertake an annual audit of clinical records keeping standards.
- Continue the working relationship with CIVICA to ensure that the coding requirements are embedded within PARIS.

What are CIVICA and PARIS?

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

Patient Safety

This section will consider how our Trust ensures that it is providing safe care. It will do this by initially considering the Duty of Candour followed by the actions that the trust has taken in relation to the Mazars report. This will be followed by a number of initiatives such as Spot the Signs and Save a Life, Sign up to Safety Campaign, Making Our Services Safer, Safer Care Pathways Project, Learning Lessons, falls and the learning disability mortality review programme, safeguarding and Acute Assessment Unit (AAU).

Duty of Candour

The Trust is committed to the principles of openness, honesty and transparency for the purposes of learning from incidents and serious incidents and engaging services users and families in the review process. The Trust has a Duty of Candour policy which sets out definition, duties and responsibilities of senior staff post incident, identifying those incidents where Duty of Candour applies and reporting processes.

Immediate support is offered to the service user, the family or the carer by the local team where the incident occurred. A Duty of Candour letter is sent to the family and held in the serious incident file. The family is provided with contact details for the investigator throughout the process and the investigator is expected to make every effort to engage with the service user or the family and consider any questions and concerns raised during the review process.

An overview of the Duty of Candour is included in Root Cause Analysis training provided by the Trust for those who undertake investigations. The serious incident investigation report includes detail of support offered and how the service user or family have been involved in the review process.

The CQC found that we had undertaken an internal review to understand any improvements required to meet this duty of candour.

The Trust follows best practice in relation to families bereaved by suicide and recognises the profound effect on families and loved ones. The Department of Health Help is at Hand booklet which provides guidance and support to families affected by suicide is sent out with the Duty of Candour letter.

The Trust routinely shares a copy of the full Serious Incident report with the service user, family or carer as part of demonstrating our commitment to NHS Duty of Candour and our commitment to openness, transparency and learning from incidents.

In the coming year the Trust will be adding Duty of Candour to the Datix incident reporting system to enable reporting on compliance.

Following our review of the duty of candour a number of actions were undertaken including duty of candour considerations being incorporated into the serious investigation framework and report. Minutes of strategic business units meetings showed us that this requirement had been discussed and its implications for practice discussed.

CQC said –

We saw examples of how this had been implemented as part of the trust's response to incidents that had resulted in moderate harm to patients. For example, during our review of patients' care records during the inspection of the core services. This showed us staff were aware of and were implementing these requirements.

Actions taken by the Trust in response to the Mazars Report on Southern Health

Following the publication of the Mazars report into investigation of deaths within Southern Health Trust a review of the learning from the report has been undertaken. A Death Oversight

Group has been established and this meets every month and reviews every reported death to consider the level of investigation required, cause of death where known and the learning from the cases for sharing across the Trust.

As a result of the establishment of the group changes are being made to the incident reporting policy and Datix to ensure we capture the level of information required to make an informed decision about the deaths. The maintenance of a close working relationship with the Hertfordshire Coroner and Hertfordshire Registrar's office has been a key aspect of this work.

What is Datix?

Datix is patient safety software for healthcare risk management, incident and adverse event reporting.

The commissioners have met with the Trust to review processes following the Southern Health report and have confirmed their view that they are assured by our systems and processes in relation to investigations of deaths and serious incidents.

All services have been informed of the need to report all deaths to enable a review of the circumstances to be made in a timely manner. Systems are in place to review all deaths immediately they are reported to ensure timely reporting. All deaths previously reported as natural causes are reviewed to ensure that there are no further opportunities to learn.

Learning Disability Mortality Review Programme

Based on previous data, each trust in England is likely to have 5-10 deaths of people with learning disabilities requiring a review each year. The trust has begun the work on this and we will demonstrate our participation in the programme by:

- having an internal system in place that flags the need for a review when a person with a learning disability dies
- notifying deaths of people with learning disabilities to the LeDeR programme
- contributing to the reviews of deaths of people with learning disabilities
- having a process in place through which to implement and monitor progress against local actions plans.

What is the Learning Disabilities Mortality Review (LeDeR) Programme?

The Learning Disabilities Mortality Review (LeDeR) Programme is work commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. It aims to make improvements to the lives of people with learning disabilities and clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

Spot the Signs and Save a Life

In January 2015, inspired by Dr Ed Coffey's pioneering work on suicide prevention in Detroit, the Trust launched Spot the Signs, Save a Life suicide prevention campaign in collaboration with Hertfordshire Mind Network, local GP surgeries and other services. This became one of four 'Zero Suicide' Programme sites developed across the East of England region, funded by the Strategic Clinical Network. Funding for this work in Hertfordshire was matched by East and North Herts Clinical Commissioning Group.

Other stakeholders involved in the project include Mind in Mid Herts, Herts Valleys CCG, Herts County Council, including Public Health and the Samaritans. Several businesses such as John Lewis, Skanska, and Boots have also been involved to date, as well as schools, police and job centres.

The overarching goals of the project were to educate the general public on depression and suicide; educate GPs, GP receptionists, district nurses, and community nurses about screening, identifying and managing suicidality effectively in primary care.

To date training has been delivered to

- **179** GPs
- **140** non-clinical staff
- **55** staff members from the East & North Herts Clinical Commissioning Group
- **53** people from third sector agencies

Feedback from these sessions indicates

- **91%** found the training useful
- **94%** found it relevant.

A further **82** participants signed up for training that is due to be delivered by the end of April 2016.

The Hertfordshire community has been asked to support the campaign and make a commitment to themselves, and to members of their community, to talk openly about suicide and suicide prevention:

- **358** signed individual pledges
- **17** signed organisational pledges have been made.

Data on service users bereaved by suicide year on year is monitored in the Quarterly Patient Safety Reports that are presented to the Integrated Governance Committee and the Board of Directors. The Quarter 4 Patient Safety report highlighted that the Trust predicted suicide rate per 1,000 service users for 2015/16 (25) is higher than the suicide rate for 2014/15 (21). However, the rate remains lower than the latest for mental health service users provided by the National Confidential Inquiry.

The CQC commented that they *"saw the trust 'Spot the Signs and Save a Life' campaign leaflets around clinic areas. These encouraged people to talk openly about suicide in order to reduce suicide rates."*

When comparing the Trust's service user suicide rate for 2015/16 with the last available national rate provided by the National Confidential Inquiry (2013), the Trust remains below the national rate of suicides amongst those in contact with mental health services. One suicide in our Trust is too many therefore the Trust is redoubling efforts for zero suicide.

In order to address this in 2016/17 there are plans to extend the campaign by

- Increasing social media presence
- Increasing the number of information stalls across the county

- Developing training for private corporations, supporting them to support their staff
- Extend the team; moving towards co-production with service-users and carers with lived experience and a bringing on board a team of volunteers
- Working with young people across the county by developing a suicide and self-harm prevention focussed peer-led support for young people in schools

Sign up to Safety Campaign

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

What is the Sign Up to Safety Campaign?

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

The proposed Trust pledges are:

Put safety first – We will:

- Increase the number of patients receiving Harm Free Care as measured through the NHS Safety Thermometer with particular focus on falls in our older people's services
- Improve safety by encouraging reporting of incidents and using intelligence to identify areas of learning to share across the organisation
- Implement the key actions for year 1 in the Trust Clinical Risk Strategy 2015–2018
- Continue to implement the projects within the Safer Care pathways programme

Continually learn – We will:

- Continue to undertake and develop processes for systematic review of the quality and safety of the services we provide including the internal Quality Visits Programme and Executive visits.
- Improve measurement and monitoring of the outcomes of incident investigations, complaints, audits and claims to ensure the outputs are effective in reducing risk and enhancing patient safety.
- Disseminate and discuss local and national learning from service users who die by suicide to enable us to inform clinical practice on areas of suicide risk. This in turn will enable us to achieve a year on year reduction with the aim of achieving our aim of Zero Tolerance.
- Take every opportunity to hear patient and carers views through increasing responses to the Friends and Family Test, sourcing service-specific patient feedback wherever possible and continuing the 'Patient Story' programme for presentation at Trust Board and wider learning.
- Develop tools for monitoring quality and safety including patient experience dashboards and nurse-sensitive quality indicator dashboards.
- Develop effective systems to benchmark indicators of safety with peer organisations and look for opportunities to identify further performance measures.

Honesty – We will:

- Provide training and support to staff in being open with patients and carers when things go wrong in line with the NHS Duty of Candour, and monitor our compliance with this.
- Continue to review all incidents, comments and complaints with an honest and transparent approach.
- Display patient safety information on wards in a consistent and clear way for patients and visitors to see.
- Publish safety–related performance information on our Trust website, including staffing levels.
- Be accurate and open in reporting our achievements or challenges in improving patient safety in our annual Quality Account.
- Articulate and publicly display our yearly Quality Priorities throughout the organisation and monitor and publicly report progress with these.

Collaborate – We will:

- Be active participants in the Regional Academic Health Sciences Network and Patient Safety Collaborative.
- Continue to work with our local primary health and social care partners to improve communication and take a system-wide approach to standardising care, streamlining patient pathways and reducing harm where possible.

Support – We will:

- Provide training on incident reporting and investigation, quality improvement and Human Factors across the multidisciplinary teams and ongoing support.
- Focus on continuous improvement in our approach to quality and safety in the Trust.
- Improve our mechanisms for staff to be made aware of actions taken and lessons learned in response to incidents and near misses.
- Continue to promote our Trust values encouraging the types of behaviours that support patient safety.
- Undertake Values Based Recruitment to ensure we have a workforce who adopt a person-centred approach to providing safe and compassionate care.
- Value staff through continuous professional development, appraisal, listening to feedback and recognising achievements.

Making Our Services Safer

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

The purpose of the ‘Making Our Services Safer’ Strategy is to complement the excellent work already in place to ensure services are well informed and using best practice, care is delivered in partnership and the best interests of service users are served and prioritised at all times.

The work aims to reduce the numbers of incidents and interventions where staff and service users are harmed, so all involved report feeling safer through:

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

In order to support this work the Trust is currently involved with the NHS Benchmarking Network in relation to Restraint, the Minimum Mental health Data Sets and the implementation of Safewards initiative.

The rate of acute inpatients feeling safe has marginally missed the target of 80% at 79.8%, an 11% improvement on Q3 figures. Additional training has been provided to the service areas by the Practice Development & Patient Safety Lead. Looking at feeling safe has also been explored with the Peer Experience Listeners (PEL) and the Practice Audit and Clinical Effective (PACE) team. A series of focus groups has been held across the 6 acute inpatient areas and separately with the Modern Matrons and the Team Leaders.

What are restrictive interventions?

'Restrictive interventions' are a: 'deliberate acts on the part of other person(s) that restrict an individual's movement, liberty and/or freedom to act independently in order to:

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

Department of Health (2014)

What is Safewards?

Safewards is an evidence based model that is used to reduce the conflict on in patient wards.

The CQC found that within our Learning Disabilities inpatient units Positive behaviour support (PBS) was actively used and this had reduced the number of restraints and rapid tranquilisation used. We observed that staff used redirection strategies in order to reduce patient's agitated behaviours.

Safer Care Pathways Project

Concluding in July 2016 after 2 years, this project brought together a group of staff, service users and carers to work with engineers from Cambridge University. They applied methods from aviation safety to look at what could go wrong.

The project team considered "What could go wrong along the pathways?" and then rated the risks. Those areas that scored the highest and where there was most concern were looked at in more detail. We then thought about measures that could be put in place to reduce or eradicate the hazard.

The input of our service users at this point was essential as clinicians tended to look at the same types of system changes and measures, whereas the service users challenged our thinking and assumptions. They gave us insights into what it was like to be experiencing the care and transfers between services.

This work resulted in piloting two interventions:

1. Moving on Plan
2. Care Calls

These two interventions are currently being evaluated and will be reported on in next year's Quality Account.

Safeguarding

The Trust has delegated responsibilities from the local authority.

Recent changes to the Care Act 2014 have meant that the Trust and the Local Authority have needed to review how the delegate social care functions are delivered. Both partners are committed to working together to ensure high quality and safe services are delivered and a plan has been put in place to ensure this happens which includes regular meetings to review issues and have oversight of the current arrangements.

What are delegated responsibilities?

Delegated responsibilities in this context are where there is an agreement that an NHS Trust exercises various local authority functions.

Making Safeguarding Personal (MSP) is a key requirement of the Care Act which the Trust has addressed by raising awareness of the key principles of MSP amongst its operational staff. The Trust is now in the process of robustly shaping practice within its safeguarding investigation teams to ensure that outcomes wanted by service users are identified at the beginning of the process.

Learning from incidents

The Department of Health published a "learning from mistakes league," ranking trusts on their "openness and honesty," based on data on safety reporting and the NHS staff survey. The table splits trusts into four divisions: outstanding levels of openness and transparency, those which are good, those which have significant concerns, and those with a poor reporting culture. HPFT was ranked as 81 out of 230 trust and was rated as 'good.'

In 2014/15 and 2015/16 the number of unexpected deaths meeting serious incident reporting criteria is the same (28). It should be noted that some of these cases are apparent suicides but the number may reduce when the conclusion is recorded at the Coroner's inquest. No homicide were reported in 2014/2015 and two homicides were reported in 2015/2016.

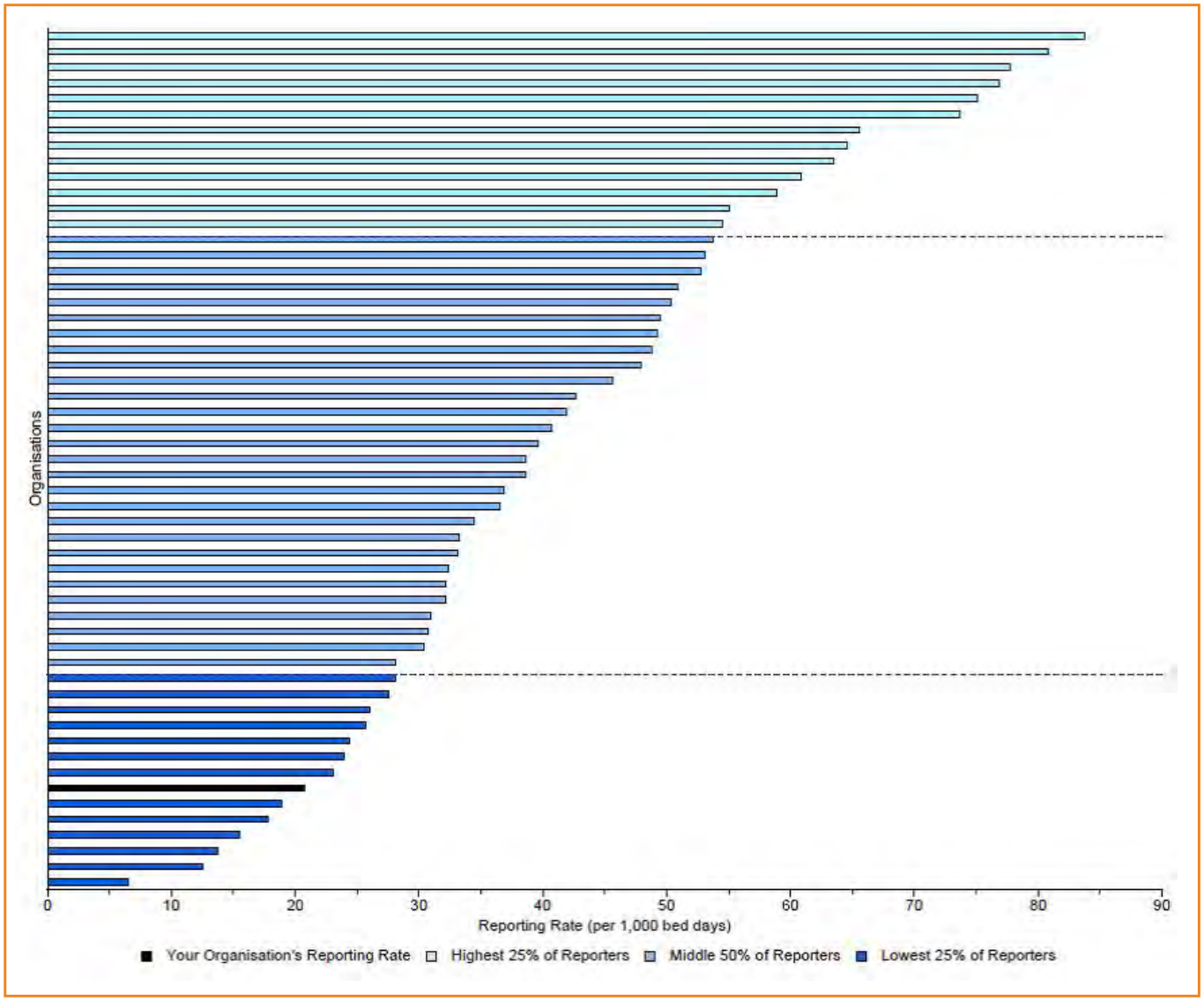
Safety Incidents involving serious harm or death as a proportion of all patient safety incidents.

The Trust reports and analyses the number and type of incidents that take place. The information below provides an overview of HPFT's number and type of incidents reported to the NRLS in the past year and a comparison to data reported by other Mental Health and Learning Disability Trusts. This data was published by NRLS in April 2016.

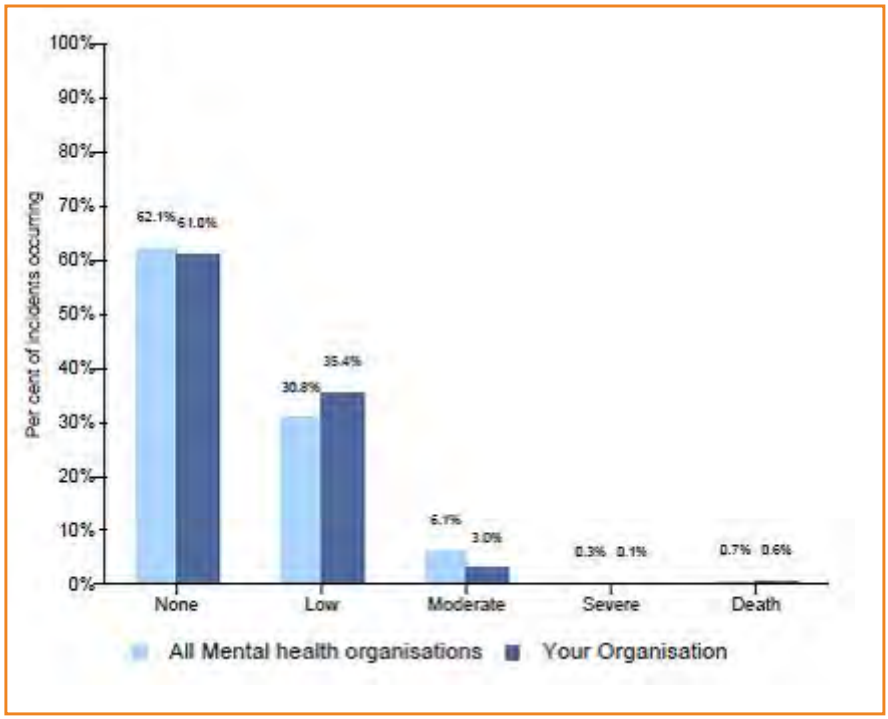
April 2015 - September 2015

- 1, 787 incidents reported by the Trust
- Rate per 1,000 bed days – 20.79
- Severe Harm – 1 incident reported
- Death - 12 incidents reported

The comparative reporting rate per 1,000 bed days for 56 mental health organisations including our Trust during this period is shown in the graph below.



For the same period, the incidents reported by degree of harm for the 56 mental health organisations including our Trust are shown below.



- Highest reporting MH Trust – 6,723 incidents
- Lowest reporting MH Trust – 8 incidents
- Highest number of incidents resulting in Severe Harm – 74 incidents
- Lowest number of incidents resulting in Severe Harm – 3 Trusts reported no Severe Harm incidents
- Highest number of Deaths reported – 95 incidents
- Lowest number of Deaths reported – 2 Trusts reported no Deaths

It can be seen that our Trust was a relatively low reporter of overall severe harm incidents but at approximately the same level as our peers for deaths in this period. As there can be variation in reporting of incidents between Trusts like for comparisons cannot be made with a degree of certainty.

October 2015 to March 2016

The following data is provided on a provisional basis only for the purposes of initial comparison with the previous reporting period; it should be treated with caution as it has not yet been validated by the National Reporting and Learning System (NRLS).

- 1,996 incidents in total reported by the Trust (as at 21/04/2016)
- Safety incidents involving severe harm (as a percentage of all patient safety incidents reported) – 2 (0.1%).
- Safety incidents involving death (as a percentage of all patient safety incidents reported) – 13 (0.7%).

	April 15 to Sept 15	Oct 15 to Mar 16
Total patient safety incidents	1,787	1,996
Rate per 1000 bed days	20.79	Not yet available
Severe harm incidents as % of all	2 (0.1%)	2 (0.1%)
Deaths as % of all	10 (0.6%)	13 (0.7%)

The latest reporting rate published by NRLS shows that for our Trust is currently within the lowest 25% of Mental Health services reporters. The NRLS system is used for analysing and reporting on certain types of incident only. In addition to the role of the managers in reviewing incidents to ensure factual accuracy and to monitor any potential trends, the Safer Care Team undertakes an additional quality assurance check of all incidents before they are uploaded to NRLS to ensure accurate reporting according to the NRLS criteria. An initial review of incidents reported up to the 1 May 2016 shows a 14% increase in the number of incidents reported when compared to the NRLS data reported above.

Actions being taken in 2016/17

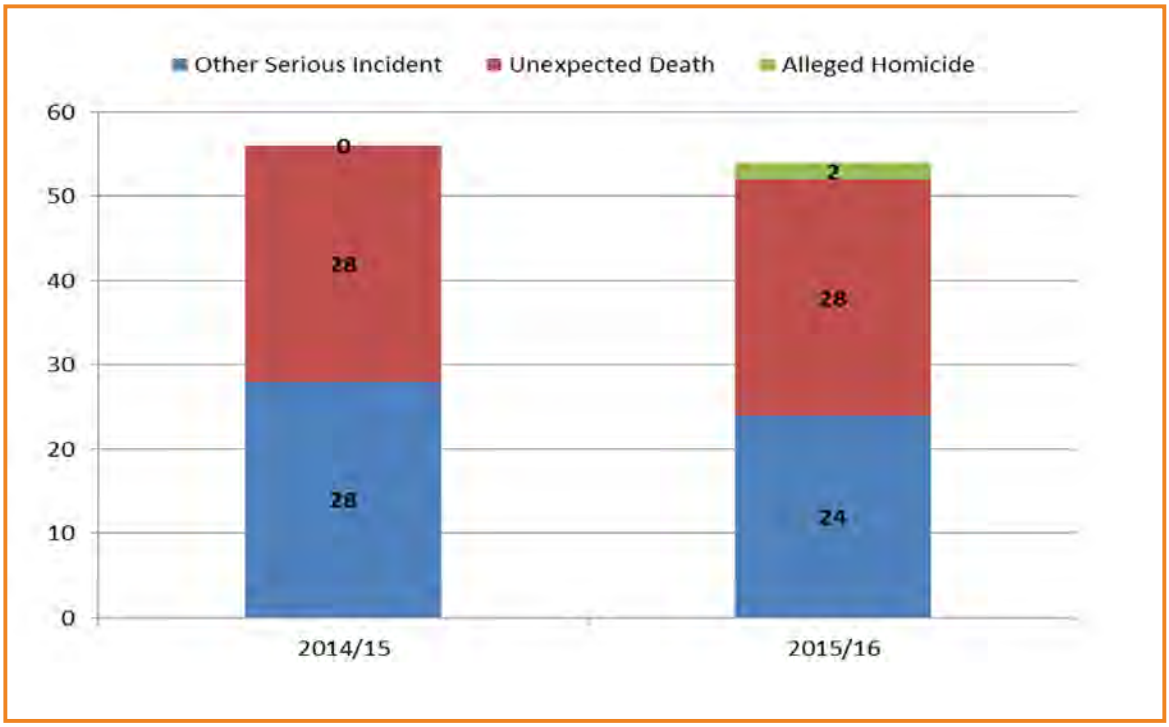
A substantive Datix Lead was appointed in January 2016 who has taken on responsibility for NRLS reporting. Some mapping work has taken place which has provided assurance that the Trust is consistently reporting the correct type of incidents to NRLS. For 2016/17 the following actions are being taken:

- Rolling programme of training for staff and managers
- Datix workshops held across the Trust
- Introduction of a Safer Care team newsletter to highlight lessons learned and how incident reporting has a direct influence on quality and safety
- Engaging the Practice Governance Leads in each of the SBU's to continue to raise the importance of ensuring that all incidents are reported
- Updating of the incident reporting form and categories

In addition to analysis and reporting at Operational level, detailed analysis of specific incident data is undertaken by groups including the Trust Falls Group, Safer Staffing Group, the Making our Services Safer Group, and the Health Safety and Security Committee. Where felt to be required Task and Finish Groups are commissioned by the specific groups to look at specific patient safety related issues.

Serious Incidents

Overall the Trust reported a total of 54 serious incidents in 2015/16 compared to a total of 56 in 2014/15 despite the Trust taking on new services. The Trust continues to err on the side of caution, and in keeping with the National Serious Incident Framework, March 2015, will always report and investigate those cases where there is felt to be the opportunity to learn and improve. Other serious incidents reported in 2015/16 included falls resulting in fractures, infection control outbreaks, and safeguarding incidents.



CQC reported that they found our arrangements for reporting safety incidents and allegations of abuse were in place. Staff had access to an online electronic system to report and record incidents and near misses. Staff were encouraged to report incidents and near misses and most felt supported by their manager following any incidents or near misses. Staff felt that generally the Trust encouraged openness and there was clear guidance on incident reporting.

Serious incidents were reviewed by the clinical risk and learning lessons group and reports presented to the integrated governance committee. Senior trust leaders confirmed that serious incidents were examined at the monthly executive board meeting. This was confirmed by those meeting minutes reviewed and our attendance at a Trust board meeting. Actions arising and individual responsibility for this was clearly recorded.

Where serious incidents had happened we saw that investigations were carried out. The Trust had trained managers to undertake incident investigations. Most investigations were carried out within the timescales required.

Team managers confirmed that clinical and other incidents were reviewed and monitored through trustwide and local governance meetings and shared with front line staff through team meetings. Most were able to describe learning as a result of past incidents and how this had informed improvements or service provision. We saw some particularly good examples of positive change following incidents within the acute admission services.

Staff received e-mail safety bulletins and alerts following learning from incidents in other parts of the trust. Most staff knew of relevant incidents and were able to describe learning as a result of these. The majority of staff felt that they got feedback following incidents they had reported.

Following incidents there was a debrief for staff to ensure they are learning from incidents and staff have an opportunity to talk about their experience.

The team did however find that reporting and learning from incidents was being achieved. We saw evidence of the dissemination of lessons learned throughout the services inspected.

Falls

In Q3 and Q4 14/15 there was an increase in falls with harm within the in-patient services with seven falls resulting in harm that met the criteria for Serious Incident Reporting. As a result of this a decision was made that the Trust needed to take targeted action to address the root causes of the falls.

What did we do?

- Reestablishment of the Trust wide falls group meeting monthly.
- Implementation of a falls Root Cause Analysis tool to enable effective analysis of the root causes of falls with harm.
- Engagement of pharmacy lead in the falls group and root cause analysis process.
- Dedicated champion identified in older peoples services (where most falls occur) with focussed group in older peoples services to implement local actions.
- Review of incident data to identify themes and trends to share across services.
- Review and update of post falls protocol now implemented and embedded across all services.
- Review of multi-factorial risk assessment leading to identified need for physiotherapy in older peoples services.
- Sign up to safety commitment to reduce falls.
- Engagement with local university to ensure falls prevention training builds on learning from root cause analysis
- Wide range of staff accessing falls prevention training.
- Falls Root Cause Analysis process determines if falls were avoidable based on known risk of falls.

What has been the outcome?

- 28% reduction in all falls from Q3 14/15 to Q3 15/16
- Zero falls that met Serious Incident reporting criteria in Q3 and Q4 15/16

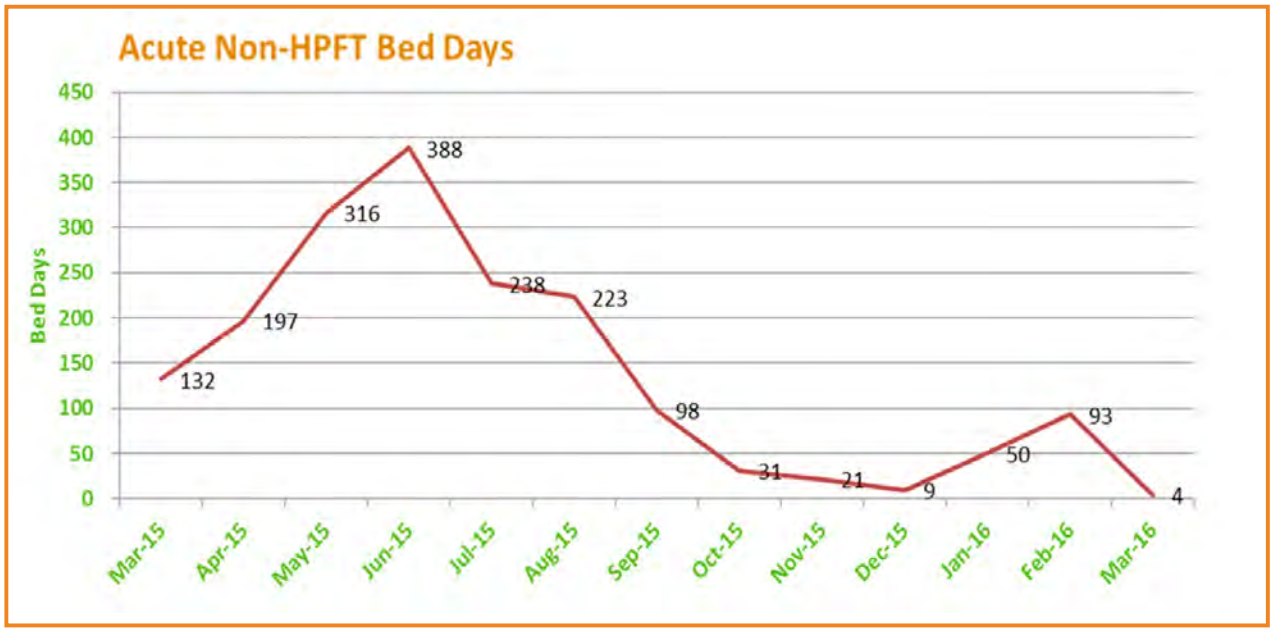
Acute Admissions Unit (AAU)

Reducing pressures on acute inpatient care continues to be a major quality priority for the Trust. Weekly reporting to the Executive Team continues. At peak times private sector beds have been sought. It is worth noting that the purchase of beds has significantly decreased across Q4 with no acute beds being purchased.

In May 2015, following a review of the previous service, a new Acute Admissions Unit (AAU) was set up. The review recommended changes to the AAU model which included increasing the number of AAU beds from 16 to 18 and the assessment period from 72 hours up to 10 days. In addition to this there was an increase in staffing across the professional groups.

The AAU has been monitoring its progress and performance. In November 2015 a review examining effectiveness and safety was written and presented to the Trust board. The continuation of the service was approved.

The AAU has approximately 80 service users admitted every month, of whom around half are discharged home with support from other services. More service users have been discharged within 72 hours than under the previous model, and the length of stay has decreased. As the flow of service users has improved there has been an associated increase in the availability of treatment beds and fewer out of area beds being used and more service users admitted during working hours.



Workforce

This part of the report will now consider our workforce including the NHS Staff Survey that NHS England undertakes on behalf of the Department of Health. The Trust maintains its commitment to staff engagement, and values the input of all members of staff at all levels and as such there is a planned programme of events throughout the year sponsored and delivered by the Executive Team to ensure effective two-way participation in the making of key decisions. These events capture staff ideas and feedback all of which is collated, analysed and reported in a 'you said we did' summary held on the intranet.

Engagement events have taken place including the Big Listen events which are open to all staff in the organisation. They provide the opportunity for the Executive Team to hear the views of our employees around key topics and priorities, informing actions and improving employee satisfaction and wellbeing. Initiatives that have developed from these events include:

- Managing Service Excellence Programme to improve people management capability in the organisation
- Health and social committee
- Staff lottery to support wellbeing and community events at a local level
- Improved support to flexible working processes

The Senior Leaders' Forums brings together the top 70 leaders from across the organisation bi-monthly for a multi-disciplinary, strategically focused engagement session, including joint problem solving and development topics. The Chief Executive holds breakfast meetings, approximately bi-monthly, inviting different groups of staff, providing an informal opportunity to feedback their views and experiences of working for the Trust and how we can improve the quality of care for service users. The Executive Team involved the whole organisation in the development of the core narrative for the Trust Strategy 'Good to Great'. This included face-to-face engagement sessions and involvement from over 300 staff.

Pulse Survey

In addition to the face to face engagement events, the Trust holds quarterly 'pulse surveys' to review staff satisfaction levels throughout the year. The questions are based on the staff survey and additional questions are included related to local evaluation or commissioner reporting. The quantitative and qualitative statements are analysed and reported through to Trust Board. At a regional level the themes for the anonymised data inform local activity.

Collective Leadership

As part of the Trust's ongoing cultural development programme, the Board has commissioned the Lead Ambassadors, supported by the Kings Fund, to undertake a diagnostic of the Trust culture against an 'ideal' culture called 'Collective Leadership'. The Collective Leadership model has been developed with Professor Michael West, and describes the culture of an organisation that provides 'high quality, continuously improving, compassionate, care'. The Lead Ambassadors are a group of staff from across the Trust at all levels, locations and professions, supported by service user and carer representatives, and are undertaking the diagnostic utilising five specially developed tools; desk research; online staff survey; focus groups; leadership behaviours questionnaire and Board Interviews. The outputs from this engagement will inform the Organisational Development Activity Plan for 2016 -17.

Summary of Performance – NHS Staff Survey 2015

The Trust launched and communicated a collective ownership model for employee satisfaction in May 2015. This recognised the influence that a line manager has on the local workplace culture that ultimately impacts on satisfaction levels. This concept re-introduced mandatory 'people management objectives' into manager's appraisals and the launch of a pragmatic development programme for Line Managers.

The results of the 2015 National Staff Survey show a greatly improved position since 2014 with 14 of the key findings above average across Mental Health Trusts, 13 average and five below average. Against the 2014 survey, the Trust has achieved eight improvement areas,

and fourteen areas that remain unchanged. There have been no areas of decline in the staff experience against any of the key findings since the last survey. The score for staff engagement has risen from 3.62 in 2014 to 3.86 this year, and is now above average. The Trust scores for staff motivation were the highest achieved in the 2015 staff survey within our comparator group.

The Trust's highest ranking scores, all of which are above average are; staff motivation at work; quality of non-mandatory training; learning and development; good communication between senior management and staff; satisfaction with the quality of work and patient care staff are able to deliver; recommending the organisation as a place to work or receive care.

The Trust's bottom five ranking scores, and the only key findings that the Trust are below average on, are; staff experiencing harassment, bullying or abuse from staff; staff working extra hours; staff reporting harassment, bullying & abuse; ability to contribute to improvements at work and; staff reporting violence.

This staff survey represents the best for the Trust in the last five years and of particular note, the key questions relating to care and service user experience have all increased. These include: 'staff recommending HPFT as a place to receive treatment, staff satisfaction with the quality of work and patient care they are able to deliver, percentage of staff agreeing their role makes a difference to service users, staff confidence In reporting unsafe clinical practice and the effective use of service user feedback'.

Summary of performance – NHS Staff Survey 2015

Key Findings (KF)	2015	2014	Against other trusts
Overall staff engagement (KF22, KF24, KF25)	3.86	3.62	Above Average
Staff survey response rate	40.1%	54%	Below Average

Top 5 Ranking Scores

Key Findings (KF)	2015	2014	2015 National Average
KF4 staff motivation at work	4.02	3.86	3.88
KF13 quality of non mandatory training	4.11	New	4.01
KF6 percentage of staff reporting good communication between senior management and staff	43%	29%	32%
KF2 staff satisfaction with the quality of work and patient care they are able to deliver	3.97	New	3.84
KF1 staff recommendation of the organisation as a place to work or receive treatment	3.75	3.43	3.63

Bottom 5 Ranking Scores

Key Findings (KF)	2015	2014	2015 National Average
KF26 percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	34%	33%	32%
KF16 percentage staff working extra hours	77%	78%	73%
KF7 percentage Staff able to contribute towards improvements at work	70%	64%	73%
KF27 percentage of staff reporting most recent experience of harassment, bullying or abuse	42%	52%	49%
KF24 percentage of staff reporting most recent experience of violence	80%	87%	84%

Key Findings (KF)	2015 Trust Result	Compared to other trusts	Change since 2014
KF 19 - % staff experiencing harassment, bullying or abuse from staff in last 12 months	28%	Below Average	No change
KF 27 - % believing Trust provides equal opportunities for career progression or promotion	84%	Average	No change

The Executive Team and the Board have placed great importance in addressing the issues that impact on the staff experience including staff engagement. There are many drivers to engagement and the preferred model identified to facilitate the delivery of the Trust Strategy highlights four dimensions between individuals and the organisation.

- **Connection –** an employee's identification with the organisation, its value and its core purpose. A sense of belonging, both in terms of sharing the same values and in their readiness to follow the direction the organisation is heading.
- **Support –** the vital role of line managers. The practical help, guidance and others resources provided to help people do a great job. Ensuring that managers support both in good times and in bad times.
- **Voice –** the opportunity to be involved and contribute. The extent to which people are informed, involved and able to contribute to shaping their work environments
- **Scope –** creating the environment to thrive and flourish. Giving the opportunity employees have to meet their own needs grow and develop and have control over their work.

The CQC interviewed some of our staff across the Trust and reported that they found them enthusiastic, passionate and demonstrated a clear commitment to their work. Care was delivered by hard working, caring and compassionate staff.

In delivering this model of engagement, each of the four dimensions has a number of steps and approaches that are being adopted.

Compliments, comments and complaints

The Trust places great value on the comments, compliments and complaints sent in by service users, their carers, relatives and friends. We encourage people to raise concerns with staff in our services, to use the comments, compliments and complaints leaflets available on all wards and outpatient units. Alternatively contact can be made directly from the link on the Trust website.

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

1 January 2015 was the launch date for the full implementation of the Friends and Family Test (FFT) with all teams expected to offer service users the opportunity to provide feedback on whether they would recommend HPFT services. The amount of feedback has grown over the year. The Trust has also used innovative methods to gather feedback and this has been recognised at national level by the Trust being shortlisted for three NHS England's Friends and Family Awards for 2016 as follows:

- FFT Best Accessibility Initiative for our new easy read FFT postcards for our learning disability community services
- Best FFT Initiative in any other NHS funded service for the Single Point of Access telephone survey
- FFT Champion(s) of the Year for the Service Experience Team

Information received through comments and complaints, together with the outcomes of any investigations, is used to improve our services. We feel it is important to celebrate what we do well, and all teams are encouraged to send details of compliments received to the PALS (Patient Advice and Liaison Service) and Complaints Team to ensure that we capture the overall picture of the experience of service users and carers. We also record compliments provided through feedback questionnaires, such as Having Your Say forms and the Values App. Compliments are published in the e-magazine for staff.

Patient Advice and Liaison Service (PALS)

PALS provides people with advice and assistance if they have a concern or enquiry. The number of contacts increased by 7.5% compared to last year. Table B shows the number and main categories of PALS contacts, comparing 2015/16 with 2014/15, 2013/14 and 2012/13. As in previous years the majority of contacts raised issues for resolution by the PALS team or, more commonly, by the clinical teams.

Table B: Number of PALS contacts and main categories

Category	01/04/12 – 31/03/13	01/04/13 – 31/03/14	01/04/14 – 31/03/15	01/04/15 – 31/0316
Advice	22	17	12	41
Enquiry	99	61	70	66
Feedback	71	47	76	98
Issues for resolution	223	239	387	363
Other	1	3	0	0
Translation request	1	3	1	1
Not HPFT	25	21	16	36
Total	**442**	**391**	**562**	**605**

Formal Complaints

We investigate complaints with the aim of providing a fair, open and honest response and to learn from them, so that service users and carers can benefit from the resulting changes. The number of complaints received in 2015/16 was 269 compared to 248 received in 2014/15. This is an 8.5% increase. Table C shows the number and primary issue for each complaint, comparing 2012/13, 2013/14, 2014/15 and 2014/16.

Table C: Number of formal complaints and main issues

Main complaint issue	01/04/12 – 31/03/13	01/04/13 – 31/03/14	01/04/14 – 31/03/15	01/04/15 – 31/0316
Assault / abuse	6	3	11	11
Clinical practice	83	74	92	98
Communication	38	29	23	39
Environment etc.	6	3	7	3
Staff attitude	41	36	30	29
Security	3	2	0	3
Systems & Procedures	55	84	83	84
Transport	0	1	2	2
Total	**232**	**232**	**248**	**269**

Emerging themes

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

The 98 complaints where clinical practice was the primary issue fell into 11 sub-categories. The majority of the complaints fell into the following groups:

- 50 concerned direct care
- 24 concerned care planning
- 6 concerned administration of drugs or medicines.

The 84 Systems and Procedures complaints fell into 22 sub-categories. Most complaints were in the following groups:

- 18 about access to treatment
- 10 about assessment and treatment
- 9 complaints appointment delays or cancellations
- 5 about Direct Payments / Fair Access to Care
- 5 about Mental Health Act Detention
- 4 about discharge.

All allegations were carefully considered by the multidisciplinary team, and through safeguarding where appropriate. 3 of the complaints were upheld, one was a service user to service user assault, one was inappropriate language used by a member of staff to a service user and one was a complaint about verbal abuse by a service user to a member of the public.

During 2015/16 we received four requests for files from the Parliamentary and Health Services Ombudsman (PHSO)/ Local Government Ombudsman (LGO). Four decisions were received with no further action. Three complaints were not upheld and one complaint remains under investigation.

The Trust also received three decisions from the PHSO for complaints referred during 2014/15. One complaint was upheld and the Trust has completed the action plan. One was partly upheld and the Trust is completing an action plan to remedy the faults identified by the PHSO which related to recording physical health monitoring information. The third complaint was not upheld.

Compliments

All teams are asked to forward letters of thanks from service users, carers, advocates and visitors to the PALS and Complaints Team so that they can be logged and reported. In line with increased numbers of other contacts there has been a 28.5% increase in the number of compliments forwarded to the team.

01/04/11 – 31/03/12	674
01/04/12 – 31/03/13	673
01/04/13 – 31/03/14	94
01/04/14 – 31/03/15	1262
01/04/15 – 31/03/16	1622

The Trust actively encourages services to use compliments at a local level to reinforce what is working well. Teams do this in a variety of ways. Significant work took place in 2014 to ensure that compliments were recorded systematically, resulting in a significant increase in the number that has continued to 2016. In 2015-16 the Trust recorded six times as many compliments as formal complaints.

Clinical Networks

The Trust participates in a number of different regional Clinical Networks.

We are members of the following networks:

- LD Managed Clinical Network
- Peri-natal Quality Network
- Membership of Clinical Outcomes and Research Evaluation (CORE) CAMHS
- Membership of AIMS Accreditation Scheme (Royal College of Psychiatrists)
- The Trust is part of the larger Eastern Clinical Research Network (CRN). CRN is funding 3 consultant research sessions (Old Age Psychiatry; LD; OCD)
- The Quality Network for Forensic Mental Health Services (Adult Forensic)

What is a clinical network?

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

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

Service accreditation programme and Quality Improvement Network	HPFT	National
Eating Disorder Inpatient Wards	0	32
Forensic Mental Health Units	3	123
Inpatient Child and adolescent Wards	1	108
Inpatient Rehabilitation Units	2	52
Learning Disability Inpatient Wards	3	42
Mother and Baby Units	1	17
Older Peoples Inpatient Wards	1	68
Psychiatric Intensive Care Wards	1	39
Working Age Inpatient Wards	0	146
Child and Adolescent Community Mental Health Teams	0	64
Crisis Resolution and Home Treatment Teams	0	40
Electroconvulsive Therapy Clinics	0	99
Memory Clinics	4	105
Perinatal Community Mental Health Teams	0	17
Psychiatric Liaison Teams	2	52

Our Electroconvulsive Therapy Clinic has recently registered with the programme and will be aiming to become accredited within the next year.

Care Quality Commission

Hertfordshire Partnership University NHS Foundation Trust was registered with the Care Quality Commission on 1st April 2010 to carry out the following legally regulated activities:

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

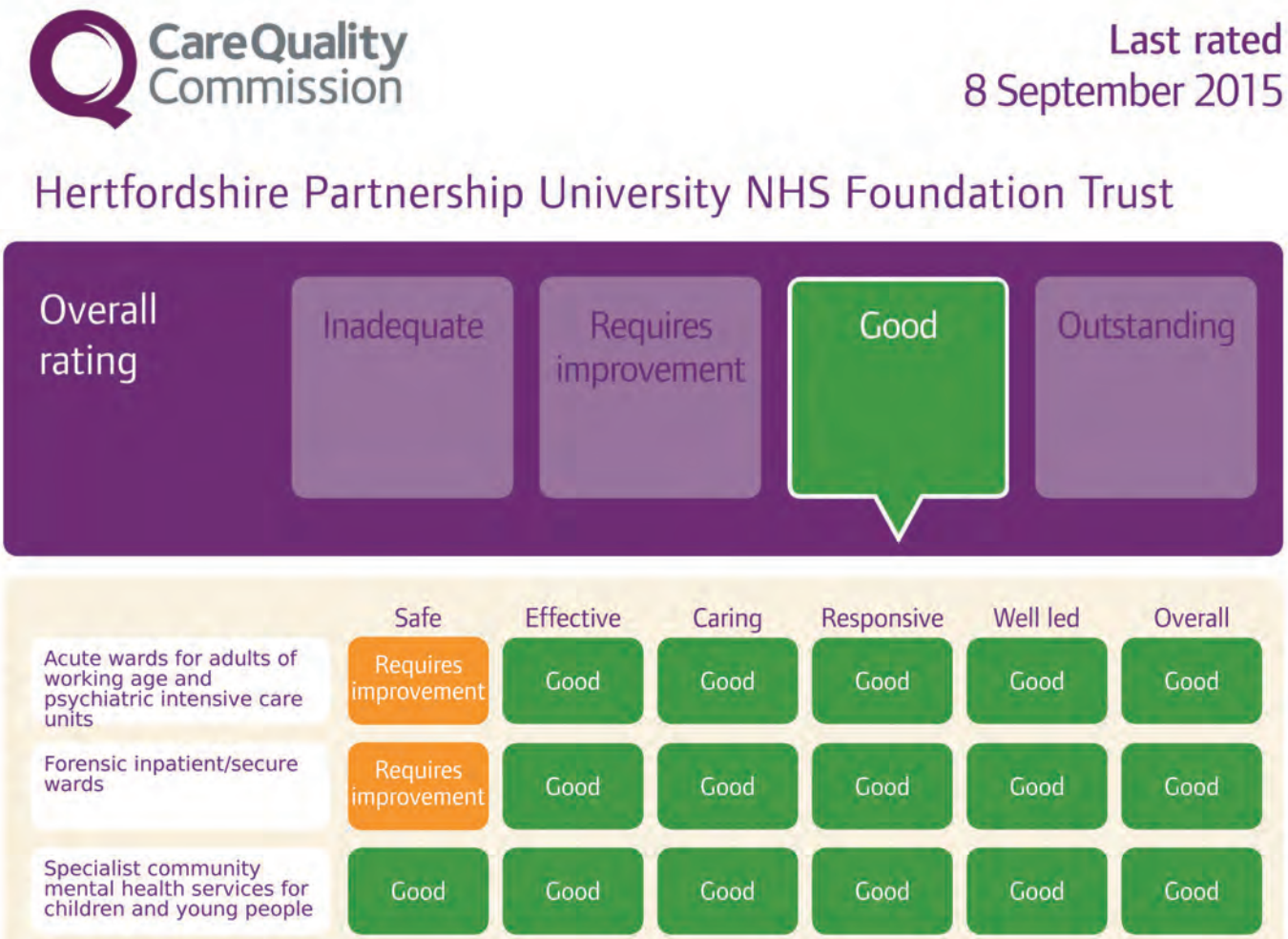
Patients told us that staff were kind and provided them with good care.

The Trust was inspected in April 2015 as part of a planned comprehensive inspection and achieved an overall rating of 'Good'. The report focused on 5 different domains of quality, which are "Safe, Effective, Caring, Responsive, and Well-led". The Trust received the written report in September 2015 and has drawn up an action plan with a list of Must do' and 'Should do' recommendations from the inspection to address shortfalls that were identified. We provide updates on our progress on a quarterly basis to the CQC and our commissioners.

During the inspection we observed a lot of kind, considerate and positive interactions between staff and patients.

There are no conditions on the Trust's registration, no enforcement actions have been taken against our Trust and we have not participated in any special reviews during 2015/16 nor have there been any investigations. This table gives an overview of the rating we received from CQC.

We observed that patients were treated with kindness, dignity and respect.



	Safe	Effective	Caring	Responsive	Well led	Overall
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Requires improvement	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good

At the Quality Summit, CQC fed back that there was a great deal that the Trust can be proud of. They noted that peoples' needs, including physical health needs, were assessed and care and treatment was planned to meet individual need. Staff had good opportunities for learning and development and showed a good practical understanding of the Mental Health Act and the Mental Capacity Act including Deprivation of Liberty Safeguards.

Caring was consistently of a good standard and they found staff to be dedicated, kind and patient focused. The CAMHS substance misuse team deserved recognition in terms of the care and treatment offered but also the responsiveness of the services provided to patients. The services at Logandene and Elizabeth Court had improved greatly since previous inspections. They also observed some good caring practice in the community services for people with a learning disability or autism.

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

Most patients knew that they had a care plan and had been involved in developing it.

We saw excellent accommodation in Kingsley Green where patients were cared for in standard setting environments.

We found examples of person centred care which were working well for patients with highly complex needs and behaviours that may challenge.

The inspection identified some areas that required improvement and the CQC set these out as thirteen 'must do's'. A comprehensive action plan was agreed with the CQC and shared with Monitor. Oversight of the implementation of the plan is through the Integrated Governance Committee to the Board. Updates to the plan are routinely shared with the executive committee, Trust management group, commissioners and CQC.

Progress against the plan continues and is embedded within the Strategic Business Units. An internal audit confirmed this process was in place. The Trust has undertaken a range of actions to address the following areas identified in the inspection:

- Staffing levels, monitored on an ongoing basis but immediate actions were taken to increase staffing levels in the areas identified in the report.
- Application and understanding of the Mental Health Act and Mental Capacity Act, the Trust plans to sign off this action as completed at the Integrated Governance Committee in July 2016.
- Environmental issues in an acute unit and adolescent services. Immediate actions were taken, work is ongoing and the programme of work, along with the timescales, has been reviewed.
- Care coordinators, care plans and risk assessments and record keeping. The electronic record system was enhanced in May 2016 to support this work.
- Medicines management. The Trust is now using a form that indicates clinical responsibility when using unlicensed medication. Current practice is that unlicensed medication is discussed with service users and carers. The Trust Medicines Policy also supports this. The Trust plans to sign off this action as completed at the IGC 21.07.2016

Staff had the opportunity to be involved in the discussions around changes and the development of their services.

Ward Managers were supportive of staff

The executive directors, non-executive directors and governors had a programme of visits to services and staff were able to tell us about when visits had taken place.

Appropriate immediate actions were taken to address the areas identified in addition to the robust action plan that was developed. The majority of the actions are due to be completed by the end of July 2016 and the others are monitored and reported on an ongoing basis.

2.3 Reporting against Core Indicators

This section of our Quality Report sets out how we performed against the 2015/16 priorities. These are the priorities we set at the beginning of the year and set out in the 2014/15 Quality Report. Each will be looked at in turn after considering the national mandated quality indicators set by Monitor.

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

Our National Quality Indicators

The Trust is required to report on a number of mandated Quality Indicators. These are detailed in Table D on page 130. This table indicates that we have achieved the targets that were set. The Trust contacted Monitor, NHS England, Health and Social Care Information Centre and the Healthcare Quality Improvement Partnership and were not able to obtain the national averages and the NHS Trusts with the best and worst scores to be used as a comparison.

The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons stated after each indicator.

The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death is reported later below the table. This is also true for the Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

Table D

Quality Indicator	Target (%)	Q1 14/15 (%)	Q2 14/15 (%)	Q3 14/15 (%)	Q4 14/15 (%)	Q1 15/16 (%)	Q2 15/16 (%)	Q3 15/16 (%)	Q4 15/16 (%)
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	95	97.3	98.3	100	98.7	100	98.74	99	99.2
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	85	100	99.6	100	99.54	99.5	98.3	99.3	100
Adults on CPA receiving annual care review	95	97.9	96.5	95.7	96.3	97.0	97.2	96.7	97.7
The percentage of patients readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	<=7.5%	10.5	6.0	7.2	4.5	6.61	4.35	6.43	3.87
Early Intervention Psychosis	150 new cases a year	51	48	34	44	99.69	99.67	99.67	99.84
Delayed transfers of care	<7.5	5.98	6.35	5.02	4.26	5.6	6.6	7.2	5.84
SMHMDS data completeness – identifiers	97	99.6	99.7	99.5	99.6	99.69	99.67	99.67	99.84
MHMDS data completeness – outcomes	50	74.7	89.2	57.3	55.7	55.59	54.33	58.34	57.93

7 Day follow up

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

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

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

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

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

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

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

The Hertfordshire Partnership University NHS Foundation Trust has consistently achieved the target that was set and we will continue to undertake robust checks and monitor this to ensure that performance remains at a consistently high level.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

Adults on CPA receiving annual care review

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

- All data is validated on a monthly basis by the Performance Team and the relevant operational manager.
- Regular meetings are held with Managing Directors where any issues are addressed.
- Weekly reports are sent to the teams to ensure care reviews are scheduled and any that are outside the time period are highlighted to the manager so that appropriate action can be taken.

Hertfordshire Partnership University NHS Foundation Trust has consistently achieved over the target of 95% which contributes to the delivery of high quality services. This is an improvement from the previous year where, at quarter 4, the Trust performance was at 64%. Our Trust will continue to robustly monitor this indicator and take appropriate action to ensure that performance remains at a consistently high level.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

Readmissions within 30 days

This is a locally defined data target set in our contract and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

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

Hertfordshire Partnership University NHS Foundation Trust has achieved against the target set for this year, in contrast to the previous year where performance was inconsistent. We will continue to undertake robust checks and monitoring to ensure that performance remains at a consistently high level.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

Early Intervention in Psychosis – 150 cases per year

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

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

Hertfordshire Partnership University NHS Foundation Trust has achieved the target that was set. This is no longer a Monitor Indicator from 2016/17 when it changes to the proportion of people receiving treatment according to NICE guidance within 14 days. The Trust has a group of experts leading this work who have developed a robust plan to meet the new indicator and improve the service we provide to people with a first episode of psychosis.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

Community Mental Health Survey

This is a national survey and the data source that was used was the report of the 2015 National Community Mental Health Survey. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- This is a survey that is conducted by an external agency to ensure rigour.

The National Community Mental Health Survey includes services provided under the Care Programme Approach (CPA), in NHS trusts in England. The survey results are available for England as a whole compared with the previous year's results. Results, where available, are also published for each individual trust showing where they have performed 'better' or 'worse' than would be expected, when compared with all other trusts, and showing changes since the 2014 survey.

Although the CQC rated us as about the same as comparable Trusts across all the areas we sought to improve by prioritising the questions with differences greater than or equal to 4% from the comparator trusts are highlighted as either Green or Red. This is shown first for comparisons between our performance in 2015 and 2014, and then for comparisons between 2015 and the national averages for that year.

	HPFT 2014/HPFT 2015	HPFT 2015/National 2015
Red	3	9
Green	16	2

The 2015 survey demonstrated one of improved performance on many indicators compared to the previous year, but performance tended to be below the national average in several areas. This is summarised in the table E on page 134 and summarised CQC Community Mental Health Survey Results 2015 .

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year, particularly in relation to the physical healthcare needs of service users, and ensuring that action is taken when the results of the 2016 survey are published.

Question	HPFT 2014 (%)	HPFT 2015 (%)	Rating from 2014 to 2015	National 2015 (%)	HPFT to National
When was the last time you saw someone from mental health service? Answer: 4 months or more ago	12	21		24	
In the past 12 months do you feel you have seen NHS mental health services often enough?	77	81		78	
Did the people you saw understand how your mental health needs affect other areas of your life?	86	90		87	
How well does the mental health person organise the care you need?	88	93		88	
Have you agreed with someone from NHS mental health services what services you will receive?	83	78		76	
Does this agreement take your personal circumstances into account?	90	94		93	
Did you feel decisions were made together by you and the person you saw?	90	94		94	
What impact have changes of care had on the services you receive? A: it got better	New	19		25	
What impact have changes of care had on the services you receive? A: it got worse	38	32		29	
Did you know who was in charge of organising your care when the changes were taking place?	45	40		55	
Do you know who to contact out of hours if you have a crisis?	New	75		68	
When you tried to contact them did you get the help you needed?	New	70		75	
Were you involved as much as you wanted to be in decisions about medicines?	85	92		88	
Were you given information about medicines in a way you could understand?	76	83		85	

Question	HPFT 2014 (%)	HPFT 2015 (%)	Rating from 2014 to 2015	National 2015 (%)	HPFT to National
In the past 12 months has a mental health worker asked you how you are getting on with your medicines?	74	80		78	
In the past 12 months have you received any non-medical treatments?	52	45		47	
In the past 12 months have mental health services given you support with your physical health needs (if you needed it)?	49	60		64	
In the past 12 months have mental health services given you support with financial advice (if you needed it)?	51	56		57	
In the past 12 months have mental health services given you support with accommodation (if you needed it)?	41	52		57	
Has someone from the NHS mental health services supported you in taking part in an activity locally?	43	54		58	
Have NHS mental health services involved a family member or someone else close to you as much as you would like?	74	79		75	
Have you been given information by NHS mental health services about getting support from people who have experience of the same mental health needs as you? (if you wanted this)	38	45		51	
Do the people you see in NHS mental health services help you with what is important to you?	New	76		80	
Do the people you see in NHS mental health services help you feel hopeful about what is important to you?	New	73		78	

Hertfordshire Partnership University NHS Foundation Trust has worked to address the areas highlighted in this report, in particular in relation to the physical healthcare needs of our service users.

Delayed Transfers of Care

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

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

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

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

MHMDS data completeness – identifiers

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- This data forms part of the statutory The Mental Health Services Data Set (MHSDS) reporting and is subject to robust validation both internally and by HSCIC.

Hertfordshire Partnership University NHS Foundation Trust has consistently achieved over the required target and is committed to maintaining this.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

What is The Mental Health Services Data Set (MHSDS)?

The Mental Health Services Data Set (MHSDS) contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.

MHMDS data completeness – outcomes

This is a nationally defined data target set by Monitor and the data source that was used was our electronic patient record. The Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons:

- This data forms part of the statutory MHSDS reporting and is subject to robust validation both internally and by HSCIC.

Hertfordshire Partnership University NHS Foundation Trust has consistently achieved against the targets that were set but plans to improve recording of employment and accommodation status over 2016/17. This will be achieved by regular reporting and scrutiny that will be translated into action plans. Additionally our Trust's upgraded Electronic Patient Record system, will be tailored to ensure that completion of the record is made easier to complete.

Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this indicator, and so the quality of its services, by continuing the work of the last year and ensuring that action is taken at the earliest opportunity if challenges or threats to performance and hence service user experience are identified.

Part 3 – Other information

This part of the report gives us an opportunity to celebrate some of the notable and innovative practice that has taken place across our services in 2015/16 as well as to present information that is relevant to the quality of the health services provided by our Trust. It is not meant to be an exhaustive list, rather a sample of the many and varied initiatives our staff, service users and carers have developed and implemented in order to improve the quality of our services.

Local Quality Indicators

The local quality indicators were set out in the Quality Account 2014/15. The performance against each target is set out in table F. Information is not available in relation to historical and benchmarking data for each of these indicators. In addition to this the performance against the CQUIN goals for Q4 had not been confirmed at the time of writing.

Table F

	Indicator	End of Year target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
1.	**Achievement of MOSS CQUIN Goal**	Yes/No/ Partial	Fully achieved	Fully achieved	Fully Achieved	Information Not Available
2.	**Achievement of Reducing Acute MH Pressures CQUIN Goal**	Yes/No/ Partial	Fully achieved	Fully achieved	Fully Achieved	Information Not Available
3.	**Completion of risk assessments at least annually**	95%	86.8%	88.08%	91.36%	95.8%
4.	**CAMHS 28 day waiting time target for routine referrals**	95%	70%	85.51%	89.68%	90.6%
5.	**Lengths of Stay on MHSOP inpatient units**					
	Functional	30	53.4	40.2	43.9	44.3
	Organic	45	47.2	63.2	59.0	61.4
6.	**Specialist Community LD Teams:**					
	28 waiting time target for routine referrals	98%	92.2%	96.49%	96.3%	98.2%
	24 hours for urgent	98%	100%	100%	100%	100%
7.	**All Essex IAPT services – access to treatment targets met**					
	18 week	95%	99.8%	99.26%	99.8%	99.86%
	6 week	75%	93.7%	94.45%	96%	95.83%
8.	**Achievement of Physical Health CQUIN Goal**	Yes/No/ Partial	Fully achieved	Partially achieved	Partially achieved	Information Not Available

9.	**Friends and Family Test - Service Users**	70%	78%	80.9%	86.5%	88.5%
10.	**Friends and Family (as a place to receive care) – Staff**	70%	58.3%	49.6%	70.7%	72.5%
11.	**Staff reporting feeling engaged and motivated at work**	55%	53%	53%	57%	58%

Progress was made through the year and this is summarised in table G

Table G

	Q1 15/16	Q2 15/16	Q3 15/16	End of Year
On track (at target)	7	6	8	8
Partial achievement (up to 5% from target)	3	3	3	1
Behind target (more than 5% from target)	4	5	3	2
To be confirmed	0	0	0	3

We have met 8 of the local quality goals that we set last year. In addition to this we met all the National Quality Indicators. We partially met 1 indicator, did not meet 2 and have yet to confirm 3. Our goal is to see continued improvement across all services in 2016/17 and these quality indicators will continue to be addressed and monitored. Each of the local indicators will now be considered in turn.

Indicator 1: Achievement of Making Our Services Safer (MOSS) CQUIN Goal

Making Our Services Safer (MOSS) is delivered through the MOSS strategy. This strategy is in place to support greater collaboration and co-production with service users, carers and staff. The aim of the approach is to work together to understand how to minimise restrictive interventions and the impact of such interventions on recovery. It has 5 areas of work that are being implemented across the Trust:

1. The effective use of data
2. Restrictive interventions
3. Support planning
4. Debrief
5. Training

This major programme across Trust inpatient services contains several initiatives, including the introduction of the Safe Wards standards, training of staff in new restraint skills and raising awareness of best practice in preventing violence and aggression in inpatient care.

For the second year, this indicator was identified as a CQUIN Goal and achievement is measured by whether each quarter commissioners consider our progress to be satisfactory. This was the case in 2014/15 (Quality Indicators Data Set 2014/15 – Annual Report). The CQUIN also included implementation of a peer listening project in order to understand more about why

inpatients might feel unsafe. This target was met for the first three quarters and the fourth quarter is yet to be confirmed at the time of writing.

Baseline and benchmarking data was not available as this was a new area of work.

Indicator 2: Achievement of Reducing Acute MH Pressures CQUIN Goal

Over the past year it has, at times, been necessary to arrange acute inpatient care outside the Trust due to our beds being at full capacity. A programme of work has been developed to ensure the efficient use of beds which considers admissions, the experience of inpatient care and discharge. Progress is measured through audit and re-audit, with the results being validated by commissioners. This target was met for the first three quarters and the fourth quarter is yet to be confirmed at the time of writing.

Baseline and benchmarking data is not available for this indicator.

Indicator 3: Completion of risk assessments at least annually

This indicator measured the percentage of service users who have a risk assessment completed annually, as a minimum standard. Improvements in this indicator were seen in 2014/2015 although our Trust had not met the target of 90%. The Trust achieved 87.2% in that year (Quality Indicators Data Set 2014/15 – Annual Report). In order to maintain the improvement, where it had been achieved, and improve practice in other areas, this remained a key focus for quality within the Trust. Child and Adolescent Mental Health Services (CAMHS) were the main area of concern.

At Q2 this indicator was at 88%, in Q3 an improvement to 91.4% was recorded, 3.6% from the target. Significant improvement has been seen in CAMHS through Q3, and, by the end of the year, we exceeded the target of 95%.

Indicator 4: CAMHS achievement of the 28 day waiting time target for routine referrals

A range of waiting times targets are in place for specialist CAMHS clinics but this quality indicator relates to the 28 day waiting time target for routine referrals. Considerable improvements had been achieved in 2014/15 where the Trust achieved 87.9% against a target of 75% (Annual Report 2014/15 – para. 4.5.1 pg. 75). In order to ensure these improvements were maintained, this was chosen as a quality indicator for 2015/16. Demand for CAMHS remains high and complexity of those referred is increasing.

At Q2 this indicator was at 86%, in Q3 to the end of the year, reaching 91%. Unfortunately this was 4% from the target. Progress was slow despite additional funding being agreed by commissioners, due to the challenges associated with recruitment in CAMHS nationally.

Indicator 5: Maintenance of Baseline Average Lengths of Stay (LOS) on Mental Health Services for Older Peoples Inpatient Units

This Quality Account priority was set in order to recognise that, if the reorganised community services for older people with mental health issues are working well, this will be reflected in appropriate use of inpatient care.

Within the Trust, our clinicians recognised that we needed to ensure we were effectively using our assessment and treatment beds in a way that was most beneficial to individuals requiring a focused inpatient admission. Specifically we recognised that the needs of individuals with a functional and an organic presentation had very different needs and as such we began to tailor our services accordingly. In this context our clinicians agreed to work to an internal stretch target of 30 and 45 days respectively. Whilst we have fallen short of our internal target we have maintained our position of making zero external placements for older adults in this period which has ensured individuals have received their care locally.

It should be noted that the data has been significantly skewed by two service users who required complex packages of care. Benchmarking data is not available as this is a local indicator.

Indicator 6: Access to Specialist Community Learning Disability Teams in Hertfordshire

For Learning Disability Services, an indicator was selected that relates to service user access to the Specialist Community LD Teams. In 2014/15 our Trust achieved 86.9% against a target of 98% for 28 days waiting time target and 100% for the 24 hour target (Trust Board Performance Report 2014/15 – 29-04-15). The 28 days waiting time target for routine referrals was achieved in 2015/16 by the last quarter, and was consistently 100% for the 24 hour target for urgent referrals throughout the year.

Indicator 7: Achievement of access to treatment numbers

This target relates specifically to the IAPT services in Mid, West and North East Essex. The Trust took over these services in 2014/2015 and there has been a considerable improvement in the numbers, skills and management of staff where necessary during the transition period. As a new service we are not able to provide historical nor do we have benchmarking data. This indicator was chosen for the Essex services to ensure that GPs and individuals were making referrals to the levels expected by commissioners. We exceeded the target set throughout the year for the two subsets of this quality indicator and will continue to ensure we achieve this in the forthcoming year.

Indicator 8: Achievement of Physical Health CQUIN Goal

Many of the factors which lead to considerably reduced life expectancy for people with severe mental illness are avoidable. As well as going Smoke Free in 2015, the Trust has continued to improve its vigilance to other risk factors such as obesity and drug and alcohol misuse and has taken greater responsibility for ensuring physical health needs are met.

For the second year this is also a national CQUIN Goal – divided into two halves, better assessment and healthy lifestyle interventions for inpatients with psychosis, and better communication with GPs about mental and physical health diagnoses and medicines. This target was met for the first quarter, partially met for the second two quarters and the fourth quarter is yet to be confirmed at the time of writing.

Baseline and benchmarking data is not available for this indicator.

Indicator 9: Friends and Family Test - Service Users

Asking service users whether they would recommend Trust services to friends or family, if they needed them, is now a key national patient experience indicator, mandatory in all NHS Trusts. The Trust receives over 1,000 responses to this question from service users each quarter. These are analysed alongside our other feedback from service users and carers as part of our Having Your Say system.

Each quarter over 2015/16 we have achieved the target that was set. In addition to this we have made significant improvements, increasing our percentage by just over 10% to reach 88.5%.

As this is a new test that was phased in over the previous year there is no benchmarking or historical data available. (Note:- Similar measures for 2014/15 resulted in a 78% outcome (Trust Board Performance Report 29-04-15) however the criteria are not directly comparable).

Indicator 10: Friends and Family Test – Staff

This indicator complements indicator 9, asking staff whether they would recommend the Trust as a place to receive care. We started the first half of the year below the target that was set with a decline in performance to under 50%. Significant work took place engaging the workforce and listening to what they had to say. In the second half of the year we saw a much improved picture, exceeding the target and improving 23% from 50% in quarter 2 to 73% at the end of the year.

As this is a new test that was phased in over the previous year there is no benchmarking or historical data available. (Note:- Similar measures for 2014/15 resulted in a 58.3% outcome (Quality Indicators Data Set 2014/15 – Annual Report) however the criteria are not directly comparable).

Indicator 11: Staff reporting feeling engaged and motivated at work

This indicator offers a different perspective on staff morale, taken from the quarterly pulse survey. As this is a local survey there is no benchmarking data available. This asks the workforce how engaged and motivated they feel. In the first quarter the result was below the target but in second half of the year we saw an improvement and the Trust surpassing the target of 55%. This result was supported in the National Staff Survey results, however the data is not directly comparable.

Staff Engagement and motivation from Q1 2013-14

Quality Improvement

Over the past 12 months we have begun to explore the opportunities, barriers and enablers to delivering change and improvement through 'continuous quality improvement.' We have started to develop an informal network of 'Quality Improvement (QI) enthusiasts' and have helped them to understand the principles, techniques and behaviours that will help drive improvement. This is helping to shape our emergent Quality Improvement approach.

This network of people is truly diverse, comprised of a range of disciplines and people at differing levels of seniority in the organisation. Latterly we have begun to extend this network into service user and carer representatives. A milestone on this journey was the hugely successful HPFT Futures event held on 13th November 2015. This event both showcased the Quality Improvement activity that is already ongoing in the organisation and also empowered and inspired individuals and teams to take their own first steps towards continuously improving quality.

Some examples of the quality improvements achieved in the year include:

- Improved service user medication management in our rehabilitation services
- Delivering nutrition through Ice Cream in a dementia unit
- Intervening earlier in crisis (Older People services)
- Reducing administrative tasks in SPA to increase available time to deliver the core service
- Reduction in psychotropic medication prescription for management of behavioural conditions in Learning Disability services

As we move into 2016, we are strengthening our culture and organisational strategy centred around the theme of quality and delivering 'Great Care, Great Outcomes,' supported by a Collective Leadership approach. The combination of our Collective Leadership and Quality Improvement approaches and the organisational refocus on quality that we achieve through our revised strategy will further encourage and enable innovation and quality improvement at all levels of the organisation.

9th Annual Recovery Conference

The 9th Annual Recovery Conference was held on World Mental Health day and the theme of the event was 'Wellbeing through Learning', with a focus on Recovery Colleges, Prevention & Wellbeing and Skills and Tools For All. 250 people attended from our Trust, third sector organisations, people with a lived experience of receiving services, carers, commissioners and GPs. In addition, 21 interactive workshops were delivered spanning a wide range of subjects. A graphic recording of the day was made which captured the key messages of the day. 97% of those who completed feedback forms rated the day good or excellent.

The graphic recording of the Recovery Conference

Physical Healthcare

The physical healthcare committee has been set up to oversee and assure the work that is being undertaken in the Trust to improve the physical health and wellbeing of the service users and improve the outcomes for people living with mental health problems. The committee, which is made up of service users, carers, representatives from the voluntary sector and clinicians, has a wide ranging remit and, in order to ensure that work progresses, a number of subcommittees and working groups have been set up including:

Pressure Ulcer Working Group – The Pressure Ulcer Working Group has built on the work undertaken in the previous year and ensured that the number of pressure ulcers, the grade and where they were acquired is monitored and action is taken when necessary. A Tissue Viability Nurse Specialist has been appointed and had a significantly positive impact on the care and treatment offered to service users.

An audit was carried out that showed the use of specialist equipment which aids the prevention of pressure ulcers was evident in 89% of records and most of the service users had more than one piece of specialist equipment. This audit lead to the Trust standardising the type of pressure relieving mattresses and cushions used in the Trust and ensuring that they were easily accessible so could be obtained at the point of need for any service user.

Smoke Free Implementation Group – The Smoke Free Implementation Group has been responsible for implementing the Smoke Free Policy in the Trust. The group has consulted widely and worked in partnership with the Hertfordshire Stop Smoking Service (HSSS). They have monitored and responded to complaints and incidents as well as raised the profile of the Smoke Free Policy.

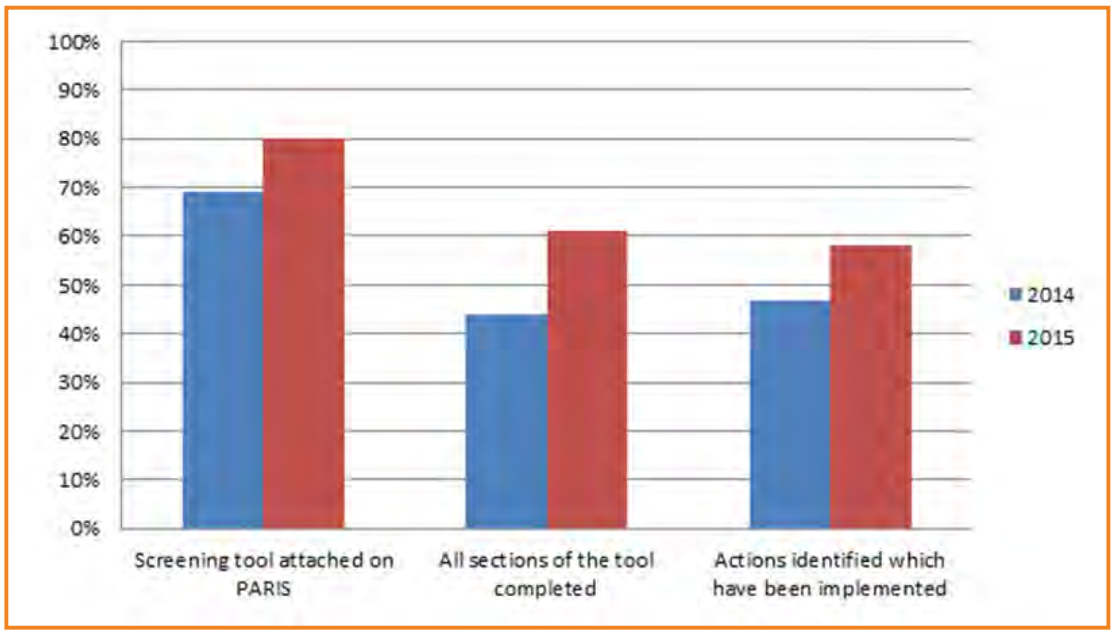
Smoke Free – Like most other health organisations we have reduced smoking in our buildings and enclosed places to ensure we meet the requirements of the law and NHS policy to reduce the risk of second-hand smoke to our service users, visitors and staff. Our approach has been incremental throughout the last 12 months and now all our sites and inpatient units are smoke free. We continue to work closely with Herts Stop Smoking who provide training, support and advice to all concerned.

Nutrition and dysphagia – The Dysphagia and Nutrition Screening Tool is used in our inpatient units and teams where food is provided to ensure that, in all areas, our service users' nutrition and dysphagia needs are monitored appropriately. The 2015 audit showed an improvement in the use of the tool from the preceding year.

What is dysphagia?

Dysphagia is the medical term for swallowing problems.

Areas of improvement from nutrition and dysphagia re-audit



Physical Health Screening – A project group was created to improve the recording and screening of physical health and interventions across inpatient services. Throughout the year a large amount of work has been undertaken to educate staff in the importance of assessing physical health needs during admission and also to actively promote appropriate interventions such as smoking cessation services and healthy diet advice.

Result	First Audit 26/6/15 to 27/7/15		Second Audit 1/10/15 to 1/11/15		Movement
Section	%	No.	%	No.	
Height	41%	7/17*	76%	16/21	↑ 35%
Weight	59%	10/17*	76%	16/21	↑ 17%
Blood pressure	72%	13/18**	100%	21/21	↑ 28%
Respiratory Rate	66%	12/18**	100%	21/21	↑ 34%
Sats	66%	12/18**	100%	21/21	↑ 34%
Temp	71%	12/17*	100%	21/21	↑ 29%
Pulse	72%	13/18**	100%	21/21	↑ 28%
ACES	74%	14/19	100%	21/21	↑ 26%
Is rapid tranquilisation prescribed?	5%	1/19	14%	3/21	↑ 9%
If yes is RT monitoring completed?	100%	1/1	100%	3/3	→
If yes was the checklist completed?	0%	0/1	100%	3/3	↑ 100%

With the system in place on all inpatient wards the group have moved the project to the next stage which is to encourage community services to adopt the same practice. The group have developed a physical health assessment form which is to be used across all services and should enable better recording and monitoring of physical health needs for all service users. This work has been recognised within the Trust as a great initiative to ensure our continued commitment to both physical and mental wellbeing.

"A great piece of work – should make a real difference to patient care" **Dr Billy Boland Associate Medical Director**

Learning and Development

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

We provide opportunities for our staff to develop their full potential through defined career pathways. This is a core component of the NHS constitution on which we are focused. In the recent national staff survey, the Trust was above average nationally for the staff's rating of the quality of non-mandatory training offered.

Continuing Professional Development is an important requirement for professional and medical occupations within the Trust. This is prioritised each year using an organisational Training Needs Analysis working with partners such as University of Hertfordshire, University of Bedfordshire, Anglia Ruskin and University of East Anglia to deliver programmes of learning to enable our staff to provide the best support to service users.

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

We provide the mandatory and statutory core skills training to maintain the safety of our staff and service users. Over the last year, we have streamlined our courses and saved over 6,000 hours that can be re-focused on direct care and related activities. Our 'one stop' induction programme was attended by over 650 new employees in the last financial year, giving them an early insight into the Trust's values and expectations.

We deliver a structured programme of learning for trainee doctors, student nurses and students across psychological services, social work and allied health professions. We deliver this within a standards framework of quality outlined by the professional bodies. The library and knowledge service, based at Trust head office, supports this comprehensive program of education events and achieved 94% compliance against the Library Quality Assurance Framework in 2015. The Trust also participates in the delivery of apprenticeships and are an accredited centre through City and Guilds.

Medical Education

The MSc in Psychiatric Practice and Mental Health Practice degree programmes at the University of Hertfordshire recently underwent a successful revalidation process. The programmes received an excellent validation with two Commendations and no future recommendations. The revalidation panel commended the collaborative working between the Trust and University of Hertfordshire which over the years has contributed to the high pass rates in the examinations for Membership of the Royal College of Psychiatrists and led to many Trust staff obtaining the master's degree.

The panel was also impressed with the impact of the programme on practice, the inter-professionalism and engagement with service users. They also commended the team members and various professionals who have supported and contributed to the programme over the years.

Care Plans

Staff, service users and carers have been working to make our care plans simpler to use and more recovery focused. A group has worked in co-production to change the wording and layout of the care plans, and to build in a stronger focus on self-management. A group of staff, service users and carers have also planned and recorded video footage of what constitutes a recovery oriented care plan, and recorded footage of the conversation and discussion that is helpful between a service user and a staff member, which gives the basis to then develop a meaningful care plan. This footage has been used for both e-learning and face to face team training which has been developed to accompany the new care plans.

The CQC reported that they felt that

"Staff found innovative ways of involving people with Learning Disabilities with their care plans to meet their individual needs. One psychologist did assessments with people where appropriate using drawings and with their consent took a photograph of it. This was attached to their computer file as their care plan. One person's care plan was in the format of the newspaper they read. Another person's care plan was part of a computer game they enjoyed playing."

Within Mental Health Service the CQC found that Care plans were in place that addressed patients' assessed needs. We saw that in most cases these were reviewed and updated. Patients gave us examples of how their individual needs were met but some care plans did not reflect patient views. We saw person centred care being provided. Staff demonstrated a good understanding of people's individual needs. Most people who use services and their carers we spoke with gave positive feedback about the care and support they received.

The end result is that three different care plans have been pulled together into one shorter, simpler document that can be used by either service users or carers. The form integrates the personal budget process for both service users and carers, so that support needs, commissioned services and direct payments are linked and can be reported on in the future to help identify commissioning gaps. The form's design also incorporates some strategic priorities such as physical health integration and personal health budgets and introduces the recording of self-reported progress scores.

CAMHS Eating Disorders

The CAMHS Eating Disorders team has undertaken significant recruitment in 2016, in order to support the service expansion. Additional staff members have been recruited and more recruitment is planned. With the aid of transformation funding significant inroads have

What is C-CATT?

C-CATT is an integrated multi-disciplinary team offering a crisis assessment service, followed, when appropriate, by an intensive, short-term home/community treatment service. Crisis assessment is carried out through daily presence in the two acute hospitals in Hertfordshire as well as in the community where necessary.

been made to reducing waiting times in the service for community CAMHS first and second appointments.

The C-CATT team is now operating 9am – 9pm, 7 days each week, and seeing more than 90% of referrals within 4 hours. A parent/carer support worker has been recruited to enable the service to offer carers assessments. Additional service provision aimed at vulnerable young people with complex trauma or attachment needs has also been put in place.

Host Families

The Host Families Project Scheme is an award winning service that was developed some years ago. It is a recovery-focussed alternative to admission, working in-conjunction with the Crisis Assessment and Treatment Teams as a gateway to admission and/or facilitates early discharge for people who are going through an acute period of mental ill health and need on-going support. This scheme particularly promotes recovery orientated services where choice is given to the service users, is person centred, therapeutic and safe whilst ensuring the least restrictive alternative to inpatient admission.

The CQC said

"The crisis teams managed the 'host families' scheme which was the first of its kind across the UK. The scheme allowed service users who were acutely unwell to stay with a local family for a few weeks, as an alternative to inpatient care. The crisis assessment and treatment teams were all actively participating in the development and support of this with allocated champions within the teams who liaised with the inpatient and community teams to ensure families and people receiving services were intensively supported."

On 14 January 2016 the Trust held a one-day Host Families sharing best practice seminar for other Trusts across the country with the aim of sharing learning and good practice including how it fits into the Recovery Model. Since the scheme began in 2011:

- 48/104 Service Users have chosen placements as an alternative to hospital
- 56/104 from inpatient as early discharge.
- 2,184 inpatient days saved (£1,201,750 inpatient bed cost, saving £1,014,550 once placement costs have been deducted).

Service user experience feedback has been excellent – some examples:

"It has offered a great alternative to hospital and/or other care facilities. It is a different experience with the host family compared to hospital, because you get your own space where you can come and go as you please, without the disruption and work of hospital."

"The Host Family programme helped my recovery immensely.
The ward was very loud / hard to relax and focus on recovery.
There was always someone to talk to with the Host Family.
The sense of normality, being accepted and not treated as though I was ill."

*"Made to feel very welcome and cared for.
I liked being involved in daily routines.
A valuable service that works well."*

*"I was able to move out of hospital more quickly, it was a bridge before going home.
I did not feel I had to join activities. i was given my own space."*

*"Different to ward, more relaxed and more personal.
The host family are kind and give you your own space and privacy."*

Home First Service Development

A new service that meets the needs of the wider population, crucially supporting individuals with mental health difficulties including dementia and medically unexplained symptoms with a suspected psychological cause has been developed in Hertfordshire. Homefirst has been developed as an integrated team, bringing together specialists in Health, Social care and Mental Health combining District nursing with Mental Health nursing, Social Workers, Physiotherapists and Occupational Therapists. The service provides a rapid response to patients in crisis 7 days per week bringing together disciplines and organisations to put the Service User at the centre of all that we do.

1 hour target for rapid response in HomeFirst

Table H– Response times to Rapid Response referrals in Lower Lea Valley

Indicator	Dec 12 to June 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Total
Referrals to RR	801	18	17	32	25	28	30	40	991
Accepted referrals to RR	776	18	13	32	23	28	30	40	960
Seen within 60 minutes	747	17	13	31	23	27	29	40	927
Seen outside 60 minutes	19	1	0	1	0	1	1	0	23
Target (90%)	96.3%	94.4%	100%	96.9%	100%	96.4%	96.7%	100%	96.6%

Table i – Response times to Rapid Response referrals in North Herts

Indicator	July 14 to June 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Total
Referrals to RR	695	43	52	52	52	64	57	1015
Accepted referrals to RR	695	43	52	52	52	64	57	1015
Seen within 60 minutes	674	39	49	47	49	55	54	967
Seen outside 60 minutes	23	4	3	5	3	9	3	50
Target (90%)	97%	90.7%	94.2%	90.4%	94.2%	85.9%	94.7%	95.3%

The Care Act 2014

The Care Act 2014 was new legislation, enacted in April 2015. There are new duties for local authorities (and those acting on their behalf, such as our Trust) and new rights for both service users and carers. The Care Act's focus on personalised, appropriate and proportionate assessment and care planning has required a substantial review and redesign of the Trust's processes and systems.

Over 40 policies have been reviewed and updated. All the new forms have been co-produced and developed to drive good practice; embedding a more service user and carer focused approach, which has been reinforced through training, supervision and practice governance forums. The new triage form for our Single Point of Access team, facilitates consistent and comprehensive capture of information at the outset and maximises opportunities for prevention by emphasising advice, information and signposting to community resources. The new assessment forms make effective use of technology by prepopulating previously captured information, therefore reducing the number of times that a service user may have to tell their story.

A new Carers Team is being piloted within HPFT to give a consistent and reinforced focus on carers and their support needs as is reflective of the direction of the Care Act. New co-produced Carers Assessment and Carers Contingency Planning tools have been developed to improve communication, involvement and support of carers.

EMDASS Referrals meeting 6 week wait

Recovery plans were put in place to improve EMDASS diagnostic numbers and waiting times. At the end of March 69 service users remained waiting over 6 weeks out of a total waiting list of 238 people. This compares to 177 people waiting over 6 weeks at the end of December 2015. Waiting times have much improved across all quadrants, with North EMDASS meeting this target fully at the end of Q4. The service predicts that it will reach the 90% target by mid-May.

What is EMDASS?

EMDASS is the Early Memory Diagnosis and Support Service in our dementia services.

Sensory Clinics

The Sensory pathway within the Community Assessment and Treatment Service has been developed after an identified unmet need was identified for adults who have a learning disability and complex needs.

There are increasing numbers of service users experiencing sensory processing difficulties which are impacting on behaviour and function and in 2015 approximately 60% of referrals to the Learning Disability Occupational Therapy service were for a sensory assessment. Approximately 27% of these sensory referrals required specialist practical assessment and, in response to this increase in demand, a sensory assessment clinic has been developed using community venues around the Hertfordshire.

What is a sensory process difficulty?

A sensory process difficulty is where there is a problem with transforming sensory information from within one's own body and the external environment into messages one can act on.

Sensory Training

A sensory awareness workshop has been delivered to the Occupational Therapy Service across the Trust and is now incorporated into the Positive Behaviour Training (PBS) package being rolled out across the learning difficulty services.

Special Interest Group

A sensory special interest group has been established to provide a forum for Occupational Therapists and Assistant Therapy Practitioners (ATPs) to follow on from sensory integration introduction training to ensure that there is a consistent, safe and effective approach across the Trust. It also allows for continuing professional development issues that relate to Sensory Integration. Membership has now also extended to neighbouring NHS trusts and the group has been registered with the Sensory Integration Network as a regional special interest group.

Case Study 1 – Service User Ashley

Ashley said "Fiona came along and got me to throw some bean bags into a hoop and I showed her how I make my lunch. Fiona said that she thought it would be a good idea if I made an appointment with a special optician called a behavioural

optometrist…. After doing loads of tests he said that my vision was more or less OK, but one of my eyes has restricted peripheral vision and weak eye muscles. This makes me have double vision and was one of the reasons I looked sideways and upwards when I was concentrating on something…People tell me that I used to tilt my head, look up and stare, which I do not do anymore. This is because I can see things more clearly and lots of things are more simple for me to do now. Even I have noticed that I am getting much better at playing games on my Xbox... What I am really looking forward to is starting travel training so I can get to my day service on my own, go out with my friends on the bus and train and to visit the place I used to live and see my old friends"

Awards

The Trust is proud to have staff and buildings that have been recognised through a number of external awards. These have included:

- Our Chief Executive was named in the Healthcare Service Journal top 50 CEOs for the second time this year in the last 7 years.
- Executive Director of Workforce and Organisational Development was awarded Human Resources Director of the Year.
- Deputy Chief Executive was awarded an OBE and named in the Nursing Times list of the country's most inspirational nursing leaders in 2015.
- The Deputy Director of Safer Care and Standards was made a Queens Nurse.
- A Team Leader was shortlisted for Nurse of the Year.
- A Consultant Psychiatrist, our Medical Education Lead was named Educator of the Year at the Health Education East of England Quality in Education and Training awards 2015.
- Kingfisher Court, our new building for inpatient services, was named Project of the Year at the National Design in Mental Health Ceremony.
- An Interim Modern Matron in older adult services was shortlisted in the 'Unsung Hero' in the Positive Practice in Mental Health awards.
- Our Community Eating Disorders Team were shortlisted in the Specialist Services category in the Positive Practice in Mental Health awards.
- The Collaborative Arts Project at Kingfisher Court and Dementia Development at Seward Lodge were both shortlisted in the Building Better Healthcare awards.

In addition to this the Trust has recognised the many achievements of the staff in the HPFT annual awards. Over two hundred entries were received so the judging panels had a tough time in deciding on the results. Also, service users, carers and staff nominated each other for Inspire awards. Many stories of the positive impact our staff have on people's lives were evident in the citations that were submitted.

Annex 1 – Statements from partner agencies

Healthwatch Hertfordshire's Response to Hertfordshire Partnership University NHS Foundation Trust (HPFT) Quality Account 2016

Healthwatch Hertfordshire (HwH) is pleased to submit a response to HPFT's Quality Account which clearly shows how the Trust performed in 2015/16 and what the key priorities are for the coming year. Explanation boxes and quotes from a variety of sources helps to illustrate and inform the report.

We are pleased to have met with the Trust regarding the quality priorities and it is evident that the Trust has consulted widely to agree the final priority areas. HwH is happy with the indicators chosen for 2016-17 and will be keen to review progress against the targets set. In particular, the positive working methods developed with carers is something HwH welcomes and would like to see continuing.

In general this has been a very good year for HPFT and we are continually aware of their absolute commitment to quality improvement, their honesty in looking at the improvement needs and their openness with partners, service users and their families and the fact that they are a very 'listening' organisation, and willing to innovate and collaborate widely in order to aim for their target of excellence. As an example of this commitment we were impressed with the Trust's responsiveness to concerns we raised about the quality of dual diagnosis services.

Nearly all percentages in terms of improved practice across the board are up, which indicates real improvement and success overall. In particular the issues of staff morale, satisfaction, recruitment and retention have been addressed and improved, as indicated by the figures, though are not yet solved. This issue very properly remains within the priorities.

HwH is pleased to see that physical health checks are a key priority for 2016/17. The Healthwatch Hertfordshire Mental Health and Learning Disabilities Service Watch Group, however, has also been concerned about the liaison with GPs on this issue and the need for the Clinical Commissioning Groups to work, together with the HPFT and GPs, to ensure that **all** registered Mental Health and Learning Disability patients/service users living in the community actually receive the annual health checks to which they are entitled to. We would also be interested to know whether there is a universal standard placed on GP surgeries to follow up people who may not respond to their first letters inviting them to the surgery for a health check.

healthwatch Hertfordshire

Child and Adolescent Mental Health Services (CAMHS) improvement is underway, but there is still concern over the overall quality of that service and the achievement of the 28-day waiting time target. Safety of services is also still an issue with this cohort of service users. The CAMHS Review and Report are addressing this thoroughly across the board through a new joint and collaborative organisational structure, but this does need to be regarded as a priority and reported on at year end.

There is, as indicated by the CQC inspection outcomes, a need to look at the quality of inpatient care in the round for Learning Disability patients.

There has been concern about the waiting times for a referral to the Early Memory Diagnosis and Support Service (EMDASS) for dementia services. However recovery plans appear to be reducing waiting times and it is hoped that this is maintained in the coming year.

The work HPFT is conducting on suicide prevention is to be applauded and it is also good to see that this work will be further developed in 2016/17. Similarly the commitment of the Trust to improve the experience of transgender service users and their carers through the development of a specific policy to support their needs is welcomed by HwH.

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

Michael Downing, Chairman Healthwatch Hertfordshire, May 2016

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

Both Herts Valleys Clinical Commissioning Group (HVCCG) and East and North Herts Clinical Commissioning Group (ENCCG) have considered the information provided in the Quality Account. We believe the information is a true reflection of the Trust's performance during 2015/16, based on the data submitted during the year as part of the on-going quality monitoring process. We appreciated the opportunity to comment on an earlier draft version of the Quality Account and welcome the changes that the Trust has made as a result of our comments.

The Trust's achievement in receiving a 'Good' rating from the Care Quality Commission is to be commended, and is the result of a great deal of hard work and focused leadership and management within the Trust to deliver good quality care to many people. We will continue to work with the Trust on the areas that required improvement and ensure that these reach the same standards.

We are pleased to be able to acknowledge the reductions in waiting times for CAMHS services during the year, and the improvements in support for Children and Young People (CYP) in crisis after the introduction of the CAMHS Crisis Assessment and Treatment Team. We recognise that there is more to do for Children and Young People and our CAMHS Transformation Plans, supported by significant investment from commissioners, should lead to further improvements over the coming year in both the services the Trust delivers and more broadly across the system. This includes improvements in transition from services for Children and Young People into adult services. Commissioners expect to see a significant improvement following the additional resource that we have made to expanding the Community Eating Disorder service with an expectation that HPFT will meet the national access and waiting time standards as well as intervening earlier and improving outcomes for CYP who present with an eating disorder. In line with the CAMHS transformation, commissioners would like the Trust to evidence the impact that this has had on CYP and families by collecting evidence of and reporting of improved satisfaction levels and outcomes.

The Trust has made good progress on key areas such as completion of risk assessments and has been working hard to improve its data quality and ability to meet the report requirements of commissioners and we look forward to further improvements over the coming year, including in relation to the Trust's social care responsibilities.

After significant changes to community services in 2014/15 performance has consolidated in 2015/16. The investment we agreed in services to reduce admissions to inpatient services has had a positive impact on the number of people being placed in out of area beds. This

will remain a priority in 2016/17. Commissioners also expect reductions in the number of delayed transfer of care in 2016/17 and will work with the health and social care system on this.

We have agreed significant investment in Early Intervention in Psychosis services to ensure national targets are met during 2016/17. The Trust's improvement in delivering big increases in the number of people using psychological therapies (IAPT) over the past two years have been impressive, and much welcomed by commissioners. The increasing number of people referring themselves to the services is valued and will need to be maintained to ensure delivery of this key target. The Trusts excellent recovery rates, particularly in Herts Valleys, are very welcome and demonstrate the impact of this service on the almost 20,000 people using it over the past year. The fact that the Trust is already comfortably exceeding the new national waiting time targets for IAPT is another key strength of this service.

Waiting times and assessment capacity in the dementia diagnosis (Early Memory Diagnosis and Assessment Service) are a concern, and will continue to be a key commissioner focus in 2016/17. The programme of work to modernise the physical environment within a number of inpatient units is valued and we look forward to this continuing in 2016/17.

The Trust has worked effectively in collaboration with commissioners on the Transforming Care agenda for people with Learning Disabilities and has effectively supported commissioners to reduce the number of people with learning disabilities in inappropriate independent hospital placements. This has included substantial input into Care and Treatment Reviews and expert clinical input to the Hertfordshire Learning Disability Transforming Care Fast Track pilot.

Commissioners continue to share the Trust's concerns about the difficulty of recruiting and retaining staff across a range of services, including CAMHS, adult community, learning disability and dementia services, which we recognise is a national challenge. This includes particular pressures in specialist posts such as Approved Mental Health Professionals (AMHPs). This remains one of the main challenges facing us as a system with a continuing impact on the quality and consistency of services provided.

Commissioners recognise the many areas where **HPFT** deliver good quality care and the improvements that we have seen in key areas such as CAMHS and community services over the past year. We look forward to working jointly with **HPFT** over the coming year to tackle the parity of esteem agenda together.

Cameron Ward

Accountable Officer

Herts Valleys CCG

Beverley Flowers

Chief Executive

East & North Herts CCG

Chairman
Health Scrutiny Committee

Seamus Quilty
County Councillor
Bushey South

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Postal Point: CH0147
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SG13 8DE

Tel 01992 556557
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seamus.quilty@hertfordshire.gov.uk

Dear Jane Padmore

There has been regular communication between the Health Scrutiny Committee (HSC) and the Trust over the past 12 months. Progress and areas that need to be addressed have been raised at the Committee and during visits to the Trust's sites, This interaction gives members the assurance that the Trust is aware of issues and has in place measures to tackle them. Furthermore, the collaborative approach adopted by the Trust supports the Committee in undertaking effective scrutiny.

Unfortunately, we are unable to respond this year's Quality Account due to capacity issues as a result of the HSC Budget Café. Additionally, we are constrained by the purdah rules as relating to the European referendum. Despite this, the committee anticipates working with the Trust on future Quality Accounts.

Yours sincerely

Seamus Quilty
Chair, Health Scrutiny Committee

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

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual
- The content of the quality report is not inconsistent with internal and external sources of information, including:
  - board minutes and papers for the period April 2015 to end of April 2016
  - papers relating to quality reported to the board and the Integrated Governance Committee over the period April 2015 to end of April 2016
  - feedback from the commissioners, dated May 2016
  - feedback from governors, dated February 2016
  - feedback from Hertfordshire Healthwatch, dated May 2016
  - the Trust's draft annual complaints report, to be published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated
  - the 2015 national patient survey
  - the 2015 national staff survey
  - the Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2016
  - Care Quality Commission report, quality and risk profiles and Intelligent Monitoring reports for the year

    - The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
    - The performance information reported in the quality report is reliable and accurate
    - There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
    - The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed

definitions, is subject to appropriate scrutiny and review; and the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the above report.

By order of the board

Chair  date 26/5/16

Chief Executive  date 26/5/2016

Annex 3 – Independent auditor's report

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

We have been engaged by the council of governors of The Hertfordshire Partnership University NHS Foundation Trust to perform an independent assurance engagement in respect of The Hertfordshire Partnership University NHS Foundation Trust's quality report for the year ended 31 March 2016 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of The Hertfordshire Partnership University NHS Foundation Trust as a body, to assist the council of governors in reporting The Hertfordshire Partnership University NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Hertfordshire Partnership University NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period; and
- the percentage of non-acute patients (aged 18 and over on admission) per day under consultant and non-consultant led care whose transfer of care was delayed during the reporting period, as a proportion of the total number of occupied bed days during the reporting period.

We refer to these collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

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

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the Monitor 2015/16 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

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

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

- board minutes for the period April 2015 to 29 April 2016;
- papers relating to quality reported to the board over the period April 2015 to 31 March 2016;
- feedback from the Commissioners dated May 2016;
- feedback from the governors dated May 2016;
- feedback from local Healthwatch organisations, dated May 2016;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016;
- the national patient survey dated 21 October 2015;
- the national staff survey dated 22 March 2016;
- Care Quality Commission Intelligent Monitoring Report dated 25 February 2016;
- Care Quality Commission reports; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated 13 April 2016.

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

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

Assurance work performed

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

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

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

Limitations

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

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

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

Basis for qualified conclusion

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

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

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

- 17% of our sample had been recognised as a Delayed Transfer of Care for fewer days than they should have been; and

- 13% of our sample the discharge date recorded by the Trust was on average three days later than the actual discharge date;

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

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

Our testing also identified that the Trust does not retain an adequate audit trail to confirm the date that they met the following three conditions and were therefore fit for discharge:

- a clinical decision had been made that the patient was ready for transfer;

- a multi-disciplinary team decision had been made that the patient was ready for transfer; and
- the patient was safe to discharge/transfer.

As a result there is also a limitation upon the scope of our procedures which means we are unable to complete our testing and are unable to determine whether the indicator has been prepared in accordance with the criteria for reporting Delayed Transfer of Care.

The section on page 92 of the Trust's Annual Report summarises the actions the Trust is taking post year end to address the issues identified in relation to these issues.

Qualified conclusion

Based on the results of our procedures, except for the effects of matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the Monitor 2015/16 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.

Deloitte LLP
Chartered Accountants
St Albans
26 May 2016

Glossary

ADHD	Attention Deficit Hyperactivity Disorder
AMH	Adult Mental Health
BMJ	British Medical Journal
CAMHS	Child and Adolescent Mental Health Services
CATT	Crisis Assessment and Treatment Team
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorders Service
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
EDS	Equalities Delivery Scheme
EMDASS	Early Memory Diagnosis and Support Services
EPMHS	Enhanced Primary Mental Health Services (IAPT)
FFT	Friends and Family Test
HoNOS	Health of the Nation Outcome Scales
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HQUIP	Healthcare Quality Improvement Partnership
HSCIC	Health and Social Care Information Centre
HYS	Having Your Say
IAPT	Improving Access to Psychological Therapies
JCT	Joint Commissioning Team
LD	Learning Disabilities/Disability
MH	Mental Health
MHMDS	Mental Health Minimum Data Set
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NRLS	National Reporting and Learning System
OCD	Obsessive Compulsive Disorder
POMH UK	Prescribing Observatory for Mental Health – UK

PACE	Practice Audit and Clinical Effectiveness
PBR	Payment by Results
POMH UK	Prescribing Observatory for Mental Health – UK
Q	Quarter (3 month period)
R and D	Research and Development
RAID	Rapid Assessment Interface and Discharge
RfPB	Research for Patient Benefit
SBU	Strategic Business Unit
SPA	Single Point of Access
SSRI	Selective Serotonin Reuptake Inhibitor (a type of anti-depressant medication)
UK CRN	UK Clinical Research Network

If you require this information in a different language or format please contact the Patient Advice and Liaison Service, Tel: 01707 253916

W razie potrzeby powyższy tekst można otrzymać w innymformacie lub innym języku. Informacji w tej sprawie udziela:
Patient Advice & Liaison Service, Tel: 01707 253916
(Polish)

Se avete bisogno di queste informazioni in una lingua o in unformato differente, vi preghiamo di contattare:
Patient Advice & Liaison Service (Servizio relazioni e consigli per i pazienti)
Tel: 01707 253916
(Italian)

আপনি যদি এই লেখাটি অন্য কোনও ভাষায় বা অন্য কোনও প্রকারে পেতে চান তাহলে অনুগ্রহ করে নিচের নাম্বারে যোগাযোগ করবেন :

পেশেন্ট অ্যাডভাইস অ্যান্ড লিয়েজন সার্ভিস
(রোগীদের পরামর্শ দেওয়া ও তাদের সাথে যোগাযোগ রাখার পরিষেবা)
টেলিফোন : 01707 253916

(Bengali)

اگر آپ کو یہ کسی دوسری زبان میں یا کسی دوسرے طریقہ سے درکار ہو تو برائے مہربانی ذیل سے رابطہ کریں:

پیشنٹ ایڈوائس اینڈ لیزاں سروس (Patient Advice & Liaison Service)

ٹیلیفون: 01707 253916

(Urdu)

Hertfordshire Partnership University NHS Foundation Trust works toward eliminating all forms of discrimination and promoting equality of opportunity for all.

We are a smoke free Trust therefore smoking is not permitted anywhere on our premises.

www.hpft.nhs.uk

Date of publication June 2016