NHS
Hertfordshire
Partnership University
NHS Foundation Trust

QUALITY ACCOUNT REPORT

2019/20

as One

Our Values
Welcoming Kind Positive Respectful Professional

Contents

Quality Account Report

Part 1 – Statement on Quality from our Chief Executive

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

I am very pleased to present the Quality Account Report for this year at a time when the collective awareness and national focus on mental health is greater than ever before – and this is reflected in the increased demand for our services.

In May 2019, the Care Quality Commission (CQC) published the outcome of its inspection into our services. We were all delighted when we achieved the overall rating of *outstanding*, including being rated as *outstanding* for quality of care and as a well-led organisation.

This was a significant milestone for us at HPFT, with the CQC recognising our strong safety culture and the commitment of all our caring staff who exemplify our Trust values and demonstrate leadership at every level. Since then, the professionalism and dedication of our staff throughout the year has ensured we continue to provide high quality and timely care in the face of growing demands for mental health and learning disability services, supporting people living in Hertfordshire, Buckinghamshire, Essex and Norfolk. We have made real progress in addressing the actions identified by the CQC, working tirelessly to maintain our *outstanding* rating and to make improvements across all aspects of the Trust.

In September 2019, we launched the Trust Quality Strategy which focuses our care on three domains of quality – safety, effectiveness and experience. The Strategy was co-produced with service users and carers and, at its heart, is a drive towards compassionate partnership, underpinned by recovery values, evidence-based care, continuous quality improvement and shared decision making.

As a Trust, we have continued to focus on developing a culture of safety over the last year, building safety into the heart of all we do. This has been delivered through approaching safety through collective ownership and leadership, as well as a shared understanding and belief that safety is paramount. This has been supported through a number of safety initiatives, including the development of a simulation training facility, the use of structured judgement reviews as part of the Mortality Governance framework for reviewing and learning from deaths, working on 'Just Culture' with training and development sessions being delivered and the appointment of a Nurse Consultant in physical healthcare.

We want to ensure that our service users are treated with the upmost respect, dignity and compassion and this is reflected in our 'Making our Services Safer Together' Strategy, promoting the delivery of the least restrictive practices and service users feeling safe across our services, as a partner in their own care and treatment and enabling a positive experience.

The year has also seen continued improvements to the physical environments for our service users and staff, including the refurbishment and upgrade of a Section 136 Place of Safety room on Oak ward, bedroom and en-suite reconfiguration on Aston ward resulting in removing shared dormitory bedrooms, conversion of space at Prospect House to provide Enhanced Primary Care Team facilities and extensive office and reception refurbishment at Saffron Ground.

There have been demand pressures for inpatient services during the year and work has focussed on ensuring service users continue to receive the right service at the right time to meet their needs. Whilst for some, discharge may not have been as timely as we would wish, there have been improvements in this process during the year with delays at their lowest levels in six years by the end of the year.

The quality of the care we provide is heavily reliant on our ability to recruit and retain great people and enable them to develop and flourish. We have worked hard to ensure we have a 'Just Culture' that actively encourages inclusion and diversity, introducing improved processes for interviews and appointments and a new approach to disciplinaries to ensure there is no 'second victim' during this process.

Our national Staff Survey response rate of 57.4% was the highest ever and is a rich source of information from staff. Overall, the Staff survey results continue to improve year on year and this year's results told us that HPFT continues to become an even better place to work - of the 91 questions asked 73 of these show improvements from last year and 57 questions are better than the national average. Safety is a top priority at HPFT and for the second year running, we achieved a national 'best score' for the theme of safety culture amongst mental health and learning disability trusts, which is a tremendous achievement

An important part of our collaborative work continues to be working towards achieving ever greater integration between mental and physical health and social care. We are continually working with our partners to deliver integrated services to support and care for people holistically by managing people's mental and physical health together. We are also working with our NHS partners to enhance the delivery of care closer to people's homes and to give people greater access to mental health services through their GPs' surgeries.

Of course we cannot ignore the ongoing Covid-19 pandemic outbreak which began towards the end of 2019/20 and still continues. Our Emergency Preparedness, Resilience and Response (EPRR) plan and our Business Continuity plans, have proved themselves to be thorough and robust during this most challenging and unprecedented time for the NHS and for us at HPFT. Most importantly, these plans have ensured that we have been able to adapt our services as necessary and remain open for our service users. Our team of truly outstanding staff have risen to all the challenges we have faced with continued positivity, professionalism and resilience - always keeping the safety and quality of care for our service users at the heart of everything they do.

As well as our determination to ensure we continue to maintain high quality services throughout the Coviod-19 pandemic, over the next 12 months our focus, as always, will be on providing safe and high quality support and care, at the right time and in the right place for those people who need our services.

Declaration

Data accuracy

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

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

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

Tom Cahill, Chief Executive

Dated: 10th September 2020

Background

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

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

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

What the Quality Report includes

- What we plan to do next year (2020/21), what our priorities are, and how we intend to address them
- How we performed last year (2019/20), including where our services improved
- The information we are required by law to provide so that people can see how the quality of our services compares to those provided by other NHS Trusts
- Stakeholder and external assurance statements including our independent auditor's report, statements from Healthwatch Hertfordshire, Hertfordshire Valley Clinical Commissioning Group (CCG), East and North CCG and Hertfordshire County Council Health Scrutiny Committee.

Understanding the Quality Account Report

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

This is a 'What is it?' box
These explain a term or abbreviation

This is a 'Quotes from staff, service users, carers' and others box
These support and illustrate the information in the report

This is a 'Comments' box
These include quotes from regulators and other governing bodies

A full list of the acronyms (abbreviations) we use are provided at the end of the Report.

Hertfordshire Partnership University NHS Foundation Trust

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

- Learning disability services in Buckinghamshire
- Improving Access to Psychological Therapies (IAPT) services in north Essex in partnership with as follows:
  - West Essex with Mind west Essex
  - Mid Essex with Chelmsford Counselling Foundation and mid and north east Essex Mind
  - North east Essex with north east Essex Mind.
- Forensic and learning disability service in Norfolk
- Since November 2018, we have been the lead in a partnership with Essex Partnership University Trust and Anglia Community Enterprise to deliver a new model of specialist health services for people with a learning disability across all of Essex.

Our Vision:
Delivering *great care,* achieving *great outcomes* - together

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

Our principles

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

"Supporting, professional and very dedicated…"

Our Strategy

Our *Good to Great* Strategy (2016-2021) describes how we are delivering our vision of *'Delivering Great Care, Achieving Great Outcomes – Together'.*
Achieving our vision means that we put the people who need our care, support and treatment at the heart of everything we do. It means we will consistently achieve the outcomes that matter to those individuals who use our services and their families and carers, by working in partnership with them and others who support them. Furthermore, it means we keep people safe from avoidable harm, whilst ensuring our care and services are effective. That they achieve the very best clinical outcomes, support individual recovery and are of the highest quality.

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

Quality Strategy

Our Quality Strategy, which we launched during quarter 2, sets the direction for the delivery of quality services within the Trust for the next 5 years. It supports and builds upon our proven delivery of high quality services, whilst supporting our ambition for a continuous improvement of services and sustainable growth.

With the aim to put quality right at the heart of everything we do in order to deliver our *Good to Great Strategy,* it ensures that quality services are delivered in the Trust in response to the specific requirements of our service users, carers, our staff, the public, our commissioners and regulators.

It has been developed through reviewing the Quality and Service Delivery Strategy and a number of consultations and its aim is to deliver *Great Care and achieve Great Outcomes together*. It sets out 3 objectives under each of the 3 quality domains and provides details of what this will mean to our staff, service users and carers.

- **Safe**
  - Delivering safe care in top quality environments
  - Fostering a learning and just culture
  - Fostering a culture of safety
- **Effective**
  - Delivering evidence based care which is benchmarked nationally
  - Delivering recovery focused care and clinical outcomes
  - Continuously improving quality
- **Experience**
  - Responsive and accessible services
  - Embedding shared decision making
  - Co-production at the heart of service development.

In 2019/20 we continued to provide:

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

- Learning disability services in Buckinghamshire
- Forensic and learning disability services in Norfolk
- We are the lead provider in partnership with Essex Partnership University Trust and Anglia Community Enterprise delivering a new model of specialist health services for people with a learning disability across Essex.
- Improving Access to Psychological Therapies (IAPT) services in north Essex in partnership with:
  - Mind in West Essex in west Essex
  - Chelmsford Counselling Foundation and Mid & North East Essex Mind in mid Essex
  - Mid & North East Essex Mind in north east Essex.

Across our 89 sites, we employed approximately 3,332 permanent staff, with 161 on a fixed term/temporary contract and 727 bank staff, and budgeted to spend c. £251.7m on our services.

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

Our Partnerships

Our partnership with Hertfordshire County Council helps us to develop an approach based on a holistic assessment of each service user's health and social care needs, which focuses on recovery. Working in partnership with the Council also means we can help improve integration between mental health, physical wellbeing and social care services.
We also work with other NHS partners, including Hertfordshire Community NHS Trust (HCT), Central London Community Healthcare NHS Trust (CLCH) East and North Hertfordshire NHS Trust, West Herts Hospitals NHS Trust and East London NHS Foundation Trust (ELFT) (which sub-contracts us to provide the Hertfordshire Liaison and Diversion Service), as well as the following:

- MIND – Predominantly across our IAPT services providing Support Time and Recovery Workers, Counselling and Dynamic Interpersonal Therapy (DiT). They also assist with the New Leaf service
- Mental Health Matters – in relation to Employment Advisors in IAPT as part of the Department of Working Pensions (DWP) Initiative

- Growing People – horticultural therapy project for service users being looked after by Adult Mental Health Services at Lister Mental Health Unit in north Hertfordshire
- Reinvent Lifestyle – providing bespoke exercise to improve and maintain wellness
- Princes Trust – provision of employment and vocational support to service users with a diagnosis of First Episode Psychosis (FEP)
- IESO ~~for~~ provide additional Step 3 IAPT support with online therapists
- CHS Healthcare – providing Continuing Health Care (CHC) assessments and reviews for older adults
- BEAT – A National Eating Disorders charity commissioned to deliver a coaching and support service for CYP called 'Echo' which tackles isolation through Beat's network of telephone support coaches for families devastated by eating disorders.
- HEALIOS – online provider commissioned to pilot online ADHD assessments and post diagnostic support for Children and Young people (CAMHS).

We lead a partnership with Essex Partnership University Trust and Anglia Community Enterprise to deliver a new model of specialist health services for people with a learning disability across all of Essex.

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

What is a Partnership University Foundation Trust?
NHS Foundation Trusts are not-for-profit, public benefit corporations. Like the rest of the NHS, they provide free care based on need, not ability to pay. Foundation trusts have freedom to decide locally how to meet their health care obligations, are. These trusts are accountable to local people, who can become members and governors and are authorised and monitored by an independent regulator. HPFT is a *Partnership Trust*; meaning we provide health and social care for specific groups of people – people with mental and physical ill-health, and those with learning disabilities – in partnership with local authorities, the University of Hertfordshire and with the mental health charity, Mind.

Our Commissioners

As a Trust, we continue to work closely with many organisations that commission and pay for our services. These include both the County Council and the CCGs.

What is Commissioning?
Commissioning is the process of planning, agreeing and monitoring services. The groups:
• assess the health needs of their local population
• plan care pathways for people with specific health problems
• specify which services their local populations need
• negotiate contracts with the organisations that provide these services
• make sure the services those organisations provide are good enough.

As a Trust, we have services commissioned by each of the following:

- East and North Hertfordshire CCG
- Herts Valleys CCG
- Hertfordshire County Council (HCC)
- Cambridge and Peterborough CCG
- North east Essex CCG
- Mid Essex CCG
- West Essex CCG
- Basildon and Brentwood CCG
- Southend CCG
- Thurrock CCG
- Castle Point and Rochford 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
- Buckinghamshire CCG.

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 (OCD) and Body Dysmorphic Disorder Service.

This report

If you have any questions about the content in this report, would like to comment on it or want to know more about the Trust, please contact Jacky Vincent, Deputy Director of Nursing and Quality/Director of Infection Prevention and Control (DIPC) jacky.vincent@nhs.net

This Quality Account Report was signed and approved on 30th July 2020 and is available on the NHS Choices website *www.nhs.uk* and on our website: *www.hpft.nhs.uk*

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

Freedom to Speak Up

Speaking Up is when a staff member reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. A staff member can report things that are not right, are illegal or if anyone at work is neglecting their duties, including:

- An individual's health and safety is in danger
- Damage to the environment
- A criminal offence
- The company is not obeying the law (breach of legal obligation)
- Covering up any wrongdoing.

If preferable, a concern may be raised from a distance by contacting the Freedom to Speak Up Guardian, Ethel Changa by:

- Email - hpft.speakup@nhs.net
- Telephone - 01727 804100 on the confidential "Speak Up" Line
- In writing - to the Chief Executive or any senior person stating the concern
- The Trust's incident reporting system (Datix).

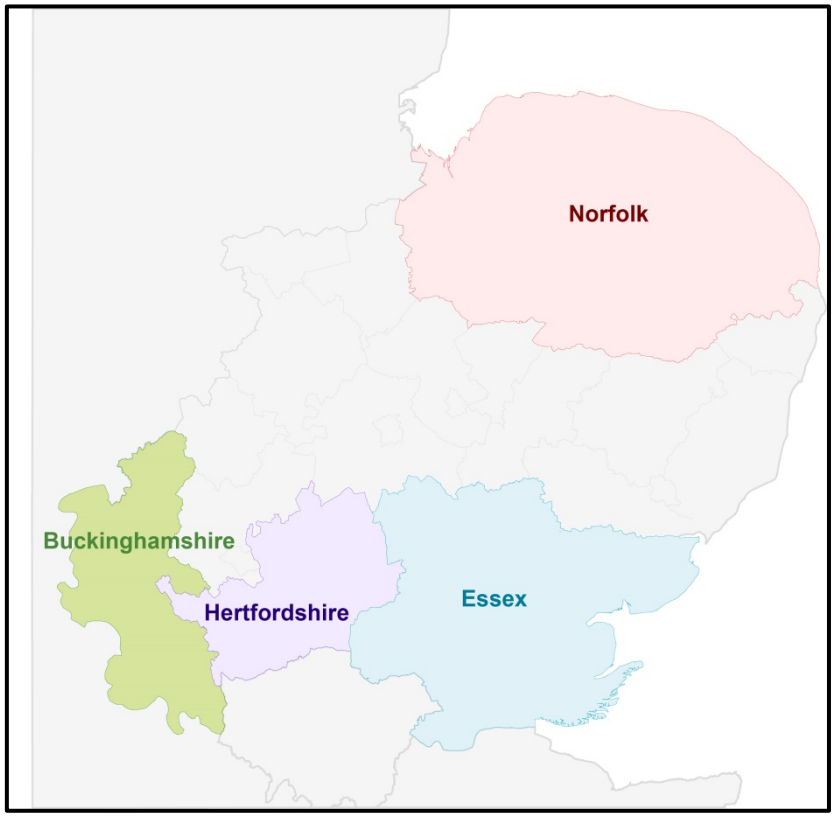
The Trust's nominated "Speak Up Champion" is Diane Herbert, a Non-Executive Director on the Board.

The Trust in 2019/20	
	**Mental Health,** Community and Learning Disability Services for children and adults
	**258,323** secondary care contacts
	**59,073** referrals through **SPA**
	**20,205** **IAPT** contacts
	**137,631** occupied bed days
	**86%** **would recommend us** to friends and family
	**4,220** **(permanent and temporary) Staff** working across **89 Trust** sites

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

"Brilliant that you can self-refer. Phone calls tailored around my work schedule – great!"

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


Norfolk
Buckinghamshire
Hertfordshire
Essex

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

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

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

This part of the report sets out:

- The priorities we have identified for 2020/21 and how we decided on these
- Statements of assurance from our Trust Board
- How we performed in our priority areas during 2019/20.

In this report we show:

- How we performed in our priority areas during 2019/20
- An update on how we performed against the priority areas we identified in our 2018/19 Quality Report
- Describe our priority areas for 2020/21
- Showcase notable and innovative practices that we have introduced across our services during the past year.

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

2.1 Quality priority areas for 2019/20

The table below provides an overview of our quality priority areas from last year (2018/19) and how we performed during this financial year, divided into each quarter throughout the year, and then the year end.

Patient (service user) Safety		Target	Q1	Q2	Q3	Q4	2019/20
1	The percentage of service users on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	≥=95%	98.41%	96.99%	97.86%	98.70%	97.97%
2	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)	N/A	Reported Annually				
3	Inappropriate out-of-area placements for adult mental health services (NHSI)	150	276*	172	554	1170	2172
Clinical Effectiveness							
4i)	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 (NHSI) The percentage of service users aged: **0 to 15**	≤=7.5%	0%	0%	0.3%	0.3%	0%
4ii)	**16 or over**	≤=7.5%	7.4%	7.0%	7.1%	5.1%	6.7%
5	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)	≥=56%	78.67%	79.41%	70.77%	77.97%	76.78%
6	The percentage of admissions for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period (NHSI)	≥=95%	96.92%	96.98%	96.80%	97.22%	96.97%
Service User and Carer Experience							
7	Carers feeling valued by staff	≥=75%	76.00%	82.89%	80.26%	85.39%	80.94%
8	Staff Friends and Family Test; staff who would recommend the Trust as a provider of care to their friends and family	≥= 70%	83.33%	81.01%	**N/A**	83.14%	82.45%
9	The Trust's 'service user experience of community mental health services' indicator score with regard to a service user's experience of contact with a health or social care worker during the reporting period (NHSI)		7.3/10 – About the same as other Trusts				

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

The first few days following discharge can be a vulnerable period of time in an individual's life and we want to support their recovery in readjusting to life in their own community. We follow up every person who is discharged from our inpatient services within 7 days. This is usually through face to face contact; under exceptional circumstances this may be via telephone. Throughout 2019/20, we exceeded the 95% target for this indicator, with an average percentage of 98%.

Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)

All incidents that occur in the Trust are reported to the National Reporting and Learning System (NRLS) which is a central database of patient (service user) safety incident reports. All information is analysed to identify any hazards, risks and opportunities to continuously improve the safety of service user care. As a Trust we regularly review all levels of harm sustained to consider areas of learning and development, agree actions for implementation and also to share lessons learned as well as areas of good practice.

Inappropriate out-of-area placements for adult mental health services (NHSI)

The Government has set a national ambition to eliminate inappropriate out of area placements in mental health services for adults in acute inpatient care by 2020/21. An out of area placement is when an individual service user with assessed acute mental health needs requires a non-specialised inpatient care (commissioned by the CCG) is admitted to a unit that does not form part of the usual local network of services.

We as a Trust have a threshold level of placements that decreases each quarter. In 2019/20 this threshold was exceeded in 3 out of 4 quarters. This reflects the extreme pressure on mental health services over the last year and is in line with the national picture. We will always support an individual accessing a bed when this is indicated for their safety or their health and wellbeing. As a Trust, we would always take safety of our service users as a priority and admit a service user, locally or in an out of area bed, where clinically needed.

"She really helped me through my darkest of times, listened to me. It felt like she never judged me and was here to help. She told me different ways of thinking. Couldn't have done it without her."

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 (NHSI)

The percentage of service users aged:
0 to 15 and 16 or over

This indicator measures the percentage of admissions across all Trust services who have returned to hospital as an emergency within 28 days of discharge after an inpatient stay. It aims to measure our success as a Trust in helping individuals to recover effectively from illness. If an individual does not recover well, it is more likely that they will require hospital treatment again within 28 days following their previous admission. Thus, readmissions are widely used as an indicator of the success of healthcare in helping individuals to recover. In 2019/20 we had 2 readmissions of children and young people below the age of 16, giving an average of 0.1% of all people discharged. 111 people aged 16 and over had been readmitted within the year – 6.7% of all people discharged.

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)

Service users referred to the Psychosis, Prevention, Assessment and Treatment (PATH) Early Intervention in Psychosis (EIP) Service require a specialist assessment to ascertain their needs. The PATH service is required to offer an assessment within 14 days of referral to 56% or more of service users.
Our PATH service has a diverse workforce of registered nurses, social workers, associate practitioners, support workers, psychologists and consultant psychiatrists, all of whom are trained in specialist assessment for First Episode in Psychosis and who work together to offer rapid assessment to service users.

PATH is able to offer a flexible approach to assessment, contacting service users and carers as soon as the referral is received, to arrange a mutually suitable time and venue, within 14 days. Our PATH service recognises that referral to the team can be a difficult time for individuals and works to ensure our offer of assessment is coupled with opportunities to address concerns, answer questions and ensure people feel as comfortable as possible when meeting our staff. This flexible partnership approach offers service users and carers to work together with us around their assessment and reduces missed appointments. In 2019/20, we exceeded this target in every quarter, with an average of 77%.

The percentage of admissions for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period (NHSI)

A Crisis Assessment and Treatment Team (CATT) provide intensive support for people in mental health crisis 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 inpatient wards and facilitate early discharge of service users. In 2019/20 we exceeded the target in every quarter, with an average of 97%.

> "You helped me through the toughest time of my life and for that I will always be grateful. You were there every day for me and my family and I can't thank you enough."

Carers feeling valued by staff

This is one of the indicators around the Triangle of Care and relates to the question 'do you feel valued by staff as a partner in care planning' and sits in our internal quality dashboard as an indicator. It was also chosen by our Carer Council. In 2019/20 we exceeded the 75% target in every quarter, with an average of 81%.

Staff Friends and Family Test; staff who would recommend the Trust as a provider of care to their friends and family

The Staff Friends and Family Test score is a good indicator of how staff feel about the services they provide and their level of engagement. We aimed to improve our scores during 2019/20 by enabling an increased level of staff engagement and continuing to improve the levels of care we provide to service users. The information for this indicator comes from our 'Pulse Survey' which we ran in quarters 1, 2 and 4. We exceeded the 70% target in all 3 quarters, with an average of 82%.

The Trust's 'service user experience of community mental health services' indicator score with regard to a service user's experience of contact with a health or social care worker during the reporting period (NHSI)

The Community Survey was reviewed during 2018/19, which resulted in a different survey during quarter 1, than for quarters 2, 3 and 4. The new survey added a question for the

Trust's 'positive' value – previously no questions were counted for 'positive'. As the value score is a composite score across the Trust's five values, this change is likely to have affected the overall score the year. However, when we reviewed the data for the year, the outlier value is 'positive', which includes questions on supporting physical health and giving opportunity to involve people who are supporting service users. For 2019/20, the work of our Carers Plan will engage more with service users around how we can improve on our involving carers. We have quarterly targets regarding improvements in how people feel they have been supported around their physical health and included in our Annual Plan.

2.2 Priorities for Quality Improvement 2020/21

Our Board agreed our key quality priorities for 2020/21 at the Board meeting on 30th July 2020.

How we chose our Quality Priorities

We:

- consulted with stakeholders including service users, carers, staff, commissioners and others
- decided to continue to build on and monitor the work we did in 2019/20 and previous years that could potentially significantly improve our services.

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

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

The consultation process

We started by considering:

- the feedback we have received on the quality of our services in surveys, reports and other documents
- our stakeholders' (including our commissioners') priorities.

Our consultation included a presentation to the Council of Governors, requesting their opinion as to which quality areas the Trust should focus on in the forthcoming 12 months, as top key areas, aside to the nationally mandated quality indicators. During the period of time to we requested feedback, we went into Major Incident owing to the Covid-19 pandemic. This meant that we were unable to complete our consultation process as we have in previous years.

Selection and Monitoring

NHSI provides guidance on the detailed requirements for the Quality Account Report, within which our priorities cover three indicators from each of the three areas of service user quality – Safety, Effectiveness and Experience. 5 of these are mandated by NHSI as marked in the table below as (NHSI). Below details those indicators that are not mandated by NHSI and the reasons we have chosen them:

- Crisis Assessment and Treatment Team 4 hour wait to assessment – this reflects the timeliness of treatment for people in crisis

- Safeguarding Social Care Assessments – this demonstrates a quick and efficient decision making process to investigate when a safeguarding issue is raised, ensuring that we keep people safe
- Care Programme Approach (CPA) reviews within 12 months – the CPA approach provides an additional level of support and care for those who need it, and ensuring that people have a minimum of 12 monthly reviews, with all those who are involved in their care plays a key part in this
- The rate of service users saying they have been involved in discussions about their care – this demonstrates the extent to which our service users feel involved in their care and how we are working in a recovery-focussed way
- Carers reporting they feel valued by staff in the Trust – carers form a key part of the Triangle of Care with service users and staff. It is important to us that we hear their views and ensure that they feel valued by our staff
- Staff Friends and Family Test, staff who would recommend the Trust as a provider of care to their family and friends – a key test of our success is that our staff feel confident in the services that we provide. This question, which is part of our quarterly staff survey, provides us with this evidence.

The quality priority areas for 2020/21 agreed by the Trust Board are:

Patient (service user) Safety	
1	The percentage of service users on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period (NHSI)
2	The rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)
3	Crisis Assessment and Treatment Team – 4 hour wait to assessment
4	Safeguarding – Social Care Assessments
Clinical Effectiveness	
5	The percentage of admissions for which the crisis resolution home treatment team acted as a gatekeeper during the reported period (NHSI)
6	The rate of service users saying they know how to get support and advice at a time of crisis (NHSI)
7	The percentage of service users aged: (1) 0 to 14, and (2) 15 or over. 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 (NHSI)
8	Care Programme Approach (CPA) – reviews within 12 months
Service User and Carer Experience	
9	Service User experience in the community (NHSI)
10	The rate of service users saying they have been involved in discussions about their care
11	Carers reporting they feel valued by staff in the Trust
12	Staff Friends and Family Test – staff who would recommend the Trust as a provider of care to their family and friends

Detail of each priority

The Performance Team will report on all figures once a month for goals 1, 3, 5, 6, 8, 10, 11 and 12; quarterly for goals 4 and 7 and annually for goals 2 and 9. Data quality is important in ensuring the accuracy, validity and reliability of the KPIs. Where possible, the Performance Team will undertake work to ensure this. The Performance Team is internally and externally audited annually. Auditors check a sample of cases to ensure accuracy of the data being reported.

Name of Priority	PATIENT (SERVICE USER) SAFETY
Related NHS Outcomes Framework Domain and who will report on them	7 day follow-ups
Data Definition	All adult mental health inpatients should receive a follow-up face to face appointment (or in exceptional circumstances a phone call) to ensure their wellbeing, following discharge from hospital. The measurement is the percentage of people discharged who received a follow-up within 7 days, with the day following discharge counting as day 1.
How this data will be collated	Follow-ups are recorded on the EPR, Paris, and a report is extracted monthly for reporting purposes.
Validation	Validated between performance, SBU managerial staff and clinical staff.
Performance in Q1 to Q4 in 2019/20	

Q1	Q2	Q3	Q4	2019/20
98.41%	96.99%	97.86%	97.70%	97.97%

Performance in Q1 to Q4 in 2018/19

Q1	Q2	Q3	Q4	2018/19
96.05%	97.11%	97.81%	96.61%	96.88%

Target (national)	95%

Name of Priority	PATIENT (SERVICE USER) SAFETY
Related NHS Outcomes Framework Domain and who will report on them	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)
Data Definition	The number and rate of service user safety incidents reported within the Trust during the reporting period and the number and percentage of such service user safety incidents that resulted in severe harm or death
How this data will be collated	The Safer Care Team upload data onto the National Reporting and Learning System (NRLS) which is a central database of service user safety incident reports. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of service user care
Validation	This data is validated via the NRLS which is managed by NHSI
Performance in Q1 to Q4 in 2019/20	

Q1	Q2	Q3	Q4	2019/20
Severe = 2 (0.14%) Death= 10 (0.73%)	Severe = 2 (0.14%) Death= 13 (0.94%)	Severe = 1 (0.07%) Death = 14 (1.11%)	Severe = 1 (0.08%) Death = 10 (0.82%)	Severe = 6 (0.11%) Death = 47 (0.90%)

Performance in Q1 to Q4 in 2018/19

Q1	Q2	Q3	Q4	2018/19
Severe = 10 (0.7%) Death = 12 (0.9%)	Severe = 2 (0.2%) Death = 20 (1.5%)	Severe = 0 (0%) Death = 15 (1.2%)	Severe = 2 (0.2%) Death = 6 (0.5%)	Severe = 14 (0.27%) Death = 53 (1%)

Target (national)	

Name of Priority	PATIENT (SERVICE USER) SAFETY
Related NHS Outcomes Framework Domain and who will report on them	Service Users referred to our Crisis Assessment and Treatment Team (CATT) will be seen within four hours for an assessment.
Data Definition	The percentage of people referred to the CATT service who are seen within 4 hours of their referral.
How this data will be collated	Manually collated by CATT service and sent to Performance for reporting.
Validation	CATT Management

Performance in Q1 to Q4 in 2019/20	Q1	Q2	Q3	Q4	2019/20
	100%	100%	100%	100%	100%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**2018/19**
	100%	100%	100%	100%	100%
Target (contractual)	98%				

Name of Priority	CLINICAL EFFECTIVENESS				
Related NHS Outcomes Framework Domain and who will report on them	Safeguarding – Social Care Assessments Managers to make a decision to commence a safeguarding assessment within 48 hours of a concern being raised.				
Data Definition	The percentage of safeguarding assessments that are commenced within 48 hours of a concern being raised.				
How this data will be collated	TBC				
Validation	TBC				
Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
	59.70	45.45	34.09	53.66	49.08
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
	84.54	88.54	61.64	43.96	70.59
Target					

Name of Priority	CLINICAL EFFECTIVENESS				
Related NHS Outcomes Framework Domain and who will report on them	**CATT Gatekeeping (Mandated)**				
Data Definition	The percentage of people who are admitted to our acute inpatient units who have been assessed by the Crisis Assessment and Treatment team prior to admission.				
How this data will be collated	Collected manually by CATT teams				
Validation	Validated by Service Line Lead and Senior Service Line Lead.				
Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
	96.92%	96.98%	96.80%	97.22%	96.97%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
	97.10%	96.39%	97.28%	97.26%	97.02%
Target (National)	95%				

Name of Priority	CLINICAL EFFECTIVENESS
Related NHS Outcomes Framework Domain and who will report on them	**Rate of Service Users saying they know how to get support and advice at a time of crisis**
Data Definition	The percentage of service users who respond positively to the question of whether they know how to get support and advice at a time of crisis as part of the Trust's Having Your Say Survey
How this data will be collated	Collated by an independent company on behalf of the Trust and reports made available
Validation	Sense checked by the lead for Service User Engagement and the Performance Improvement Team
Performance in Q1 to Q4 in 2019/20	**Q1**: 80.23%; **Q2**: 89.56%; **Q3**: 84.12%; **Q4**: 87.43%; **19/20**: 85.25%
Performance in Q1 to Q4 in 2018/19	**Q1**: N/A; **Q2**: 77.51%; **Q3**: 81.46%; **Q4**: 90.44%; **18/19**: 84.11%
Target (local)	83%

Name of Priority	CLINICAL EFFECTIVENESS
Related NHS Outcomes Framework Domain and who will report on them	**Readmission Rate (Mandated)** **Readmissions rate of all 0 – 15 year olds who have been an inpatient in our services** **Readmission rate of all 16+ people who have been an inpatient in our services**
Data Definition	The number of readmissions within 28 days of discharge expressed as a percentage of total discharges.
How this data will be collated	Collated from our Electronic Patient Record in the form of an automated report.
Validation	Validated by the Performance Improvement Team.
Performance in Q1 to Q4 in 2019/20	**0-15**: **Q1** 0.0%; **Q2** 0.0%; **Q3** 0.3%; **Q4** 0.3%; **19/20** 0.1% **16+**: **Q1** 7.2%; **Q2** 7.0%; **Q3** 7.1%; **Q4** 5.4%; **19/20** 6.7%
Performance in Q1 to Q4 in 2018/19	**0 - 15**: **Q1** 0.2%; **Q2** 0.4%; **Q3** 0.4%; **Q4** 0.7%; **18/19** 0.3% **16 +**: **Q1** 4.7%; **Q2** 6.3%; **Q3** 5.2%; **Q4** 7.9%; **18/19** 6.0%
Target	7.5% (local target)

Name of Priority	CLINICAL EFFECTIVENESS
Related NHS Outcomes Framework Domain and who will report on them	**Care Programme Approach – reviews within 12 months**
Data Definition	The number of mental health service users who are on CPA and receive a review within a 12 month period.
How this data will be collated	Collated from our Electronic Patient Record in the form of an automated report.
Validation	Validated by the Performance Improvement Team
Performance in Q1 to Q4 in 2019/20	

Q1	Q2	Q3	Q4	19/20
94.35%	94.87%	96.57%	92.90%	94.66%

Performance in Q1 to Q4 in 2018/19	

Q1	Q2	Q3	Q4	18/19
96.05%	96.83%	96.85%	92.37%	95.55%

Target (Local)	95%

Name of Priority	SERVICE USER AND CARER EXPERIENCE
Related NHS Outcomes Framework Domain and who will report on them	**Service User experience in the community (Mandated)**
Data Definition	Service user experience of nursing and social care staff, taken from the published National Service User Survey.
How this data will be collated	Collated by company who run the National Survey and published on CQC website
Validation	Validated nationally
Performance in Q1 to Q4 in 2019/20	

Q1	Q2	Q3	Q4	19/20
				7.3/10

Performance in Q1 to Q4 in 2018/19	

Q1	Q2	Q3	Q4	18/19
				7.2

Target	No target set

Name of Priority	SERVICE USER AND CARER EXPERIENCE
Related NHS Outcomes Framework Domain and who will report on them	**Rate of Service Users saying that they have been involved in decisions about their care**
Data Definition	The percentage of positive responses received from service users who complete the Having Your Say survey question, asking if they have been involved in decisions about their care.
How this data will be collated	Collated by an independent company on behalf of the Trust and reports made available
Validation	Sense checked by the lead for Service User Engagement and the Performance Improvement Team
Performance in Q1 to Q4 in 2019/20	

Q1	Q2	Q3	Q4	19/20
83.20%	89.02%	87.28%	84.13%	85.88%

Performance in Q1 to Q4 in 2018/19	Q1	Q2	Q3	Q4	18/19
	N/A	80.24%	86.86%	85.43%	84.38
Target (Local)	85%				

Name of Priority	SERVICE USER AND CARER EXPERIENCE				
Related NHS Outcomes Framework Domain and who will report on them	**Rate of Carers saying that they feel valued by staff in HPFT**				
Data Definition	The percentage of positive responses received from carers who complete the Having Your Say survey question, asking if they have felt valued by staff in HPFT.				
How this data will be collated	Collated by an independent company on behalf of the Trust and reports made available				
Validation	Sense checked by the lead for Service User Engagement and the Performance Improvement Team				
Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
	76.00%	82.89%	80.26%	85.39%	80.94%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
	73.42%	81.18%	81.82%	84.85%	80.24%
Target (Local)	75%				

Name of Priority	SERVICE USER AND CARER EXPERIENCE				
Related NHS Outcomes Framework Domain and who will report on them	**Staff who say that they would recommend the Trust's services to family and friends**				
Data Definition	The percentage of positive responses from staff who complete the question in the Quarterly Pulse Survey asking whether they would recommend the Trust's services to family and friends.				
How this data will be collated	Collated by a private company on behalf of the trust and reports made available				
Validation	Sense checked by HPFT Workforce and OD Team				
Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
	83.33%	81.01%	N/A*	83.14%	82.45%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
	74.65%	76.21%	N/A*	76.85%	75.81%
	*Survey did not run in Q3 as this coincides with the National Staff Survey				
Target (Local)	70%				

How these targets will be monitored

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

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

What does valid mean?
If data is valid then it measures what it is supposed to measure.

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

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

Once the Board has agreed targets, we will develop plans to ensure that these priorities are achieved and progress monitored quarterly.
We will report progress towards targets through our Governance structures. Our Performance Team will check and assure the quality and accuracy of our data in accordance with Trust policies.

2.3 Statements of Assurances

This section of the report explains how we have provided assurance in relation to the services it provides. This is demonstrated through clinical networks, audit and our CQC inspection report. We have reviewed all the data available to us relating to the quality of care we provide in these services. Our total income from service users activities was c. £254.2m and out total income was c. £264.5m (including Provider Sustainability Fund (PSF) expected of £2.3m), thus 96%.

Clinical Audits

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

At the start of each financial year, our PACE team consults with our leaders and managers to develop a programme of audits. This includes the audits that every NHS Trust is required to complete, those needed to monitor our contractual arrangements, and those requested by our teams to assess and improve the quality of their own work.
When an audit is completed, we develop an action plan so that we can make and monitor improvements to our services. Our Practice Audit Implementation Group (PAIG – members include the Deputy Medical Director, Chief Pharmacist and representation from other clinical disciplines) discuss and approve the reports. We then share them throughout the Trust so everyone can learn from the results.

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

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

National Clinical Audits

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

During 2019/20, there were 5 national clinical audits covered relevant health services that the Trust provides; the Trust participated in 100% of all national clinical audits it was eligible to participate in. These are as follows:

- The National Audit of Inpatient Falls (NAIF)
- POMH-UK Prescribing for Depression in Adult Mental Health
- POMH-UK Use of Depot/ LAI Antipsychotic Injections for Relapse Prevention
- National Audit of Schizophrenia (FEP)
- National Intellectual Disability Audit of ADHD in Intellectual Disability.

National Audit	Trust Participation	
	Number of cases required by the terms of the audit	Number of Cases Submitted by HPFT
The National Audit of Inpatient Falls (NAIF)	TBC	TBC
POMH-UK Prescribing For Depression in Adult Mental Health	Information not available within HPFT	134
POMH-UK Use of Depot/ LAI Antipsychotic Injections For Relapse Prevention	Information not available within HPFT	159
National Audit Of Schizophrenia (FEP)	101	101
National Intellectual Disability Audit Of ADHD In Intellectual Disability	TBC	TBC

Reports from 2018/19 which were published in 2019/20

There were 5 reports which did not form part of the work stream in 2019/20, but were published in 2019/20. These have briefly been summarised below:

National Audit		Trust Participation	
	Year	Number of cases required by the terms of the audit	Number of cases submitted by HPFT
POMH-UK Topic 18a Use of Clozapine	2018/19	Not specified by POMH-UK	94
POMH-UK Topic 6d Assessment of the side effects of depot antipsychotic	2018/19	Not specified by POMH-UK	205
POMH-UK Topic 7f Monitoring of patients prescribed lithium	2018/19	Not specified by POMH-UK	92
POMH-UK Topic 19a Prescribing for depression in adult mental health services	2019/20	Not specified by POMH-UK	134
POMH-UK Topic 17b Use of depot/LA antipsychotic injections for relapse prevention	2019/20	Not specified by POMH-UK	Report due from POMH-UK March 2020
POMH-UK Topic 9d Antipsychotic prescribing in people with a learning disability	2019/20	Not specified by POMH-UK	Report due from POMH-UK July 2020

POMH-UK 18 – The use of clozapine

The practice standards set for this audit were derived from NICE Guideline CG178 'Psychosis and schizophrenia in adults: prevention and management'.

The eligibility criteria was any person under the care of adult mental health services, irrespective of age, who is currently prescribed clozapine treatment (ascertained, for example, from the monitoring system database). This audit was carried out in June and July 2018, with the report being published in February 2019.

What did we do well?

- 100% of Trust service users treated with clozapine for less than 18 weeks had documented pre-treatment general physical examination, blood pressure and pulse
- 80% of service users were registered for off-label use with the clozapine monitoring service when prescribed clozapine 'off-label' compared to TNS of 65%
- In 75% of service users, monitoring in the first 2 weeks of treatment included at least daily assessment of temperature, blood pressure and pulse
- There was documented weekly assessment of treatment-related side effects in patients treated with clozapine for between 4 and 18 weeks in 86% of service users compared to TNS of 74%.
- In 93% of cases service users who have been on clozapine for over a year had a review conducted by senior clinician within the last year (TNS 77%).
- Documented measure of blood pressure in the previous year for service users treated with clozapine for more than 1 year was 95% (TNS 85%); and for body weight, glycaemic control and plasma lipids it was 89% (TNS 63%). There was a documented general physical examination in the previous year in 72% cases (TNS 55%).

What are the areas for development?

In 50% of Trust cases there was no documented discussion with the service users, family and/or carers about potential benefits and side effects in service users treated with clozapine for less than 18 weeks.

- Documented pre-treatment measures of body weight, glycaemic control and plasma lipids in service users treated with clozapine for less than 18 weeks were only done 38% of the time compared to 64% TNS
- There was no documented discussion of the relevant issues with the service user and/or carer for service users prescribed clozapine 'off-label', compared to TNS 41%
- There was only a documented care plan addressing the implications for change in smoking status in known smokers who were discharged from a smoke-free ward (in service users treated with clozapine for between 18 weeks and one year) in 43% of cases, although this was better than TNS (32%)
- Only 26% of service users under the care of a community mental health team had treatment with clozapine documented in their Summary Care Record (SCR) or equivalent in primary care. This was worse than TNS (58%).

POMH-UK Topic 6d Assessment of the side effects of depot antipsychotic

Audit standards for this audit were derived from NICE guideline CG178 Psychosis and schizophrenia in adults: prevention and management (2014)
https://www.nice.org.uk/Guidance/CG178
The eligibility criteria was all service users prescribed continuing treatment with depot/long-acting injectable antipsychotic medication, other than those currently under the care of an acute ward or home treatment/ crisis intervention team.
This audit was carried out in September and October 2018, with the report being published in June 2019 and distributed to Trusts in July 2019.

What did we do well?

% results	HPFT	TNS
Total Sample size	N = 205	N = 8270
Documented evidence of side-effect assessment	94%	86%
Some evidence regarding weight and/or BMI and/or waist circumference	84%	61%
Total Sample size	N = 106	N = 4435
Side-effects identified, with a documented clinical intervention/plan	81%	65%

What are the areas for development?

% results	HPFT	TNS
Total Sample size	N = 205	N = 8270
Some evidence of the assessment of movement disorder	69%	47%
Documented evidence of physical examination	33%	20%
Documented evidence of blood tests	33%	21%
Documented evidence of a rating scale or checklist	42%	23%
Some evidence of the assessment of sexual side effects	44%	20%
Total Sample size	N = 36	N = 1189
Some evidence of the assessment of menstruation.	25%	25%

POMH-UK Topic 7f Monitoring of patients prescribed lithium

The Practice Standards were based on NICE guideline CG185 Bipolar Disorder: assessment and management (2014) https://www.nice.org.uk/guidance/cg185
The eligibility criteria only included service users currently prescribed lithium. The audit was carried out in February 2019 and the report published in July/August 2019.

What did we do well?

% results	HPFT	TNS
Total Sample size – before lithium initiation	N = 25	N = 918
Documented evidence that **renal function tests** (specifically e-GFR) were conducted	80%	86%
Documented evidence that **thyroid function tests** were conducted	80%	82%
Documented evidence that **weight or BMI measurements** were conducted	72%	62%
Documented evidence, at lithium treatment initiation, that they were informed of **side effects**	76%	65%
Documented evidence, at lithium treatment initiation, that they were informed of the **signs and symptoms of toxicity**	72%	46%
Total Sample size – maintenance treatment	N = 67	N = 4899
Serum lithium every 6 months (2 or more tests documented)	76%	81%

What are the areas for development?

% results	HPFT	TNS
Total Sample size – before lithium initiation	N = 25	N = 918
Documented evidence that a **serum calcium test** was conducted	52%	63%
Documented evidence that **an ECG** was conducted	56%	73%
Documented evidence, at lithium treatment initiation, that they were informed of the **risk factors of toxicity**	64%	44%
NPSA lithium patient information pack provided	44%	34%
Total Sample Size	N = 8	N = 342
Women <50 yrs – teratogenic s/e of lithium	50%	30%
Total Sample size – maintenance treatment	N = 67	N = 4899
Renal function tests (specifically e-GFR) every 6 months (2 or more tests documented)	69%	74%
Serum calcium every 6 months (2 or more tests documented)	28%	41%
Thyroid function tests every 6 months (2 or more tests documented)	69%	69%
Weight / BMI during the last year	63%	48%

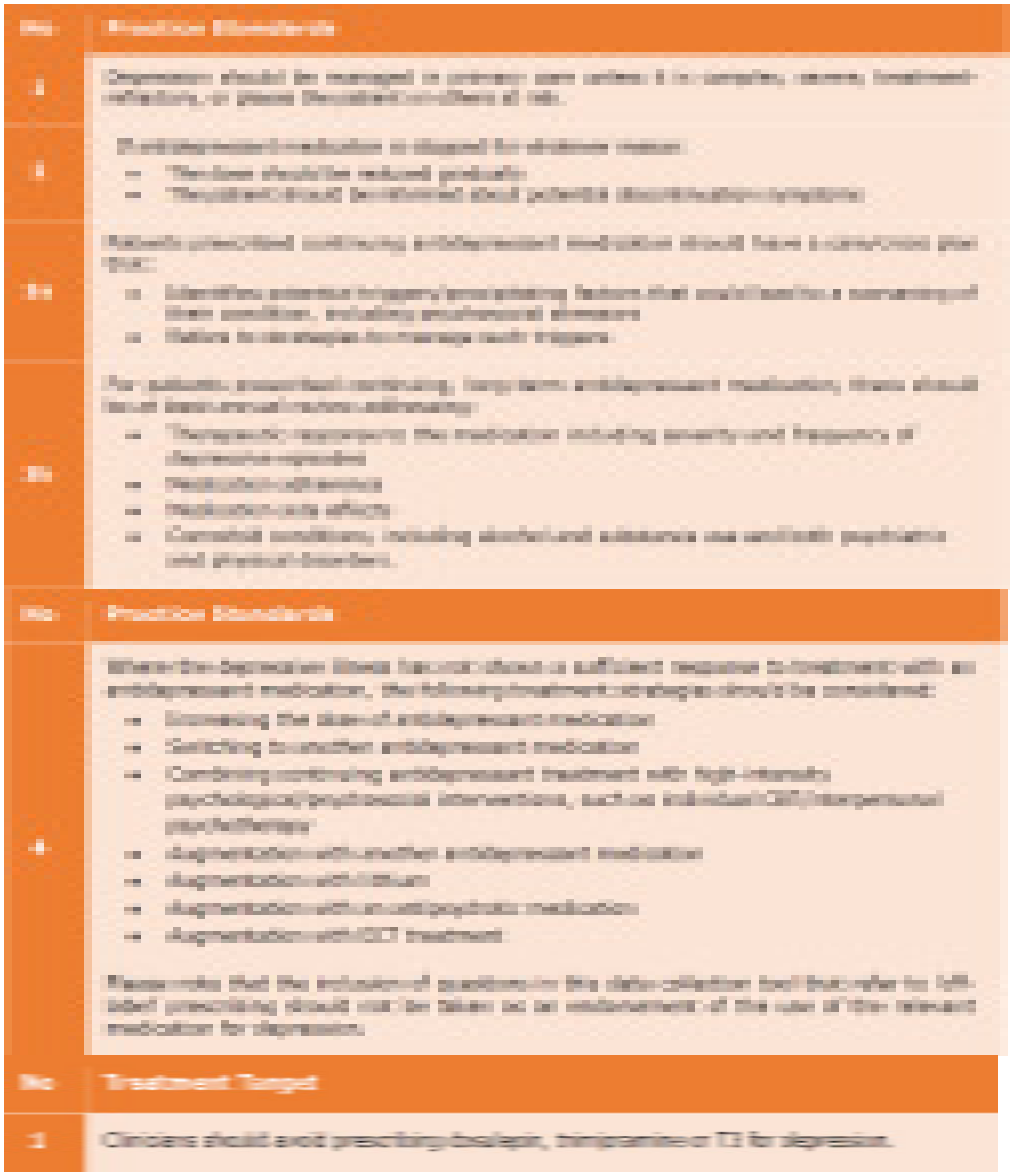
All actions and the set recommendations from the above are being undertaken and are being regularly monitored by the PACE team. The report has been disseminated to teams who participated in the audit.

Results from National Audits

The report of 1 national clinical audit was reviewed by the provider in 2019/20; 4 reports have not been published at the time of writing this report and are expected during 2020/21. The results of the national audit that has been published is summarised below along with the actions that the Trust intend to take to improve the quality of healthcare provided.

POMH-UK Prescribing For Depression in Adult Mental Health

The audit standards are derived from the NICE clinical guideline; Depression In Adults: Recognition and Management (NICE, 2009) and the British Association for Psychopharmacology guideline for Treating Depressive Disorders with Antidepressants.



The results indicate that for 9 of the audit standards, the Trust performed above the national average; these included documented evidence of assessment of medication adherence, medication side effects and assessment of co-morbid physical illness. In two areas, the Trust's results were below the national average; these were, documented evidence of symptoms being assessed using a formal rating scale and evidence of a comprehensive treatment.

What did we do well?

% results	HPFT	TNS
Documented evidence of an assessment of symptoms and severity of depression in the last year not using a formal rating scale	84%	76%
Documented evidence of assessment of response to medication	87%	83%
Documented evidence of assessment of medication adherence	89%	71%
Documented evidence of assessment of medication side-effects	86%	66%
Documented evidence of assessment of alcohol use	77%	52%

Documented evidence of assessment of substance use	73%	46%
Documented evidence of assessment of co-morbid physical illness	80%	71%
Documented evidence of assessment of mental illness	81	76
Prescribing of dosulepin, trimipramine or T3 for depression	<1%	<1%

What are the areas for development?

% results	HPFT	TNS
Evidence of reference to strategies to manage triggers for the illness	70%	66%
Documented evidence of symptoms being assessed using a formal rating scale	5%	8%
Documented evidence of a comprehensive treatment history	40%	48%

The learning from participating within this audit has been shared widely across the Trust's services and discussed at the Drugs and Therapeutic Committee.

National Clinical Audit of Anxiety and Depression – Core Audit

The National Clinical Audit of Anxiety and Depression was developed following the findings of the National Audit of Psychological Therapies for Anxiety and Depression (NAPT) which took place between 2010-2014. The NCAAD was developed to look at the care and treatment of service users with a primary diagnosis of an anxiety and/or depressive disorder within secondary care services. The audit was managed by the Royal College of Psychiatrists' (RCPsych) Centre for Quality Improvement (CCQI).

What did we do well?

- Physical health monitoring are all above the national average
- Outcome measures were captured above the national average
- Service users were regularly followed up following discharge either in line or above national standards

What are the areas for development?

- Service users are not being referred to psychological services as frequently as national average
- Not all elements of the Discharge processes have been completed, in particular areas such as discharge letter containing details of risk to and self and/or others and providing 24 hours' notice of discharge to the carer.

A Dashboard has been developed on the Trust's reporting system which allows teams to closely monitor the input of key information on the electronic patient record (EPR). The Trust has developed a Carer policy and conducted training across the Trust, to ensure staff on the policy and implementation of the Triangle of Care. A new referral form has been developed which aims to make clearly indicate what psychological therapies that service users are receiving.
A deep dive is scheduled to take place to review the current skillset of psychology in regards to offering psychological therapies in line with NICE guidance and identify any challenges which the Trust are encountering in respect to referring service users for psychological therapies. The Trust will form a working group to agree outcome measures to measure anxiety and depression. A quarterly audit will take place focussing on the timeliness of communication with the GP following discharge.

National Clinical Audit of Anxiety and Depression – Psychological Therapies

This National Clinical Audit on Anxiety and Depression Spotlight Audit on Psychological therapies informed by the results of a previous National Audit of Psychological Therapies (NAPT), which ran between 2010 and 2014. The Audit looked to be conducted in 3 parts, a case note audit, service user feedback survey and therapist feedback survey.

What did we do well?

- 78% of service users started treatment within 18 weeks of referral
- 74% of service users felt that the wait to start treatment was reasonable
- Recording of demographic data was greater than the NCAAD average. Trust compliance ranged from 72% to 100%
- Average wait for psychological therapy was 13 weeks which is shorter than the NCAAD average of 22 weeks
- 90% of service users agreed that they were treated with empathy, kindness, dignity and respect.

What are the areas for development?

- 60% Service users agreed that they were able to get to the appointment location without too much difficulty which is lower than the NCAAD average (81%)
- 36% of service users were offered the choice of therapy they would receive and venue where it would take place. This is lower than the NCAAD average of 47%.

The actions from the audit included, informing teams of audit findings and lessons that have derived from the audit, implementing the Psychological Development programme and development of the psychological therapy referral form.

National Clinical Audit Psychosis (NCAP) Early Intervention Psychosis (EIP) Spotlight Audit (CQUIN)

In 2016, NHS England introduced the Early Intervention in Psychosis Access and Waiting Time Standard (NHS England, NICE & NCCMH, 2016). This is designed to improve access to EIP services for people experiencing First Episode Psychosis (FEP), ensure the provision of evidence-based treatments, and monitor patient outcomes. It also requires services to take part in a national quality assessment and improvement programme. In 2018/2019, it was carried out as a spotlight audit by the National Clinical Audit of Psychosis at the RCPsych.

What did we do well?

- High compliance demonstrated in the screening for smoking (99%), alcohol (99%) and substance misuse (99%)
- High compliance demonstrated in the interventions offered for smoking (100%), alcohol (100%) and substance misuse (94%)
- Approximately 85% of treatment started within 2 weeks of referral.

What are the areas for development?

- 5% of service users in the sample had taken up family interventions
- 18% of service users in the sample had taken up supported employment and education programmes.

Since the completion of this audit, the Trust has developed a service improvement plan. The plan includes devising a report for those in the First Episode of Psychosis audit which will enable data to be monitored across the service. Furthermore as part of the implementation

of the report, the service have conducted a series of training sessions programme for PATH clinicians including understanding the new monitoring places in place, and ensuring that the clinicians are able to enable effective delivery of the FEP pathway. The service developed clear PATH assessment templates to promote clear recording of clinical decision making at the end of the assessment, clarifying eligibility for and acceptance into service or signposting actions.

Physical Health Monitoring of Cardio metabolic Assessment & Treatment for Patients with Psychosis

The Trust participated in this national audit and results have highlighted that the Trust is performing above the national average in both its inpatient and community service. This is an important audit topic to monitor as people with severe mental illness (SMI) are at increased risk of poor physical health, and their life expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking.

What were the findings?

	Target	Our Compliance	National Average
Inpatients	90%	78%	56.5%
Community CPA	75%	74%	48.8%

Following on from the audit, a comprehensive action plan is in place which includes a re design of the psychosis pathway incorporating physical health monitoring. The action plan also incorporates staff training and a physical health tracker for continuous monitoring.

Local Clinical Audit

As of February 2020, the PACE team have reviewed the reports of 117 local clinical audits during 2019/20. 56 were undertaken by the PACE team, as part of their annual programme and 61 were local audits registered with the PACE team by clinicians throughout the Trust. We undertook the following actions to improve the quality of healthcare provided:

- During 2019/20 the PACE team consulted with services, senior management and the Medical Director to develop and launch a Trust quality dashboard on SPIKE 2. This has enabled services from across the Trust to view key quality indicators and assess current compliance levels including benchmarking national audit results against other Trusts
- The PACE team have developed a system for monitoring and disseminating compliance figures in relation to the completion of action plans from audits. The PACE team, alongside services, are working to ensure a higher return rate in terms of actions being completed following audit. During 19/20 the Trust wide evidence implementation has risen from 56% to 70% as of December 2019
- During 2019/20, the PACE team have rolled out their new Intranet page on HIVE, allowing staff to search for completed audits by service type, enabling access to all audits at a click of a button
- The Trust celebrated Clinical Audit Awareness Week in November 2019 where services from around the Trust had the opportunity to send in their pledge cards on what clinical audit means to them and how clinical audit has benefited their service

- To continue to encourage services to conduct more clinical audits locally, the PACE team continue to provide generic and bespoke based audit training for staff
- The PACE team also continue to work closely with both the Service User and the Carer Councils to ensure that audits gain there unique perspective in order to increase richness within audit findings and action plans.

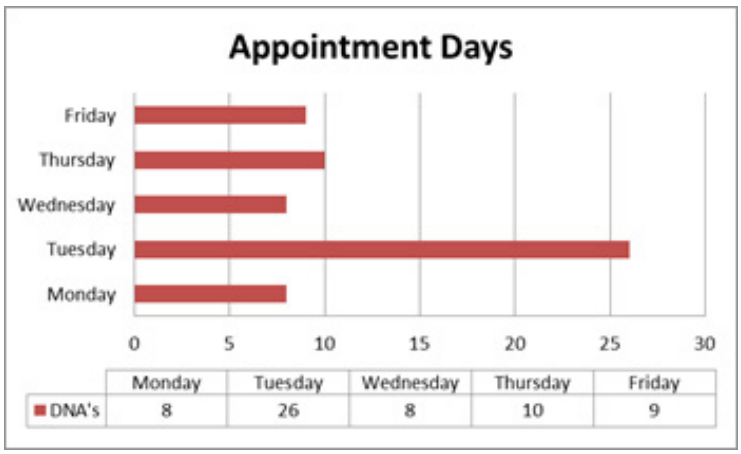
Towards the end of 2019, the PACE team were audited externally, the objective of the review was to assess the effectiveness of the Trust's clinical audit function, in particular, compliance with the Trust's Practice Audit Policy. The audit results found that clear action plans had been agreed for each audit and documented using standard audit documentation as required by the Practice Audit Policy. Each recommendation within audit reports had an associated 'SMART' action, a planned completion date, responsible owner, and an intended outcome. The PACE team have traced the actions and evidence of action completion as documented within the action plan templates to the PACE team internal audit database without exception. The overall findings were that the Trust Board could take reasonable assurance that controls are in place to undertake an effective audit programme.

Where audits said we did well

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.

Early Memory Diagnosis & Support Service (EMDASS) Did Not Attend Audit

The audit analysed the number of service users that Did Not Attend (DNA) pre-booked appointments within the EMDAS service between the months of April to June 2019. The audit looked at the reasons for DNAs and trends for when these DNAs occurred.



Most DNAs occurred on a Tuesday across all 4 EMDAS services.

What did we do well?

- The findings found the total number of DNAs across 3 months for the EMDAS services was 8%, this equates to 60 from 759 pre-booked appointments.

What are the areas for development?

- Clear recording of the reasoning behind the DNAs taking place on the EPR system was found in 40 of the 60 cases

In order to improve the recording of reasons for DNAs, staff have been reminded of the importance of documenting and using the appointment booking system appropriately on the EPR.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

This audit looked at the recording of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms for service users on all of the older aged adult inpatient wards.

What did we do well?

- Number of service users with an 'Alert' on PARIS to indicate the service user has a DNACPR in place was found at 100% (59/59)
- DNACPR documented in the care plan was found in 93% (55/59)
- Inpatient wards have a Patient Status at a Glance (PSAG) board which includes vital information about the service users currently on the ward, in 97% (57/59) cases the DNACPR information had been recorded correctly.

What are the areas for development?

- The number of DNACPR forms in the paper records was found in 90% (53/59) of cases
- The number of DNACPR forms scanned onto PARIS was found at 90% (53/59) of cases.

The action plan devised post audit focussed on the areas which could be improved upon by reminding staff to scan DNACPR forms onto PARIS and to retain paper forms in service user folders.

Seclusion Trust wide Audit

This audit looked at the supervised confinement and isolation of a service user away from others, in an area from which the service user is prevented from leaving where it is of immediate necessity for the purpose of the containment of severe behavioural disturbance which is likely to cause harm.

What did we do well?

- Evidence of an on-call manager being notified post seclusion in 98% (65/66) of cases
- Evidence of interventions being documented prior to seclusion was found in 95% (63/66)
- Consistent medical reviews taking place where required in 100% (37/37)
- Evidence of 2 hourly nursing reviews taking place was found in 97% (64/66)
- Evidence of nursing observations carried out throughout seclusion was found in 98% (65/66)
- Evidence of a Post Incident Review was found in 98% (65/66).

What are the areas for development?

- Evidence of an internal Multi-Disciplinary Team review taking place was found in 55% (36/66).

Actions which were implemented following this audit included the development of a seclusion form on the EPR system. Findings of the audit have been shared widely with services in order to improve any shortfalls.

Formulations and Care Planning Approach (CPA) Recording for Forest House Admissions (CAMHS Inpatient Service)

The purpose of the audit was to assess if appropriate NICE interventions and approaches were being incorporated into care plans. The audit has also considered the quality of documentation enabling formulations to be drawn.

What did we do well?

- A biopsychosocial assessment was conducted in 100% (30/30)
- The biopsychosocial assessment included the following in 100% of cases; Current mental state, Physical Health, Family Support, Living Situation and Education/Employment
- Evidence of the care plan being developed with the young person was found in 100% (30/30)
- A risk assessment was completed during admission in 100% (30/30)
- A CPA was conducted in 100% (30/30)
- Care Plans included NICE talking interventions in 100% (30/30).

What are the areas for development?

- A CPA being conducted within 5 working days for emergency admissions was found in 88% (7/8)
- Care plans including the young person's goals and wishes where appropriate 90% (27/30)
- Formulations including the needs and difficulties identified 90% (27/30).

The action plan included sharing the findings with the Child and Adolescent Mental Health Services (CAMHS) and consideration of a standard template to capture assessments.

Research and Development

The audit looked at informed consent given by service users for clinical research and was carried out as a re-audit of a previous Trust audit carried out in 2018 to monitor if there had been an increase or decrease in Trust compliance.

What did we do well?

- A copy of the informed consent form being attached to PARIS, this increased from 64% (16/25) in the 2018 audit to 100% (17/17) in this cycle
- A copy of the patient information sheet being attached to PARIS, this increased from 32% (8/25) in the previous cycle to 100% (42/42).

What are the areas for development?

- Documentation of discussions of research projects with clinicians were found on PARIS in 81% (34/42), although this rose from the previous cycle there is still a margin for improvement here.

Actions which were implemented following this audit included regular reminder emails being sent to clinicians involved in research projects.

Where audits said we need to improve

Older aged adult inpatient supervision audit

This audit looked at the supervision of staff on the older aged adult inpatient wards. This audit was conducted in December 2019. We undertook this audit as good quality supervision supports high quality clinical practice.

	Standard	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Overall Compliance
1	Is the last supervision signed by both supervisee and supervisor?	5/7 **(71%)**	2/4 **(50%)**	6/7 **(86%)**	6/6 **(100%)**	1/8 **(13%)**	20/32 **(63%)**
2	Does the supervision cover clinical supervision? i.e. adherence to section 2.3 of the policy (Page 25 of policy)	4/5 **(80%)**	2/3 **(67%)**	2/5 **(40%)**	2/4 **(50%)**	1/7 **(14%)**	11/24 **(46%)**
3	*Does the supervision cover reflective supervision? i.e. adherence to 2.4 of the policy (Page 25 of policy)*	4/5 **(80%)**	2/3 **(67%)**	4/5 **(80%)**	3/4 **(75%)**	1/7 **(14%)**	14/24 **(58%)**
4	Does the supervision cover management supervision for OT's? As per the policy 2.1 (Appendix 8 of policy)	2/2 **(100%)**	1/1 **(100%)**	2/2 **(100%)**	2/2 **(100%)**	**N/A** *(OT refused review of Notes)*	7/7 **(100%)**
5	Does the supervision cover clinical supervision for OT's? As per the policy 2.2 (Appendix 8 of policy)	2/2 **(100%)**	1/1 **(100%)**	2/2 **(100%)**	2/2 **(100%)**	**N/A** *(OT refused review of Notes)*	7/7 **(100%)**
6	Does the supervision incorporate the headings of template Appendix 5 as per supervision policy?	7/7 **(100%)**	2/4 **(50%)**	7/7 **(100%)**	6/6 **(100%)**	0/7 **(0%)**	22/31 **(71%)**

What are the areas for development?

- There had been a 3% fall in the number of staff, knowing the name of their supervisor, from 97% (31/32) in the audit undertaken in August to 94% (30/32) in this cycle
- The frequency of supervision has fallen from 91% (29/32) in August audit to 84% (27/32) in this audit
- The auditor could not find evidence of supervision having taken place throughout 2019 for 2 staff members.

The findings of the audit generated individual actions for each ward specifically tailored to the findings, these included recommending that staff attend supervision training, incorporating and encouraging the use of supervision templates and creation of a visually displayed spreadsheet which can be used as a staff reference and reminder of when supervisions are due.

Mental Health Act Section 136

Section 136 of the Mental Health Act 1983 provides police officers in England and Wales with the authority to remove individuals who appear to be suffering from a mental disorder and need to be in a place of safety for appropriate assessment.
The audit was carried out quarterly throughout 2019/20 and considers if documentation has been completed and displayed within the EPR. It also considers if legal timeframes have been adhered to.

The table below outlines the findings across each cycle.

Areas looked at		Cycle 1 (1 January- 31 March 2019)	Cycle 2 (1 April-30 June 2019)	Cycle 3 (1 July-30 September 2019)	Cycle 4 (1 October- 31 December 2019)
S136	Triaged with 1 hour of arrival	26% (61/234)	22% (55/248)	36% (72/200)	33% (64/193)
	Detentions exceeding 24 hours	14% (33/234)	24% (60/248)	34% (68/200)	32% (62/193)
	Evidence of S132 rights	76% (178/234)	84% (208/248)	94% (188/200)	N/A
(AMHP) Approved Mental Health Professional	Requests made prior to or within 1 hour of arrival	51% (105/205)	38% (84/220)	53% (100/188)	68% (121/178)
	Assessed within 3 hours of arrival	18% (37/205)	12% (26/220)	9% (17/188)	9% (16/178)
	Evidence of a casenote or completed AMHP report	84% (172/205)	83% (183/220)	81% (152/188)	82% (146/178)

Mitigation to improve these areas included sharing and presenting the findings to staff and clinical audit leads as well as weekly discussions being held with the Section 136 teams to ensure that paperwork is completed and accurately recorded.

Dementia Pathway

This audit was conducted to provide a baseline assessment of the implementation of the dementia pathway within older aged adult inpatient services. The pathway focuses on the EMDAS service.

What did we do well?

- Diagnosis being listed on PARIS which was found in 100% (22/22)
- The admission type being recorded in 100% (22/22).

What are the areas for development?

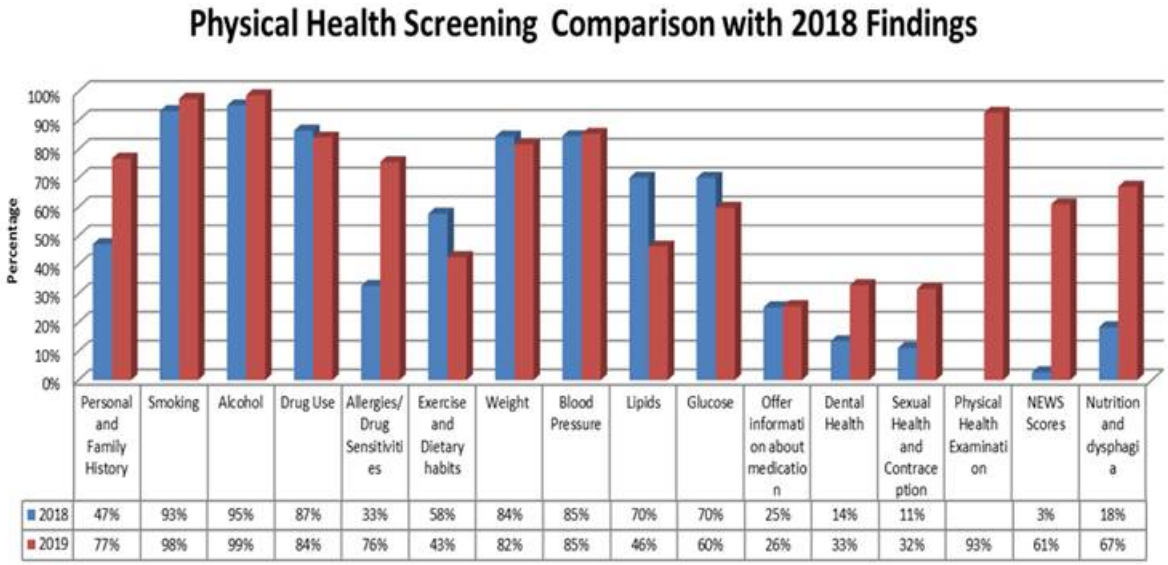
- Ceiling of Care forms being completed within 2 weeks of admission 2/22 (10%)
- Initial CPA and Discharge CPA taking place within suggested time limits 11/22 (50%)
- Recording capacity to consent to personal care 1/22 (5%)
- Capacity to consent to medication being documented 14/22 (64%)
- Falls Risk Assessment being recorded on PARIS 9/22 (41%)
- Nutrition and Dysphagia to be completed within 72 hours of admission 12/22 (55%).

To assist with improvements in practice, a checklist in the name of Ceiling of Care form will now be completed at initial CPA meetings. CPA templates have been circulated across the

older aged adult inpatient wards and a tracker will be used to improve completion of documentation.

Physical Health Monitoring on Admission

This audit reviewed practice against the Trust physical health policy. A similar audit was conducted in 2018 and this cycle makes comparisons to the previous cycle.



	Personal and Family History	Smoking	Alcohol	Drug Use	Allergies/ Drug Sensitivities	Exercise and Dietary habits	Weight	Blood Pressure	Lipids	Glucose	Offer information about medication	Dental Health	Sexual Health and Contraception	Physical Health Examination	NEWS Scores	Nutrition and dysphagia
2018	47%	93%	95%	87%	33%	58%	84%	85%	70%	70%	25%	14%	11%		3%	18%
2019	77%	98%	99%	84%	76%	43%	82%	85%	46%	60%	26%	33%	32%	93%	61%	67%

Although these results indicate some areas of good practice, the standard should be 100% across all criteria's and therefore it is clear that there is room for improvement.

What are the areas for development?

- Offer of information about medication being found and documented 26% (22/83)
- The recording of Lipids within 7 days of admission 46% (38/83)
- The recording of Glucose within 7 days of admission 60% (50/83).

The actions from the audit consisted of sharing findings with staff and staff being reminded of the importance of documenting when a physical examination has taken place on the EPR. To continue to monitor compliance and the effect of sharing the findings, a re-audit is scheduled to commence in 2020.

Research and Development

Our research portfolio is a key factor in our status as a University Trust and we continue to work at increasing the number of staff involved in research and development. We work closely with, and receive research funding from, the National Institute of Health Research (NIHR) and Clinical Research Network (CRN) Eastern to help us deliver and participate in high quality research studies. We collaborate with several academic institutions including the University of Hertfordshire, the University of Warwick and the University of Southampton. In June 2019, we jointly hosted a research showcase event on neuro-developmental disabilities with the University of Hertfordshire, which was well attended and had some excellent keynote speakers working in the field of intellectual disability. We have a research page on our Trust website detailing the studies we are currently recruiting to, as well as some recent research publications by our staff.

We are the host organisation for 3 significant research grants. The first is an NIHR award to investigate the feasibility of using Transcranial Direct Stimulation (tDCS) in the treatment of

Obsessive Compulsive Disorder (OCD). The second is also funded by the NIHR and will investigate the experiences of people with intellectual disability who have transitioned from care into community settings. And finally we have been funded by the British Medical Association (BMA) to carry out further exploratory work into the benefits of using 'Books Beyond Words' for people with Intellectual Disability who also suffer with epilepsy.

There is an obligation on all NHS Trusts to support the NIHR research portfolio and, over the last year, we have supported recruitment to 20 different research studies (an increase of 10% over the previous year). The CQC are now taking a strong interest in the promotion of research opportunities for NHS service users. All research that takes place within the Trust has the appropriate approvals in place (Health Research Authority and NHS Ethics). In 2019/20 we have recruited approximately 300 service users into NIHR portfolio studies, which is at a similar level to the previous year. We have received very positive feedback from those who took part. Most of the individuals who completed a questionnaire about their experience of participating in the Trust research rated their overall experience as very good or excellent. We are currently looking to recruit participants in to the following studies:

- **Identifying the prevalence of antibodies to neuronal membrane targets in first episode psychosis (PPiP)** – The aim of the study is to establish the prevalence of pathogenic antibodies in people with a diagnosis of psychosis and to assess the acceptability of an immunological treatment protocol for patients with psychosis and antibodies. Participants will have a blood sample taken and undergo the Positive and Negative Syndrome Scale (PANSS) assessment

- **Learning about the lives of adults on the autism spectrum and their relatives** – We are looking to develop a better understanding of the lives of adults on the autism spectrum and their relatives. Participants will be provided with a contact booklet to complete and return. Then they will be asked to complete several questionnaires which will be sent by post

- **Detecting susceptibility genes for Lewy Body Dementia** – We are looking to recruit individuals with a diagnosis of Lewy Body Dementia, and their next-of-kin. Participants with will be asked to provide a blood sample. They and their carers will also be interviewed using several questionnaires. These interviews will each take around 90 minutes

- **E-support for Families of individuals affected by psychosis (COP-e)** - This study aims to develop and evaluate online resources providing psychological support to carers of people with psychosis and ways to promote carers' well-being

- **Smartphone App-induced Habit: A treatment ingredient in HRT for OCD** - This study aims to understand more about behavioural treatment called HRT and to establish how helpful it might be in treating OCD

- **Trans Cranial Direct Stimulation in OCD** - This study aims to understand more about behavioural treatment called Trans Cranial Direct Stimulation (tDCS) and to establish how helpful it might be in treating OCD.

We will have many additional studies starting in early 2020 so please contact us for further information or if you are interested in taking part.

One of our nurses, Victoria Sharman was successfully awarded a place on the NHIR 70@70 programme which commenced in May 2019. Victoria is funded for 2 days a week until March 2022 and this protected time is being used to build a research culture within the Trust.

Following a baseline scoping exercise, the agreed year on plan is to raise awareness on research within the Trust, and the following have been implemented:

- A joint research and development/innovation hub project has commenced to enable preceptorship nurses (newly registered nurses) to implement their Imagination and Innovation assignment into practice with support from the Team Quality Improvement Leader

- The Department of Health and Social care set the Join Research Dementia 2020 Challenge with the objective that 'all relevant staff will be able to signpost interested individuals to research via Join Dementia Research'. The completion of the Join Dementia Research Awareness tool was promoted in the Trust and 50 of our staff completed the online tool. At the end of 2019, we were 8th in the NHS completions

- Stevenage in Hertfordshire has been designated research population in focus owing to the residents high health needs. To ensure the nurses are able to support research activity, Research Awareness workshops were delivered and 16 nurses working in the Stevenage area attended

- To ensure staff are aware of the Trust's research activities, there is a research and development flyer in our corporate induction pack, on the research and development website on the Hive and we also provide regular research articles in HPFT highlights.

Please contact the Research and Development Department on 01707 253836 if you would like to find out more about any of the above studies. Or alternatively, please email Research@hpft.nhs.uk. We will be taking on additional studies during 2019/20.

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

Commissioning for Quality and Innovation (CQUIN) 2019/20

What is Commissioning for Quality and Innovation (CQUIN)?
CQUIN is a payment framework which enables commissioners to reward excellence, by linking a proportion of the healthcare provider's income to the achievement of local quality improvement goals.

The Trust's CQUIN goals are agreed with our local and specialist commissioners at the beginning of each financial year. A proportion of the Trust's income is conditional on achieving these goals. Further details of the agreed goals for 2019/20 and for the following 12-month period are available electronically in '*Trust Papers'* in the *'About Us'* section of the Trust's website:
https://www.hpft.nhs.uk/about-us/our-board-papers-and-publications/other-reports-and-plans/

From 1st April 2019, the CCG CQUIN schemes were reduced in value to 1.2% of contract income from the previous 2.5%. This means that £2,486k of the Trust's NHS contract income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between the Trust and our Commissioners through the CQUIN payment framework as described above. This is a reduction from 2.5% of contract income (£4,509k) in 2018/19.

At the end of the 2019/20, the final amount forecast to be achieved is £2,099k (84% of the amount variable). This compares to 2018/19 for which the Trust achieved £3,839k (85% of the amount available).

Details of the CQUIN amounts for each 2019/20 contract are set out below.

	Commissioner	Value	Agreed % achieved of the goal	Amount this will earn
1	Hertfordshire IHCCT	£1,937k	80%	£1,550k
2	NHS England	£220k	100%	£220k
3	Mid Essex	£29k	100%	£29k
4	North East Essex	£50k	100%	£50k
5	West Essex	£23k	100%	£23k
6	Essex Learning Disability	£205	100%	£205k
7	Norfolk	£13k	100%	£13k
8	Buckinghamshire	£9k	100%	£9k
Total		**£2,486k**	84%	**£2,099k**

Hertfordshire CQUIN 2019/20 in relation to the main commissioner contract in Hertfordshire

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed % achieved of the goal	Amount this % will earn
1	Flu Vaccination 80% of Frontline staff.	Achieving an 80% uptake of flu vaccinations by frontline clinical staff between 1 September 2019 and February 28th 2020.	20%	£387k	27%	£103k

2	Alcohol and Tobacco Screening	Inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use, and offered appropriate interventions as identified.	20%	£387k	94%	£362k
3	72 Hour follow up discharge.	80% of adult mental health inpatients receiving a follow-up within 72hrs of discharge from a CCG commissioned service	20%	£387k	100%	£387k
4	Improved Data Quality and reporting.	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI). And Achieving 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period.	20%	£387k	100%	£387k
5	IAPT use of anxiety disorder specific measures.	65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	20%	£387k	63%	£244k
	Herts CCGs agreed that overall performance would be rewarded at 80%- Top up to achieve:					£66k
		Total	**100%**	**£1,937k**	**80%**	**£1,550k**

NHS England CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
1.	No goal set	Agreed with NHSE that no goal would be set against this money.	9%	£19k	100%	£19k.
2.	Healthy weight in adult secure mental health services	Healthy service environment, healthy lifestyle choices for their patients, assessed through monitoring of activity, obesity and wellbeing.	83%	£165k	100%	£165k
3.	Addressing CAMHS Tier 4 Staff Training Needs	Team development programme which includes training in approaches, methods and interventions that are specific to a range of Tier 4 service settings	17%	£36k	100%	£35k
		Total	**100%**	**£220k**	**100%**	**£220k**

Norfolk CCG CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
	No goal set.	Agreed with Norfolk CCG that no goal would be set against this funding.	100%	£13k	100%	£13K
		Total	**100%**	**£13k**	**100%**	**£13k**

North east Essex CCG CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
1	Flu Vaccination 80% of Frontline staff.	Achieving an 80% uptake of flu vaccinations by frontline clinical staff between 1 September 2019 and February 28th 2020.	20%	£10k	0%	£0k
2	IAPT use of anxiety disorder specific measures	65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	80%	£40k	77%	£31k
	NE Essex CCG agreed that overall performance would be rewarded at 100%- Top up to achieve					£29k
		Total	**100%**	**£50k**	**100%**	**£50k**

West Essex CCG CQION 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
1	Flu Vaccination 80% of Frontline staff.	Achieving an 80% uptake of flu vaccinations by frontline clinical staff between 1 September 2019 and February 28th 2020.	20%	£5k	0%	£0K
2	IAPT use of anxiety disorder specific measures	65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	80%	£18k	23%	£5K
	West Essex CCG agreed that overall performance would be rewarded at 100%- Top up to achieve					£18k
		Total	**100%**	**£23k**	**100%**	**£23k**

Mid Essex CCG CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
	No goal set. .	Agreed with Mid Essex CCG that no goal would be set against this funding.	100%	£29k	100%	£29K
		Total	**100%**	**£29k**	**100%**	**£29k**

Learning Disability Essex CCG CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
	No goal set. .	Agreed with Essex CCG that no goal would be set against LD funding.	100%	£205k	100%	£205K
		Total	**100%**	**£205k**	**100%**	**£205k**

Buckinghamshire CCG CQUIN 2019/20

	Goal	Description of goal	% allocated to goal.	Total available for this goal.	Agreed% achieved of the goal	Amount this % will earn
	No goal set. .	Agreed with Bucks CCG that no goal would be set against this funding.	100%	£9k	100%	£9K
		Total	**100%**	**£9k**	**100%**	**£9k**

The CQUIN income estimated to be awarded in 2019/20 represents 0.83% of the total income generated from the provision of health services by the Trust in the year.

Clinical coding

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

The Data Security and Protection (DSP) Toolkit

The DSP Toolkit grades organisations as 'small', 'medium' and 'large'. We are a 'large' organisation and are therefore required to undertake 100 mandatory assertions on all aspects of information governance and data security.

What is the Data Security and Protection (DSP) Toolkit?
The DSP Toolkit is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' assessments. The DSP Toolkit replaced the Information Governance (IG) Toolkit.

The Trust submitted our DSP Toolkit to NHS Digital at the end of March 2020 and we are awaiting the outcome. The Toolkit covers 179 assertions based on the National Data Guardian's 10 Data Security Standards:

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

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

We submitted records during 2019/20 to the Secondary Uses Service for inclusion in the HES which are included in the latest published data. The percentage of records in the published data which included the service users' valid NHS number was:

- 99.42% for admitted patient care
- 98.62% for outpatient care.

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

- 96.01% for admitted patient care
- 95.76% for outpatient care.

Ethnicity April 2019 – March 2020

The percentage of records in the published data which included the service users' ethnicity was 88.87%.

Patient Safety

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

- The development of a Simulation Training Faculty
- A facilitated review of the moderate harm panel process using CQI principles
- Embedding the use of SWARM to aid reflective learning
- The use of Structured Judgement Reviews as part of the Mortality Governance framework for reviewing and learning from deaths
- Working on 'Just Culture' with training and development sessions being delivered
- A CQI project into aggression on Oak Ward, using the Broset Violence Checklist, to allow staff to better predict when people are at risk of becoming aggressive and provide earlier intervention
- Embedding Safety huddles
- Embedding SafeWards
- Recording and monitoring of seclusion within the EPR on PARIS
- Implementing the use of Safety Pods
- A CQI project on search procedure and use of a Pro-Screen metal detector with aim to reduce self-injurious behaviours involving sharp objects
- The dissemination of guidance on head banging
- A CQI initiative for improving handovers in inpatient settings
- An internal safety alert issued on tailgating
- The appointment of a Nurse Consultant in Physical Healthcare.

The total number of incidents reported (via our incident reporting system Datix) between 1st April 2019 and 31st March 2020 was 12,846. Of these, 29 (0.2%) are recorded under the harm category as 'severe harm' and 411 (3.2%) are recorded under harm category as 'death'.

"I have always felt safe and well managed"

Restrictive Practice and our MOSStogether Strategy

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

To create and maintain a safe and supportive environment for staff, service users and carers, we need to ensure processes are designed and in place, learning about what works well and why, and to replicate and optimise these behaviours and processes. As a Trust we have a comprehensive training in the Prevention of Management of Violence and Aggression, which includes developing competence in both proactive and reactive approaches, focused on the best interests of the service user.

This strategy enables us to deliver on the strategic objective - *"we will provide safe services, so that people feel safe and are protected from avoidable harm"*. It aims to support this objective by ensuring the least restrictive practices are used, setting out how service users will feel safe across our services, and as a partner in their own care and treatment, enabling a positive experience. It also aims to support in the reduction of violence and aggression to both staff and services users, across all of our services.

The MOSStogether Strategy sets out an approach which aims to ensure that safety is at the heart of everything we do in order to deliver our *Good to Great Strategy*. It ensures that safe services are provided, so that people feel safe whilst receiving our services. It sets the direction for providing safe and effective services, enabling a positive experience for those who receive our services and has been developed from and builds upon the Trust's previous Making Our Services Safer (MOSS) Strategy. This is the next stage of our journey, incorporating Continuous Quality Improvement (CQI) methodology, a just and learning culture and Shared Decision Making.

The MOSStogether Strategy describes a consistent and integrated approach to providing safe services with regards to restrictive practice. It is an enabler of the Trust's vision and is supported through the Trust's organisational development of work. Core to the MOSStogether Strategy is that *the least restrictive practice starts with a conversation.*

Keeping our service users, carers and staff safe is a key priority and we achieve this through the implementation of this MOSStogether Strategy using Shared Decision Making and promoting a just and learning culture. This means that those who use our services have choice and control over the way their care is planned and delivered, ensuring that they are supported to be as involved in the decision making process as they would wish. This includes positive risk taking. It also means that staff will make positive changes as a result of learning from incidents.

Working together, staff, individual service users and carer will enable an understanding of what is important, supporting the service users' recovery and the achievement of outcomes that matter.

The priorities of the MOSStogether Strategy are:

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

The launch of the Strategy was delayed owing to the Covid-19 pandemic; its content however being implemented, via an implementation plan, monitored by our Restrictive Practice Committee.

Culture of Safety

As a Trust, we have focused on developing a culture of safety over the last year. This has been delivered through approaching safety through collective ownership and leadership as well as a shared understanding and belief that safety is paramount. Some of the initiatives that have supported this approach are:

- SWARM enables a culture of openness, transparency and learning in a blame free environment. SWARM is a multidisciplinary forum which provides open support, guidance and feedback following serious incidents in order to learn from it and improve our service. SWARM creates an environment in which staff share information without fear of reprisal, and integrate the reporting of safety issues into daily work.
  It is held as soon as possible after a service user safety incident and carried out in a blame-free environment and while the incident is still fresh in everyone's mind. The meeting gives frontline staff a chance to review the facts, discuss what happened, as well as how and why it happened. This helps the team build a more accurate picture of the organisational and human factors involved, and allows staff to identify the key lessons and list actions which can be implemented immediately by the team. SWARM is identifying learning themes to be shared across the organisation, ensuring that our services are safe and we learn from our mistake
  So far 41 SWARMS have been carried out across the Trust alongside a number of training programmes for local managers such that these can begin to occur very rapidly and without the need for external support. The PACE team are supporting the learning process by collecting themes and collating material which comes back from the SWARM Process. Next year we need to do more work to tie this further into to the Safer Care and Standards framework.
- Proscreen - As a result of learning from a Serious Incident, we invested in Pro-screens, based on external advice and research undertaken. This technology uses magnetic fields for detecting restricted items, such as razor blades and weapons, inside and outside the body, and has been installed in our acute inpatient units. This work has been developed alongside a programme and the introduction of a local Standard Operating Procedure aiming to improve the quality and safety of care we provide
- Itemiser – we procured an 'airport style' trace detection machine for coverage across the range of potential narcotics within a single, rapid, non-invasive test. This has been installed in both Swift ward and our Section 136 suites helping us with the rapid and non-invasive detection of psychoactive substances. The effectiveness is being evaluated with a view to rolling this out more widely.

"We considered the Trust had had significantly improved practice in [safety], reporting had improved and lessons had been learnt that would otherwise have been missed" CQC

Duty of Candour

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

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

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

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

During 2019/20 we continued to make progress with the implementation of the Duty of Candour policy. Clinical leads are consistently contacting bereaved families to offer condolences and identify support needs when a death has been reported as a serious incident. We acknowledge the impact on families and friends who are bereaved by suicide or a sudden unexpected death.

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

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

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

National Confidential Inquiry into Suicide and Homicide (NCISH)

The NCISH is led by the University of Manchester. An annual report publishes findings and recommendations which we respond to through our internal Suicide Prevention Group and also our collaborative working across other stakeholders, including Public Health.
The NCISH process requests clinicians to complete questionnaires where a suicide is suspected or confirmed. As a Trust, we disseminate the key findings of the NCISH annual report and associated infographics via our Strategic Business Unit (SBU) governance meetings and also our Continuing Professional Development (CPD) meetings.

Learning from deaths

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

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

1. **The number of patients who have died during the reporting period, including a quarterly breakdown of the annual figure.**

We capture data regarding all service users who die while they are in our services and all people who have received care in the twelve months preceding their death. During the financial year 2019/20 451 (by date of death) of our service users died. Of the 451 deaths, 97 were identified as meeting the criteria for further review either as a Serious Incident investigation (51) or as a Structured Judgement Review (SJR) (46), as detailed in the table below. A large number of the deaths reported are due to natural causes, ill health or accident and not related to the Trust.

	East & North SBU	Essex and IAPT SBU	LD&F SBU	West SBU	Total
Quarter 1	52	6	9	24	91
Quarter 2	66	14	95	19	104
Quarter 3	72	10	24	21	127
Quarter 4	93	9	10	17	129
Total	283	39	48	81	451

This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 91 in the first quarter
- 104 in the second quarter
- 127 in the third quarter
- 129 in the fourth quarter.

This number is the reported deaths of all service users in the year we had contact with in the previous 12 months. The number for 2018/19 was 444. Deaths are recorded on Datix, our incident reporting system, which has a mortality section enabling reporting and recording of screening information. In 2019/20, work began on being able to access information on deaths recorded on NHS Spine via Spike 2.

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

46 case record reviews and 51 investigations have been carried out in relation to 451 of the deaths included in item 1.

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

	Serious Incident Investigations	Structured Judgement Reviews
Quarter 1	9	9
Quarter 2	14	11
Quarter 3	16	20
Quarter 4	12	6
Total	51	46

3. An estimate of the number of deaths during the reporting period included in item 2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

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

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

4. A summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 3.

Not applicable as none such deaths identified.

5. A description of the actions which the Trust has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 4).

Not applicable as none such deaths identified.

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

Not applicable as none such deaths identified.

7. The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 2 in the relevant document for that previous reporting period.

0 case record reviews and 32 serious incident investigations were completed in financial year 2019/20 which related to deaths which took place before the start of the reporting period.

8. An estimate of the number of deaths included in item 7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the service user, with an explanation of the methods used to assess this.

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

This is accounting for the fact that Serious Incident Investigation reports do not make that specific judgement.

9. A revised estimate of the number of deaths during the previous reporting period stated in item 3 of the relevant document for that previous reporting period, taking account of the deaths referred to in item 8.

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

The Learning Disability Mortality review programme (LeDeR) has been implemented in a phased way by the local areas where we provide services. During 2019/20 58 deaths have been reported by us to the LeDeR programme.

- 11 in the first quarter
- 10 in the second quarter
- 26 in the third quarter
- 11 in the fourth quarter.

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

2.3 Reporting against our Core Indicators

This section of the Quality Account Report sets out how we performed against our 2019/20 priorities. These are the priorities we set at the beginning of the year and are published in the 2018/19 Quality Account Report. We will look at each of these in turn after considering the nationally mandated quality indicators set by the NHSI Regulation Framework.

Core Indicators

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

Performance in Q1 to Q4 in 2019/20		**Q1**	**Q2**	**Q3**	**Q4**
		98.41%	96.99%	97.86%	98.70%
Performance in Q1 to Q4 in 2018/19		**Q1**	**Q2**	**Q3**	**Q4**
		96.05%	97.11%	97.81%	96.61%
Target	95% rate of service users followed up after discharge from the Acute Care Pathway				

	Highest	Lowest	National Average	Trust
Q1 2019/20	100%	86.1%	95.1%	98.41%
Q2	100%	77.9%	94.5%	96.99%
Q3	100%	86.3%	95.5%	97.86%
Q4	Not published due to COVID 19	Not published due to COVID 19	Not published due to COVID 19	98.70%

Benchmarked Data

Hertfordshire Partnership NHS University Foundation Trust considers that this data is as described for the following reasons: Data is routinely checked and validated internally as well as by internal and external auditors. Hertfordshire Partnership NHS University Foundation Trust has taken the following actions to improve this indicator and so the quality of its services, by working to a 3 day follow-up standard in accordance with the CQUIN.

2. The percentage of admissions for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period

Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**
	96.9%	97%	96.8%	97.26%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**
	97.1%	96.39%	97.28%	97.26%
Target	95% of those admitted to an inpatient unit should have been gate kept by CATT			

Benchmarked Data

	Highest	Lowest	National Average	Trust
Q1 2019/20	100%	84%	98.2%	96.9%
Q2	100%	91.2%	98.2%	97%
Q3	100%	80%	97.1%	96.8%
Q4	Not published due to COVID 19	Not published due to COVID 19	Not published due to COVID 19	97.26%

Hertfordshire Partnership NHS University Foundation Trust considers that this data is as described for the following reasons: Data is routinely validated by services as well as the Performance Team on a monthly basis. Hertfordshire Partnership NHS University Foundation Trust has taken the following actions to improve this indicator and so the quality of its services, by additional validation by clinical service line leads as well as performance with regular feedback to teams on practice and recording issues.

3. The Percentage of Patients aged i). 0 – 14 and ii). 15 and over 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.

0 – 14

Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**
	0%	0%	0.3%	0.3%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**
	0.2%	0.41%	0%	0.68%
Target	No target set			

16 and over

Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**
	7.4%	7%	7.1%	5.1%
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**
	4.7%	5.19%	6.29%	7.85%
Target	No target set			

Benchmarked Data – not published for 28 day readmissions

Hertfordshire Partnership NHS University Foundation Trust considers that this data is as described for the following reasons: Routine report generated from the Trust's Business Intelligence System and then validated by the Performance Team on a monthly basis. Hertfordshire Partnership NHS University Foundation Trust has taken the following actions to improve this data and so the quality of its services, by validation and reviews of reasons for readmissions by the appropriate Service Line Lead, with appropriate learning.

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

Performance in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	**19/20**
					7.3
Performance in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	**18/19**
					7.2
Target	No target set (comparative data)				

Benchmarked Data: Not available. CQC rating is 7.3/10 which is 'about the same as other Trusts'.

Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons: Forms part of an externally run national survey. Hertfordshire Partnership University NHS Foundation Trust intends to take the following actions to improve this score and so the quality of its services, by continuing to develop our recruitment and retention focus and actions and continuing to also focus on the Trust's value based training.

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

Performance in Q1 to Q4 in 2019/20	**Q1**	**Q2**	**Q3**	**Q4**	
	Severe = 2 (0.14%) Death = 10 (0.73%)	Severe = 2 (0.14%) Death = 13 (0.94%)	Severe = 1 (0.07%) Death = 14 (1.11%)	Severe = 1 (0.08%) Death = 10 (0.82%)	
Performance in Q1 to Q4 in 2018/19	**Q1**	**Q2**	**Q3**	**Q4**	
	Severe = 10 (0.7%) Death = 12 (0.9%)	Severe = 2 (0.2%) Death = 20 (1.5%)	Severe = 0 (0%) Death = 15 (1.2%)	Severe = 2 (0.2%) Death = 6 (0.5%)	
Target					

Severe Harm	Highest	Lowest	National Average	Trust
Q1 & Q2	97 (2.3%)	0 (0%)	13 (0.3%)	4 (0.25%)
Q3 & Q4	To be provided by NRLS in September 2020			

Death	Highest	Lowest	National Average	Trust
Q1 & Q2	71 (1.5%)	0 (0%)	24 (0.6%)	22 (0.8%)
Q3 & Q4	To be provided by NRLS in September 2020			

Hertfordshire Partnership University NHS Foundation Trust considers that this data is as described for the following reasons: Routine report generated from the Datix system. Hertfordshire Partnership University NHS Foundation Trust has taken the following actions to improve this: encouraged a high reporting culture and scrutiny on the level of harm including the weekly Moderate Harm Review panel.

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 2019/20 and to present information relevant to the quality of the health services we provide. It is not meant to be an exhaustive list, rather a sample of the many and varied initiatives our staff, service users and carers have developed and implemented to improve the quality of our services.

Local Quality Indicators

The local quality indicators for 2019/20 are set out below with a brief narrative on each of them.

	Local Indicators
	Patient (service user) Safety
1	Ensure that the cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient wards b) EIP services c) Community mental health services (people on CPA)
2	The use of restrictive practice, including seclusion
3	Serious Incidents response times and analysis
	Effectiveness
4	IAPT: • Proportion of people completing treatment who move to recovery (from IAPT dataset) • Waiting time to begin treatment (from IAPT minimum dataset): (i) Within 6 weeks of referral (ii) Within 18 weeks of referral
5	EMDASS diagnosis within 12 weeks
6	FEP 14 day
	Service user Experience
7	Admissions to adult facilities of service users under 16 years old
8	Employment support for service users
9	Service user and carer involvement

1. Ensure that the cardio-metabolic assessment and treatment for people with psychosis is delivered

The aim is to ensure that service users with psychosis, including schizophrenia, receive comprehensive cardio metabolic risk assessments and have access to the necessary treatments/interventions. The results are recorded in their electronic care record (held by the secondary mental health provider) and shared appropriately with the individual service user, the treating clinical team and partners in Primary Care.

To ensure that staff have the skills and abilities to undertake such work, a physical health training programme was developed as well as pathways for interventions and signposting for all cardio-metabolic risk factors.

These included areas such as:

- Smoking cessation
- Lifestyle (including exercise, diet alcohol and drugs)
- Obesity

- Hypertension
- Diabetes
- High cholesterol.

In 2019/20 a Physician Associate led enhanced physical health clinic was implemented. Over a 3 month evaluation period, the clinic directly led to one service user being diagnosed with diabetes and commenced on the anti-diabetic medication metformin, two service users commencing a pre-diabetes programme with their GP. One service user being diagnosed with hyperlipidaemia and commenced on the medication simvastatin, one service user switching from cigarettes to e-cigarettes and one service user having their medication changed from Olanzapine to Aripiprazole due to metabolic side effects. One service user whose blood tests showed haematological abnormalities was referred by their GP for further investigations including an abdominal ultrasound and abdominal CT which found a mass and is being followed up in secondary care. The evaluation of the clinic demonstrated that the newly emerging profession of Physician Associates can be integrated into a community mental health multidisciplinary team and support people with serious mental illness (SMI) with their physical health through screening, intervening, referring and signposting.

2. The use of restrictive practice, including seclusion

To support greater assurance with regards to the management of restrictive practices, and that it is both proportional and least restrictive practice, a Strategy and a supportive groups that link to direct care have been developed. These include the development of and greater integration between corporate and operational services:

- The MOSStogether Strategy, offering a plan for the reduction of the use of restrictive practices
- A dedicated monthly Restrictive Practice Committee to review restrictive practice focused on data informed care approaches – supported by narrative from the SBUs, and informing the quarterly Integrated Safety reports
- A review of design for seclusion rooms has taken place. A review of policy and standards for seclusion which has included moving all reporting from a paper-based reporting to an easily auditable electronic record. This has been mirrored for Long Term Segregation with improved process for agreeing segregation, with clearer definitions and roles
- Training has evolved in the Prevention of the Management of Violence Aggression, which has resulted in accreditation of BILD ACT.

3. Serious Incidents response times and analysis

We reported a total of 112 Serious Incidents in 2019/20 which was a decrease of 14% of those reported in 2019/20. The table below shows that the most reported type of Serious Incident was unexpected deaths and the number suspected to be through suicide has reduced this year, when compared to last year.

Category	2018/19	2019/20
Unexpected or avoidable deaths	65	51
Disruptive, aggressive or violent behaviour	24	11
Apparent, actual or suspected self-inflicted harm	24	25
Slip, trip or fall	7	10
Abuse or alleged abuse of adult patient by staff	0	1
Medication incident	6	1
Unauthorised absence	4	0

Pressure Ulcer meeting SI criteria	3	1
Sub optimal care of deteriorating patient	2	1
Confidential information leak/information governance breach	1	0
Abuse or alleged abuse of adult patient by third party	1	0
Incident threatening organisations ability to continue to deliver an acceptable quality of healthcare services	1	0
Mental Health Act paperwork	1	0
Health care associated infection or infection control	0	1
Adverse media coverage or public concern about the organisation or the wider NHS	0	1
Apparent, actual or suspected homicide	0	2
Commissioning incident meeting SI criteria		6
Diagnostic incident including delay meeting SI criteria	0	1
Total	139	112

Serious Incidents are investigated using Root Cause Analysis (RCA). At the beginning of the year, we had a significant number that were not investigated within the mandated time frame. From 1st April 2019, these reduced from 83 to 53 open Serious Incidents and with 56 overdue. At the end of the year we had 40 that were overdue. Throughout the year, work was undertaken to understand why this was proving a challenge to turn around and identified the need for setting clear expectations, timely allocation of reports and protected time for report authors. In addition the quality of the reports needed strengthening and we trained 70 staff as RCA investigators in the year.

We made progress on ensuring that Serious Incident reports are completed in a timely way through use of a Dashboard, weekly meetings with the SBUs, oversight by our Executive Director for Quality & Safety (Chief Nurse) and dedicated support for investigators from the Safer Care Team. We have continued with this focus in 2020/21.

The NHS Patient Safety Strategy was published in July 2019 and a framework for Incident Management is due to be published in Spring 2021, with all NHS organisations expected to have transitioned to using the new framework from Autumn 2021. As an organisation, we are expected to establish effective systems, processes and behaviours that enable recovery from the effects of an incident and where learning and improvement are more likely to happen. The strategy provides guidance on how to respond to patient (service user) safety incidents with a focus on a Just Culture, openness and candour, engagement of families in learning from our incidents, support for staff and trained investigators. These principles are in evidence within our existing processes, and will be built on further in 2020/21.

Learning themes from Serious Incidents in 2019/20 have been risk formulation, risk management and safeguarding. In response to this, refresher risk formulation training has been delivered to Adult Community Mental Health Teams and Crisis Assessment and Treatment Teams. An Education Task and Finish Group reviewed practice and policy relating to risk formulation.

The work of the group informed a successful business case for funding for a simulation training hub. The development of the training strategy, oversight around the work on setting up the training hub and developing case scenarios is being led by our Clinical Director for the East and North SBU and a working group is in place to take this forward into 2020/21. Bespoke training sessions have also been delivered to teams by our Safeguarding Practitioners relating to domestic abuse and self-neglect.

4. IAPT recovery rates

Our IAPT services across the Trust have expanded in line with national expectations, where commissioned to do so. This has resulted in a significant increase in the workforce and

expansion in the delivery of digital solutions and treatment pathways for people with long term conditions as well as a general increase in the numbers of people able to access psychological therapies.

Service user outcomes continue to exceed national recovery targets and individual service user feedback remains extremely positive. 6 out of 7 teams have gained or retained APPTS accreditation, the national accreditation programme for psychological therapy services by the Royal College of Psychiatrists and the British Psychological Society.

Our services have led the way within the region on a number of innovative approaches to service delivery, including use of targeted social media, and marketing campaigns to increase mental health awareness and access for hard to reach groups, developments in relation to pathway specific interventions, such as respiratory conditions, diabetes, cancer and musculoskeletal conditions.

This was demonstrated though our IAPT Showcasing Excellence Conference 2020 in February with David Clark, Ursula James and Stirling Moorey, as key note speakers and presentations by our teams covering topics such as:

- Treating Health Anxiety in a Group Setting
- Working with PTSD: Stabilisation and Complexity
- Service user involvement in IAPT
- Perinatal Mental Health.

"The service made me understand that there are people out there that listen and make sure that we are heard. They were super with me, they just spoke to me like a normal person. You are truly doing a brilliant job, thank you for everything."

5. EMDASS 12 week diagnosis within 12 weeks

The Trust's dementia whole pathway is currently being mobilised, having been completely revised to address an upsurge of demand, to address unwarranted clinical variation in service delivery and to address some gaps in our community service offer. Our diagnostic element, the EMDASS service, has undergone revision by undertaking continuous quality improvement cycles to address service operational process and flow issues that had prevented timely access. Waiting times for EMDASS have now been brought back in line with the expected standard of 12 weeks or under from referral. We are also in the process of developing a business case with commissioners regarding extending our diagnostic pathway into primary care to build on a successful model we have been deploying in one of our primary care networks.

A major focus for the whole pathway has been to enhance our capacity to support care homes and the carers of people with dementia and new staff have been recruited to provide a care home support function across Hertfordshire in line with our integrated community/frailty teams. More Admiral Nurses have been recruited and we have formalised our approach to supporting carers and involving carers in service design. The revised dementia pathway will be fully operational from April 2020 and will for the first time include recording of outcome measures and physical health checks included within the post diagnostic support offer.

Earlier this year, EMDASS East took the initiative to bring memory services closer to the service users' home in the Lower Lea Valley area. The initiative involved working in partnership with Hertfordshire Community Trust, East and North Herts CCG and Hertfordshire GP Federation. This partnership venture has seen staff from the East EMDASS team working together with local GP's trained to assess and diagnose dementia. The initiative is known as the GPwSI (GP with Special Interest) dementia pathway. 100% of

service users said that they would be completely happy to see the doctor again. 100% of service users said that the overall delivery of service was good (6%) or very good (94%).

> "The whole assessment process was really interesting and I think my husband enjoyed it. How the conversations and questions teased out the stengths and gaps in his responses was really instructive. It was so nicely done. I feel a bit calmer and more 'enabled' at coping as a result of understanding better the strengths and gaps, over and above simple observation at home."

6. FEP 14 days

Our EIP Service delivers the FEP Pathway for all people referred to and accepted into the service. The FEP pathway offers a range of evidence based interventions to service users aged 14 – 65 across 3 years. Service users are offered a rapid assessment within 14 days of referral and targeted interventions to assess and improve their physical health and lifestyle. Psychological interventions focussed on Cognitive Behavioural Therapy and Family Interventions are part of the pathway alongside Employment and Vocational interventions and regular outcome measurement.

7. Admissions to adult facilities of service users under 16 years old

Young people are admitted to adult mental health wards as a last resort and when all other options have been considered; these are agreed on the basis of the individual's needs and service user safety. The decision to admit will be escalated to both a senior management and clinical level. All admissions are reported via our incident system (Datix) and will also be reportable to the CQC where the placement lasts for a continuous period of longer than 48 hours. During the year we had no under 16 admissions to our adult inpatient services.

8. Employment Support

Employment is a key determinant of wellbeing. Following a successful bid against national rollout funding June 2019 saw the introduction of Individual Placement Support (IPS) as the employment support model for all Community Adult Mental Health service users in the Trust. This is an internationally evidenced model which utilises principles such as rapid job search, in work support and proactive employer engagement to help service users to gain and maintain paid employment. This ensures a consistent and effective approach across the Trust with new Employment Specialist Roles including an Employment Services Team Leader recruited to each of the quadrants working as an integrated part of the community teams.

As part of embedding and developing the service, we are actively working to achieve IPS Fidelity status and have exceeded set activity targets for the year. Most importantly, 40 new job starts were achieved in year by our service users across a variety of employment sector

9. Service user and carer involvement

Our service user involvement programme exists to provide us with assurance that processes and services are co-produced. The programme is also closely linked to individual recovery journeys and provides opportunities to build skills, confidence, hope for the future and opportunities.

During 2019/20, our service users and carers (Experts by Experience - EbE) contributed their expertise and time to interview panels, forums, working groups and supported us with a range of activities. In total, people with experience of our services participated in 2871.50 hours of involvement activity across the activities below:

Activity	Hours
Art Projects	1.3
Learning Disability SBU meeting	4
CAMHS Parent Carer Council	16
Carer Council	169
Councils Together	40.5
Direct participation in a workshop or seminar	49
Equality Events	6.5
Trust staff induction	22.50
Interview Panel	511
Peer Experience Listening	189.5
PLACE Audit	160
Public Speaking	12
Quality Visit	9
Shared Decision Making Project	227
Service User Council	286
Sharing Story (E.g. filming, audio etc.)	19.50
Specialist participation in Trust meetings and forums	1040
Stakeholder workshop events	15
Delivering Training	2.5
Youth Council	91

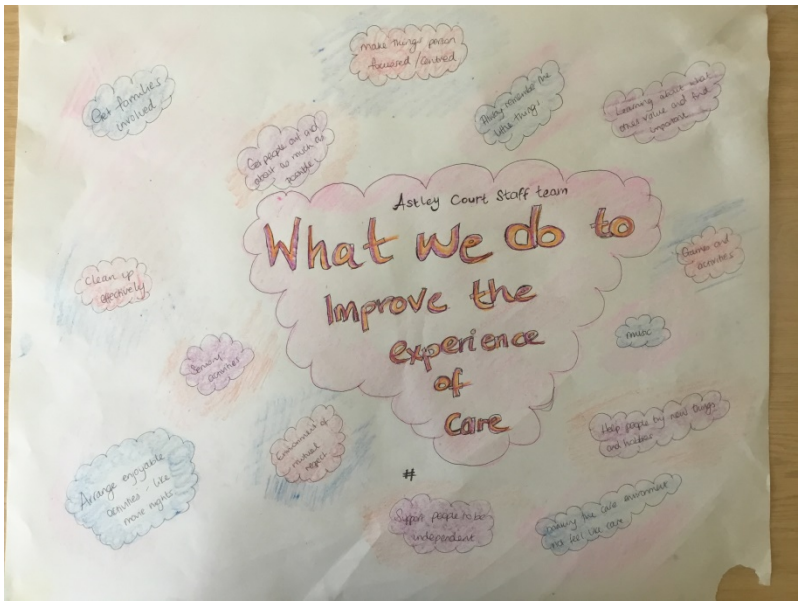
In April 2019, we launched our 3rd Recruitment and Involvement of Experts by Experience policy. It outlines the process and rewards structure for people providing their time and expertise toward our improvements as a Trust. It is also supports EBEs to be goal focused and move to different involvement opportunities as a recovery-focused aim of involvement.

Service users and carers continue to share their stories, personal accounts and suggestions with our Board and Council of Governors and through media projects within the Trust. We also continue to focus on reviewing feedback from service users and carers and working in partnership with them to develop improvements to local services. Over the coming year, we will be putting in place a new plan for service user and carer involvement/experience strategic plan that will guide local services in improvement approaches that can be taking at a local level. This will support the experience dimension of the our Quality Strategy and include a set of core priorities and principles for involvement and experience across Trust services.

There have been many experience projects throughout 2019/20, including:

- **Peer Observation Project** to gather feedback using observation techniques with EbEs visiting our older aged adult inpatient units. Completed from 1st January to 31st March 2020, the EbEs found the project to be an enlightening and very positive experience and are keen to repeat the project in the future. Some recommendations have been given about improvements to the experience of older aged adults in these units which are being shared
- **Shared Experience Library** is a central repository for service user, carer and staff stories is being set up and will be managed by the Service Experience Team. The library, which has been co-designed and co-produced together with service users, carers and staff members, will be launched in quarter 2, 2020-21

- **Mealtime Experience** work focuses on understanding what the experience is like for service users and staff at mealtimes. Observations have taken place during mealtimes on a Ward and findings are shared with the team to look as part of a quality improvement
- **Stories to the Board** - there have been 10 stories to the Council of Governors and Executive Board meetings over the year - 3 stories from carers, 6 stories from service users and 1 from a staff member. As a result of these stories many of the service users and carers have become EbEs being involved in service developments. As part of the business cycle, a full evaluation of the year's stories will take place in quarter 2, 2020-21
- **Peer Experience Listening** programme trains people with lived experience in semi structured interview listening techniques; then used to gather feedback from people currently using services. Following a number years of delivering projects across topics such as the Mental Health Act assessment, safety on inpatient wards, carer experience, experience of Dementia services, Street Triage and Community Mental Health Services, the programme underwent a review and we will be part of the wider experience portfolio to ensure that the experience work stream is strengthened as a key objective for 2020-21.



As a Trust we are a member of the *Triangle of Care* scheme and have been awarded two stars. These are awarded when the Trust has demonstrated a commitment to becoming more carer inclusive, has shown honesty about where they are now and planned where they need to be to ensure carers are better identified and supported.

Our Carer Pathway frames the approach that services take to carer support built around five principles of:

1. Identifying carers
2. Welcoming carers
3. Supporting carers
4. Involvement carers
5. Helping carers through changes.

More recently, we have co-produced a new Carer Plan up to 2021 which details a range of outcomes we are working towards in supporting carers. The Carer Plan is reported on as part of our Quality and Risk meetings in our Integrated Governance structure, charting

progress and priority areas. We have also been part of a collaborative project to improve the experience of carers when their loved one is discharged. This project is sponsored by Healthwatch Hertfordshire and has carer stakeholders and carers as part of a group that co-produces and co-reviews with the outcome of a quality improvement of carer experience.

Carer Council

The Carer Council is a group of carers (primarily with lived experience of caring for people with mental health issues) who meet 6 weekly to discuss Trust business and provide feedback on quality and areas of concern and good practice. The Council has a chair and deputy (both carers) and agrees an annual work-plan of issues important for carers.
This year has included carers plan, carers training, showcasing service projects and discussing the annual plan. The agenda is agreed by both the Council and the Trust, enabling both partners to ensure issues of importance to them are raised as part of the business cycle. Agenda planning meetings are held with chairs and deputies prior to meetings to review actions and agree agenda for future meetings.

Safeguarding adults and children at risk of abuse or neglect

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

- Vigilance
- Competence
- Personalised outcomes-focussed practice.

Over 2019/20, safeguarding activity for both children and adults has remained stable with consistency in the types of abuse reported. The areas where we have seen the most significant practice improvements are:

- Sexual Safety
- Self-neglect and hoarding
- Domestic Abuse

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

- Enhanced our safeguarding adult training to incorporate domestic abuse awareness training
- Reviewed our policies, process and practice in relation to sexual safety for both in-patient and community settings.
- Co-produced information leaflets for staff, service users and carers on sexual safety
- We successful in bidding to be a partner in the Sexual Safety Collaborative
- Developed a Child Safeguarding document to provide a central repository for all information relating to child safeguarding
- Expanded the number Domestic Abuse Champions embedded within our teams
- Produced multi-agency guidance on Emotionally Unstable Personality Disorder and impact on parenting

A clear vision for safeguarding to improve towards has laid the foundations for a focussed improvement in all aspects of safeguarding.
A further Safeguarding Improvement Plan has been developed for 2020-21, which will build on the achievements of 2019/20 and take us further towards our vision.

The Trust has been successful in a bid to join the Sexual Safety Collaborative which is hosted and facilitated by the National Collaborating Centre for Mental Health. Swift Ward will be the pilot as it provides a mixed sex communal environment.

A small project team has been set up which will meet regularly and report into the Safeguarding Strategy Committee. Members include ward staff and team leaders, service users, the Head of Nursing and the Consultant Social Worker for Safeguarding. The project sponsor is the Head of Social Work and Safeguarding. This work will also be supported by a CQI lead from the Mental Health Collaborative and will be shared through the Life QI platform.

Suicide Prevention

We continue to be a key member of the *Hertfordshire Suicide Prevention Network*, an alliance of more than 20 organisations with the shared ambition of making Hertfordshire a county where no one ever gets to a point where they feel suicide is their only option. This programme of work was reviewed in 2019 in order to achieve clearer intended outcomes from the programme and a better understanding of how these outcomes will generate positive change. 6 key priorities were identified for the focus of work over the next 5 years:

- Support for men
- Support for those bereaved or affected by suicide
- Addressing training needs
- Support for children and young people
- Reducing access to means of suicide
- Support research, data collection and monitoring.

These groups will now form the basis of the work going forward, with the Trust joining its partners in each of these workstreams.

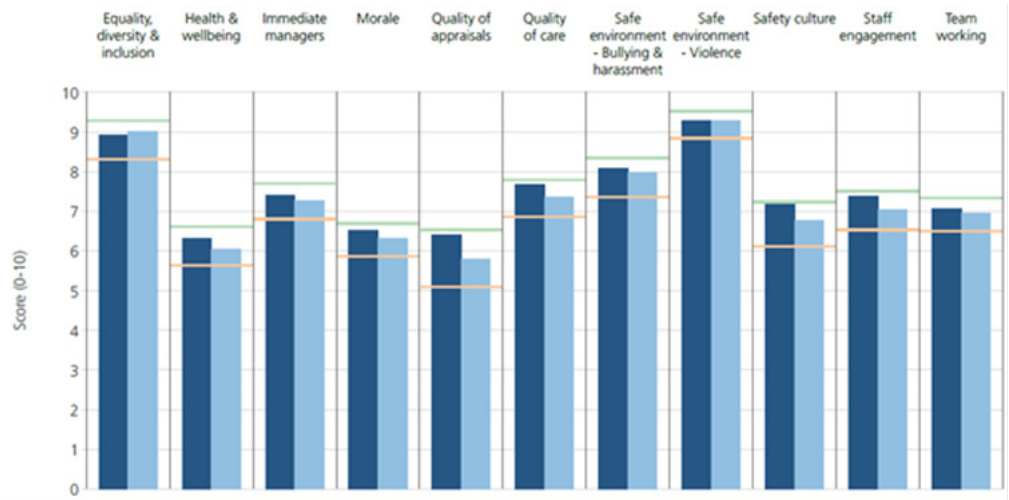
"All staff contributed towards my recovery, from the psychiatrist, who gave me confidence in their diagnosis and fully explained the steps I needed to take, to the employees of Interserve, always treating every patient with respect as they diligently clean rooms and serve meals; from the nurses, who are permanently ready with a smile and never forget pressing arrangements that have to be made, to the occupational therapists, who delivered a tailored programme of engaging activities to suit my character and interests; from the health care assistants, without whom the ward simply could not function given the countless vital tasks they perform, to the psychologists, who listen patiently and restored my self-belief. I am discharged this time much more certain of remaining well."

Workforce

National NHS Staff Survey results for 2018

Our 2019 National NHS Staff Survey results are the best we as a Trust has achieved in recent years. We improved on 73 questions and 57 are above average, compared to similar Mental Health and Learning Disability Trusts. We also performed well against the national key results provided by NHS Providers.

We scored above average on 9 of the 11 themes and continued to improve on the safety culture with a national best score for the second year running. The overall staff engagement score has remained above average compared to other Mental Health and Learning Disability Trust with a score of 7.7, marginally below the national best score of 7.5.



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.3	6.6	7.7	6.7	6.5	7.8	8.3	9.5	7.2	7.5	7.3
Your org	8.9	6.3	7.4	6.5	6.4	7.7	8.1	9.3	7.2	7.4	7.1
Average	9.0	6.0	7.3	6.3	5.8	7.4	8.0	9.3	6.8	7.0	7.0
Worst	8.3	5.6	6.8	5.9	5.1	6.9	7.4	8.8	6.1	6.5	6.5
Responses	1,757	1,766	1,765	1,734	1,450	1,533	1,748	1,752	1,755	1,776	1,756

Workforce Inclusion

Our Inclusion and Engagement Team oversees the work around Equality, Diversity and Inclusion supporting professionals with understanding approaches they can take in ensuring inclusive workplaces for people and reducing the inequities in service provision.

Our Equality Plan, which was co-produced in 2018 with our stakeholders, has set key priorities up to 2022 and includes a focus on staff, services users and carers. It also contains priorities around the provision of high quality services.

We reviewed our role model programme, which focuses on staff members from certain protected groups who provided support and signposting to other staff who had less knowledge and information around a particular protected characteristic, and plan to move to the 'Dignity at Work' champions' programme as part of our bullying and harassment action plan.

We have 7 staff networks across the protected characteristics and continue to encourage intersectionality. The Women's Network has focused on International Women's' Day, peer

support sessions, flexible working, delivering Schwartz rounds and menstruation and the menopause. This year, the Women's' Network launched a successful campaign around menstruation sanitary provisions.

The Spirituality Staff Network was launched this year to support staff around religion, belief and no faith and connect with their spiritual self at work. From the outset, the Network has been active, already having input into a protocol for the establishment of quiet rooms and our new calendar of multi-faith festivals.

Our Outlook Staff Network (LGBT and Straight Allies) has also been involved in events for LGBT History Month, Pride Month and Trans Remembrance Day.

The Black, Asian and Minority Ethnic (BAME) Network is our longest running staff network and most recently has included focused work around the Workforce Race Equality Standard (WRES). The Network is also instrumental in the planning of our annual Race Equality at Work event in October each year. This year, we launched more local BAME and Equality Listens and they are led around the Trust by our senior managers, allowing us to support staff and take local action. We also launched Race Equality Schwartz rounds as part of our supportive offer to staff and will build on this throughout 2020-21.

The Mental Health Staff Network and Diversability Staff Network (the disabled staff network) has focused on supporting and encouraging staff to update their Employee Staff Records. They have also held 'pop up' and peer support sessions for staff based around 'time to talk' and 'Mencap' initiatives. Furthermore, both the 2 Networks worked together looking at recruitment and retention of staff and talent mapping. They have also been instrumental around our work with Workforce Disability Equality Standard (WDES).

Our WDES Annual Report and action plan were published and are available on our website. The Mental Health Staff Network and Diversability staff etwork also supported Blue Monday through Brew Monday encouraging staff to rest, break, replenish and have a conversation supporting their health and wellbeing.

We have worked on smaller projects to support WRES. In previous years, we have tried to tackle every metric and this has resulted in minor improvements. The smaller focused pieces of work will have a long standing cultural change. One focus this year was around the disciplinary panel and introducing first and second decision making panels, which have had a positive impact. Other actions include supporting staff in the recruitment process, creating a movement to a 'Just and Learning Culture' by holding focus groups, workshops and celebratory events to endorse micro-affirmations and enhancing the BAME staff experience.

As part of our Integrated Governance Structure, WRES and WDES are reported through our Equality and Information Standards Group and our strategic Equality, Diversity and Inclusion Group.

Recruitment

To overcome the recruitment challenges we face, there is an active programme of recruitment to vacancies throughout the Trust with an increased focus on hard to recruit areas and difficult to recruit to posts. A line by line partnership approach is undertaken with recruiting managers for all posts which are in the recruitment process. Our recruitment strategy includes bespoke recruitment campaigns, recruitment days, attendance at recruitment fairs, working with agencies, using our internal bank and offering students substantive roles with the Trust upon qualifying.

A significant amount of work has been undertaken to improve the on boarding process including the outsourcing of all pre-employment checks, getting all recruiting managers to undertake ID checks at interview, ensuring candidates are kept updated during the recruitment process, and ensuring all managers complete the necessary forms so that their new starter has all the equipment they need to do their job and their contract of employment on day one.

Retention

As a Trust, we recognise the importance of retaining our staff and recognise that our retention rates are higher than we would like. A number of retention initiatives have been successfully implemented these include; retire and return, flexible working, career break, moving easily around the Trust into different roles. The initiatives are popular with our staff and we are beginning to see a positive impact on staff moral and our staff retention.

Our Pulse Survey

We run the survey in June, September and March and many of the questions are based on the National NHS Staff Survey, giving us consistent quantitative feedback from staff on their experience within the Trust. It includes the Friends and Family Test questions 'would staff recommend the Trust as a place to work or receive treatment' and these have both improved significantly during 2019. The Pulse Survey questions are reviewed annually to ensure they meet the needs of the organisation and are in context with the Organisational Development Strategy.

Health and Wellbeing

During 2019/20, we have conducted a review of our existing support for staff health and wellbeing. This has included a review of currently offered programmes (including Mindfulness, Massages, Mini Health Checks, Schwartz Rounds), The Health Hub (our platform for sharing staff health and wellbeing resources and events) and existing areas of identified need. The review has resulted in a range of evaluation data and identified key focus areas for the future.

The outcomes of the review have been used alongside existing data from the National Staff Survey and Pulse Surveys to create a data benchmark for staff health and wellbeing as a baseline to measure the impacts of future initiatives against. This benchmark and qualitative data from the review has been utilised in the creation of the new Health and Wellbeing Strategy.

As well as undertaking a wide ranging review we have continued to deliver many of our existing programmes and begun to introduce new initiatives to support staff physical, mental and financial wellbeing. We will continue to build on this work and focus on improving staff engagement around Health and Wellbeing in 2020/21.

In 2019/20 we have:

- Delivered 183 Mini health checks for staff across all sites
- Facilitated monthly Schwartz Rounds providing an opportunity for over 120 staff to discuss the emotional impacts of their work
- Delivered 11 Mindfulness courses, which have shown on average a 45% reduction in stress levels and a 55% improvement in mood
- Run a survey and focus groups to inform our work to support staff experiencing symptoms of the Menopause at the Trust
- Created and shared new resources to help staff and managers support health and wellbeing within their own working environments.

Staff Support

There are a number of ways in which we offer support to staff, both formally and informally. We provide Occupational Health support and an Employee Assistance programme is available to all staff 24 hours a day, 7 days a week, 365 days of the year. We have also implemented a confidential helpline which staff can contact if they have any concerns or would like to report bullying and harassment.

We have also implemented Schwartz Rounds which are a structured forum where all staff (clinical and non-clinical) come together regularly to share their personal experiences of work. The aim is not to fix problems, but to acknowledge the emotional demands of working in healthcare. Schwartz Rounds reduce feelings of stress and isolation, which make it difficult to provide compassionate care. The benefits of Schwartz Rounds include significant

improvements to staff psychological wellbeing, improved inter professional working and more compassionate care.

Additional staff support also consists of workplace mediation, mindfulness courses, resilience training, stress management tutorials.

Where an incident has taken place, post incident support is offered on an individual as well as a team level. This is co-ordinated through the Safer Care team and continues through the serious incident investigation process to inquests and beyond.

The Spiritual Care team also contribute to staff support by offering team and individual support, particularly where a staff member or service user has died.

The importance of having support for new staff has was highlighted as needing development. As a result, a buddy scheme for new starters has been piloted in some areas of the Trust and will be rolled out over the coming months with development workshops being made available to buddies as a source of support.

Annual Staff Awards

Each year, we host our Annual Staff Awards event. The afternoon is dedicated to the development awards where we celebrate staff who had completed an academic qualification throughout the year. 150 members of staff were invited to the staff development awards with 65 members of staff attending to collect their certificates.

The evening is a black tie Staff Awards. There are 12 annual staff award categories which are as follows:

- Unsung Hero or Heroine
- Council of Governors Making a Difference Award - Nominations for this category are made by service users and carers
- Team of the Year Award
- Chair's Inspire Award

- John Lewis Valuing our Customers Team Award
- Outstanding Leader of the Year
- Rising Star Award
- Professional of the Year
- Innovation or Improvement of the Year Award
- Special Contribution Award
- Working in Partnership Award
- The John Lewis Customer Experience Award - Nominations for this award are made by service users, carers, their families and staff.

The last staff awards ceremony was held at Tewinbury Farm in November 2019 and was attended by 300 staff. Over 350 nominations for achievement awards were received with 25 members of staff either winning an award or gaining highly commended. The awards ceremony was a wonderful opportunity to celebrate the success of our staff and all the wonderful things they do to provide great care every day to service users and carer either directly or indirectly.

Inspire Awards

The Inspire Awards are a monthly staff award to recognise and reward those staff who consistently demonstrate our values. Nominations are received, with a supporting statement, from staff, service users and carers and anyone in the Trust can be an Inspire Award winner. Winners are invited to attend an informal presentation with the Chief Executive and members of the Executive Team where they are presented with a certificate, £50 John Lewis voucher and have a small buffet lunch. There have been 92 Inspire Award nominations with 51 winners.

Leadership

We provide a range of Leadership Development Programmes both internally and externally to meet the different requirements and learning styles of staff. These comprise of formalised in-house training programmes, covering basic management skills and leadership development, through to our internal Leadership Academy, which is a level 7 accredited programmes, delivered in partnership with the University of Hertfordshire and our two programmes for managers Management Fundamentals and Coaching as a Management style.

Management Fundamentals is a two day course to enhance understanding and knowledge giving an overview of the key policies and procedures. It also enables managers to build valuable relationships, meeting the in-house subject matter experts. This workshop is recommended for new and existing managers.

Coaching as a Management Style is a two day coaching workshop introducing the principles and practice of solutions-focussed coaching. It enables managers to discover the true power of coaching to improve individual and team performance. It is recommended for line managers who want to gain the best from their teams.

Leadership Academy

In Cohort 10, 8 delegates gained distinction, 11 gained a merit and 4 are yet to complete. An extension was given by the University owing to Covid-19. There were some changes to the delivery of Cohort 10. The Finance Team has facilitated a 2 day module cover topics that leaders and future leaders need to understand in order to do their jobs effectively. In addition two days previously provided by an external facilitator were delivered by internal facilitators from the Organisational Development Team, saving money and providing a much more Trust-tailored training.
We are also participating in the Mary Seacole programme within the STP, with 12 delegates from the Trust's graduating in cohort 7.

We have also participated in the Bedfordshire and Hertfordshire Accelerated Directors Development Scheme (ADDS) which is a Chief Executive sponsored scheme to identify and develop leaders for Bedfordshire and Hertfordshire, who have the potential to fill key executive director roles. It is co-designed, owned and delivered on behalf of the Bedfordshire

and Hertfordshire Talent Forum. ADDS is focused on identifying and developing high potential leaders from operational and clinical backgrounds and is a unique scheme offering automatic shortlisting for appropriate Executive Director roles, thereby linking development and job opportunities. Eleven members of senior staff from the Trust have taken part in the programme.

Staff have also participated in national programmes such as Nye Bevan – the current Executive Director for Quality and Medical Leadership, Mary Seacole, and the Chief Pharmacist Development programme – the Deputy Chief Pharmacist. A Senior Community Nurse Lead has been successful in her application, supported by the Trust, to join the 70@70 Senior Nurse and Midwife Research Leaders programme.

Internally, we have delivered a leadership programme for Service Line Leaders using a coaching and mentoring style, and Team Leader Development Days continued to run for the second year. Development days for Medical Leads have also taken place during the year and more recently for Matrons. Specific leadership development programmes are supported by additional support to managers through the coaching and mentoring networks

Our 80 senior leaders meet regularly to hear from the Chief Executive about key strategic developments and to do focused thinking around strategic and operational objectives. We are also committed to increasing equality and diversity and our Unconscious Bias training is being rolled out across the organisation.

The Monthly Educational (CPD) Programme is led by senior leaders established in community teams. The programme entails teaching on risk formulation, collaborative safety planning and role play on managing difficult clinical situations.

Organisational Development

The Organisational Development Strategy outlines how we need to develop to deliver our strategy of going from *Good to Great.* It sets out a series of planned activity that develops our organisational (as well as individual) competencies. This includes embedding the desired culture, ensuring an effective workforce and developing enabling systems and processes.
In addition to leadership development and talent management and succession planning, there are a series of staff engagement programmes which take place throughout the Trust.
These include as follows:

Big Listen

The Executive undertake a 'Big Listen' engagement twice a year, which is open to all staff. A full day is spent meeting the Executives and discussing any issues that matter to staff. Staff join the Executive to discuss 5 topics and put forward comments and suggestions how the senior leadership team can improve both the staff and service user experience around these themes. There is a 'Question Time' panel during the day where attendees have an opportunity to ask questions directly of the Executive Team, or anonymously should they prefer. These events receive excellent feedback and evaluation and there are actions taken from these events that are reported on at the following event to complement our '*You said, we did'* approach.

Long Service Awards

Two Long Service Awards were at The Colonnade and approximately 90 members of staff who had 30 or more years NHS service were recognised. Further events are planned to recognise staff with over 25 years' service.

Admin Conference

Over 80 admin staff attended the first Trust Admin Conference at The Colonnades. The day was an opportunity to recognise and celebrate our admin staff who are core to the care we deliver. The conference provided a space for staff to network, share, reflect, and to focus on their wellbeing and development.

Good To Great Roadshows

Our *Good to Great* Roadshows take place every 6 to 12 months and provide an opportunity for our Executive Team and our Senior Leadership Team to meet with staff at their work locations to discuss a certain topic. The latest *Good to Great* Roadshows asked the question **"***What more can we do to help you feel valued and supported within your teams?"* Discussions also took place amongst teams to answer the questions "*What's working well already?"* and *"What can the organisation do more of to support you?"* A total of 13 roadshows were held at 12 sites with 238 members of staff attending. 7 further roadshows were booked for March and April but were postponed owing to the Covid-19 pandemic.

Chief Executive Breakfasts

Chief Executive Breakfasts also take place throughout the year in which our Chief Executive meets with a certain staff group to understand what is going well, and what could improve their working lives. Over the last year, breakfasts have been held with 24 staff from staff groups including Heads of Departments, Corporate middle management Band 7, Charge Nurse Band 6

Statutory / Mandatory Training

Discovery is our learning management system accessed by staff either at work or at home. Staff can see at a glance what courses they are compliant in, what courses are about to become non-compliant & what courses are now non-compliant.

A comprehensive programme of statutory and mandatory training is in place across the Trust with the requirements tailored to specific job roles. Discovery has been set up to allow the individual to know which of the statutory and mandatory training modules they are required to complete and monitor their compliance against this requirement.
Discovery now hosts all our e-learning packages which offers ease of access to staff to complete their statutory and mandatory training. For those courses which still run as face to face sessions, staff are able to book onto them directly via Discovery.
Feedback from staff remains very positive and the functionality of the system allows managers to see the training compliance of their team members. Monthly reporting at all levels from Team to Trust ensures that focus can be given to any areas or courses that

require it. This focus has led to a 93% overall compliance rate across the Trust at the end of March 2020.

Apprenticeships

We are fully committed to utilising the Apprenticeship levy to provide alternative opportunities for the local workforce and increase our skill base. During 2019/20, we have engaged a number of apprentices across clinical and non-clinical roles with 127 staff studying for apprenticeships during 2019/20. Further increases will take place in 2020/21 including higher numbers of existing apprenticeship (e.g. Nursing Associates) and new apprenticeships coming on stream (e.g. wellbeing. Psychological Wellbeing Practitioner).

Medical Education

We remain strongly committed to investing in learning and development for all our staff and development sessions are run for all Medical staff with a strong focus on student doctors on rotation as well as more experienced staff. Balint Group and MRCPsych programmes are held regularly.

The Trust runs a monthly Continuing Professional Development (CPD) programme for all medical staff led by the Deputy Director of Medical Education. Through the Trust and Health Education East of England various career developmental opportunities exist for staff with bursaries or sponsorship for postgraduate courses in areas such as Medical Education, Clinical & Educational Supervision, Leadership and Management.

The challenges of the Covid-19 pandemic has led to the local academic programmes and MRCPsych Course run for junior doctors being accessed remotely which has led to an improved attendance record and better monitoring system of attendance. The monthly CPD programme for medical staff is also now delivered remotely and led to similar improved attendance.

The annual General Medical Council (GMC) Training Survey was postponed this year but previous years' survey results have put us in the forefront of mental health trusts in the region. Furthermore psychiatric trainees have continued to make steady progress in terms of their success in the Royal College of Psychiatrists' examinations. The Trust runs a peer mentoring scheme for junior doctors as well as offering mentoring training opportunities.

The Trust's International Medical Fellowship continues to be a success with the recruitment of overseas trained psychiatric trainees which has also ensured no gaps in training posts in the Trust as well as offering the overseas trained psychiatric trainees excellent training opportunities. This has been evidenced by their success in the Royal College of Psychiatrists examinations and taking on higher training opportunities and permanent employment for those who opt to stay in the United Kingdom.

Collaboration with the University of Hertfordshire has continued with the successful establishment of the Masters in Physician Associate degree programme. The Trust offers psychiatric placement to students from the university and various staff members lecturing and examining on the programme. There are also ongoing collaborative research activities between the Trust and University of Hertfordshire. The Trust also supports the University of Cambridge medical school offering psychiatric placements for their students which has been a great success from the feedback received from the university. Similar placement opportunities are also offered to St Georges University Granada medical students where a number of staff been offered honorary positions on account of their contributions to student training.

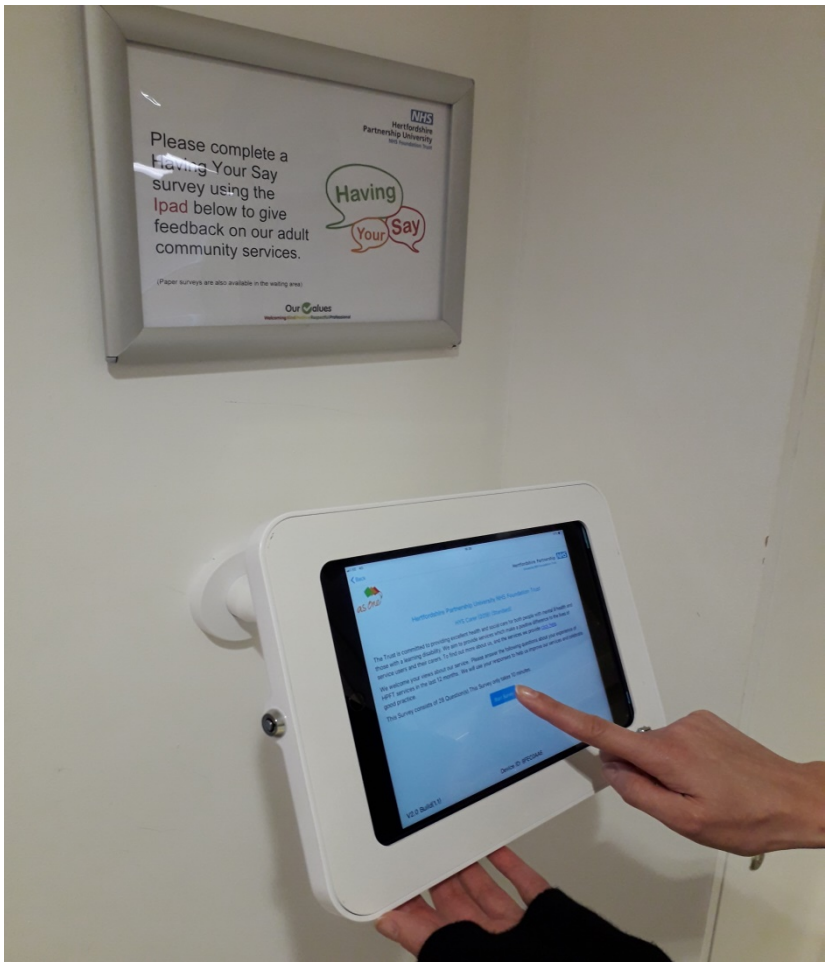
Health Education England coaching and mentoring funding 2019.20

Drs Kunle Ashaye and Rakesh Magon successfully submitted a bid to Health Education England East of England in November 2019 and were awarded £9k which will be used to support the establishment of a simulation suite at our Learning and Development Centre, The Colonnades in Hatfield. A Simulation Faculty has been set up to take this project forward and the development of a suite is underway.

Compliments, Comments and Complaints

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

We also invite all service users and carers to provide ongoing feedback on their experiences by completing *'Having Your Say'* forms or Friends and Family Test (FFT) postcards, either on paper or electronically, during their recovery journey. Volunteers provide an impartial listening ear as well as support for service users and carers providing feedback.



What is the NHS Friends and Family Test (FFT)?
The NHS Friends and Family Test (FFT) was created to help providers understand the experience of care for service users and carers, where things may need to improve, providing opportunities for continuous quality improvement.

What we do with compliments, comments and complaints

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

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

PALS

PALS provide people with advice and assistance if they have a concern or enquiry. This year we received 887 contacts – an increase of 15 (2%) on last year. The table below shows the number and main categories of PALS contacts, comparing 2019/20 with 2018/19, 2017/18 and 2016/17.

As in previous years, most contacts raised issues for resolution by the PALS team or, more commonly, by the clinical teams. However, there has been a 14% increase in enquiries, 21% increase in issues for resolution and 28% decrease in feedback.

We are being more rigorous about defining comments as feedback, informal complaints and issues for resolution which explains the changes to figures has meant an increase in contacts in that category compared to previous years.

Category	2016/17	2017/18	2018/19	2019/20
Advice	40	67	32	34
Enquiry	140	176	196	208
Feedback	100	240	156	113
Issues for resolution	446	183	272	330
Informal complaints	-	135	97	71
Other	1	0	1	0
Translation request	0	1	0	0
Non HPFT	32	59	114	126
Total	**759**	**861**	**869**	**8887**

Formal Complaints

When we investigate complaints we aim to provide a fair, open and honest response, and to learn from them, so service users and carers can benefit from the resulting changes. The number of complaints received in 2019/20 was 337 compared to 285 received in 2018/19, which is an 18% increase.

Main complaint issue	2016/17	2017/18	2018/19	2019/20
Assault / abuse	3	3	4	9
Clinical practice	93	89	113	137
Communication	35	24	49	36
Environment etc.	2	4	7	5
Staff attitude	31	26	35	31
Security	0	6	6	6
Systems & Procedures	84	54	69	113
Transport	2	0	1	0
Total	**250**	**206**	**284**	**337**

Emerging themes

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

The 137 complaints where clinical practice was the primary issue fell into 4 main categories. Most complaints fell into the following groups:

- Direct care (76)
- Assessment and treatment (22)
- Care planning (19)
- Diagnosis (6).

The 113 Systems and procedures complaints fell into 4 main categories. The highest numbers were for:

- Access to Treatment (48)
- Breach of Confidentiality (13)
- Mental Health Act detention (8)
- Record keeping (7).

During 2019/20 we received 4 requests for files from the Parliamentary and Health Service Ombudsman (PHSO)/Local Government Ombudsman.

During 2019/20 we received 4 requests for files from the Parliamentary and Health Service Ombudsman (PHSO)/Local Government Ombudsman; and the following 4 decisions:

- 2 not being investigated
- 2 were partially upheld.

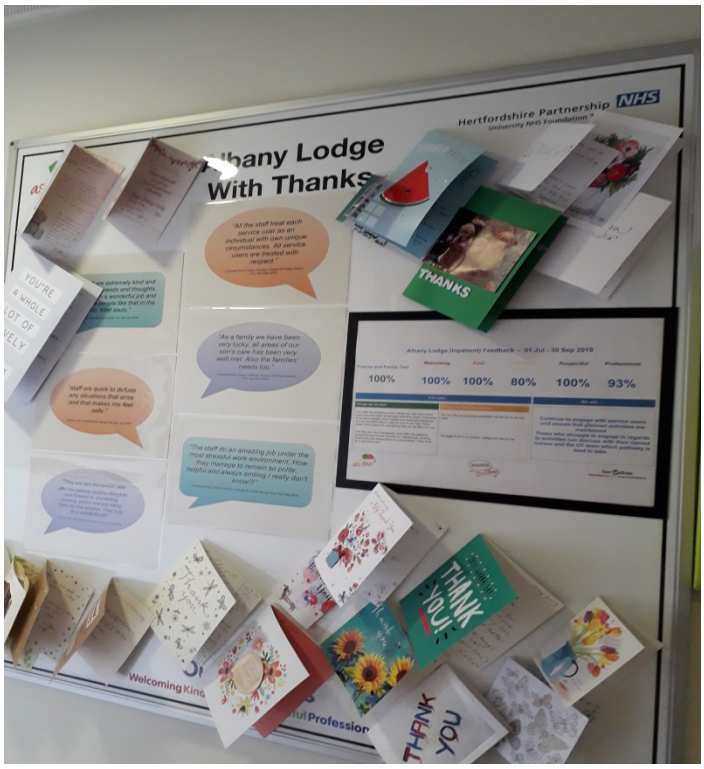
Compliments

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 27% increase in the number of compliments forwarded to the team.

- 2016/17 – 1915
- 2017/18 – 1981
- 2018/19 – 1571
- 2019/20 - 2003.

In 2019/20, we recorded nearly 6 times as many compliments as formal complaints.

"I feel so much stronger inside and I have the insight to continue to keep looking after myself."



Freedom to Speak Up

Throughout the year, we have promoted the Freedom to Speak up Guardian (FTSUG) role throughout the Trust**.** This has resulted in 35 concerns being raised, compared to 19 in 2018/2019.

Our priorities moving forwards are:

- Recruitment to the substantive post of FTSUG, incorporating the learning from the previous post holder
- Completion of the Board's Freedom to Speak Up Board Assurance Framework and action plan
- Maintaining the downward trend in anonymously reported cases, whilst ensuring all staff are aware of the role and how to raise a concern
- Reviewing the Terms of Reference and working practice of the FTSUG group in line with the findings of the Board Assurance Framework.

Clinical Networks

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

We are part of the larger Eastern Clinical Research Network (CRNE) as well as an ongoing member of CRNE and contract with them annually to deliver NIHR portfolio research. Funding from CRNE supports some of our Research and Development staff. We are also the founders and members of the newly created Research in Developmental Neuropsychiatry (RADiANT) Clinical Network, and host this forum, with the RADiANT Network Manager sitting with services in Norfolk.

We are members of the following Quality Networks:

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

We also belong to the following Accreditation schemes:

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

Network name and membership with number of member services participating nationally	Service Name	Accreditation Status	Number participating Nationally
Accreditation for Community Mental Health Services (ACOMHS) 32	Centenary House	In Review	32
	St Albans CMHT	In Review	32
	Cygnet House	Accredited	32

members	Holly Lodge	Accredited	32
	Oxford House	Accredited	32
	Rosanne House	Accredited	32
	Saffron Ground	Accredited	32
Accreditation Inpatient Mental Health Services Working Age Wards (AIMS WA) 128 members	Robin Ward	In Review	128
	Owl Ward	Participating but not yet undergoing accreditation	128
	Albany Lodge	In Review	128
	Aston Mental Health Unit	Participating but not yet undergoing accreditation	128
Quality Network for Inpatient Learning Disability Services (QNLD) 40 members	Assessment and Treatment Unit Lexden	In Review	40
	Dove Ward	Accredited	40
	Astley Court	Accredited	40
Quality Network for Inpatient Learning Disability Community Services (QNCLD pilot) 12 members	North Essex Community LD team	Developmental membership	12
	Mid & West Essex Community LD team	Developmental membership	12
Accreditation Programme for Psychotherapy Services (APPTS)	Health in Mind - North East Essex	In Review	
	Health in Mind - Mid Essex	In Review	
	The Wellbeing Service	Accredited	
	Healthy Minds - West Essex	In Review	
Early Intervention in Psychosis (EIPN) 9 members	Hertfordshire Early Intervention Service	Not accredited	9
Electroconvulsive Therapy Services (ECTAS) 97 members	Kingfisher Court ECT Clinic	Accredited	97
Memory Services National Accreditation Programme (MSNAP) 88 members	Early Memory Diagnosis and Support Services South West Hertfordshire	Accredited	88
	Early Memory Diagnosis and	In Review	88

	Support Services East Hertfordshire		
	Early Memory Diagnosis and Support Services North Hertfordshire	Accredited	88
	Early Memory Diagnosis and Support Services North West Hertfordshire	Accredited	88
Psychiatric Liaison Accreditation Network (PLAN) 77 members	Lister RAID (The Lister Hospital and Queen Elizabeth II Hospital)	Accredited	77
	Watford RAID Team (Watford General Hospital)	Accredited	77
Perinatal Quality Network - 21 inpatient members	Thumbswood Mother and Baby Unit	Accredited	21
Perinatal Quality Network - 57 community members	Hertfordshire Community Perinatal Team	Participating but not yet undergoing accreditation	57
Quality Network for Community CAMHS (QNCC) 67 members	Hertfordshire CAMHS Eating Disorder Service	Participating but not yet undergoing accreditation	67
Quality Network for Inpatient CAMHS (QNIC) 120 members	Forest House Adolescent Unit	Participating but not yet undergoing accreditation	120
Quality Network for Forensic Mental Health Services	Beech Ward (Kingsley Green)	Accreditation not offered by this network	127
	Broadland Clinic	Accreditation not offered by this network	127
	Eric Shepherd Unit	Accreditation not offered by this network	127
Quality Network for Psychiatric Intensive Care Units (QNPICU)	Oak Ward	Accredited	
Accreditation for Inpatient Mental Health Services-older people's wards (QNOAMHS) 75	Lambourn Grove	Accredited	75

members			
Accreditation Inpatient Mental Health Services for Rehabilitation (AIMS Rehab) 85 members	Gainsford House	Undergoing accreditation not yet accredited	85
	Hampden House	Undergoing accreditation not yet accredited	85
	The Beacon	Undergoing accreditation not yet accredited	85
	Enhanced Rehabilitation Outreach Service	Developmental members - no accreditation	85

CQC

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

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

We were inspected by the CQC between 4th March – 27th March 2019, which included an unannounced inspection of services and a well led inspection. The Trust's report was published on 15th May 2019. We achieved an overall rating of '*Outstanding*'. The report focused on 5 different domains of quality:

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

The CQC's overall rating of the Trust was '*Outstanding*' because:

- The Trust responded in a very positive way to the improvements we asked them to make following our inspection in January 2018. At this inspection, the CQC saw significant improvements in the core services we inspected and ongoing improvement and sustainability of safe, good quality care across the trust. The senior leadership team had been instrumental in delivering quality improvement and there was a true sense of involvement from staff, patients and carers towards driving service improvement across all areas
- The CQC were particularly impressed by the strength and depth of leadership at the Trust. The Trust Board and senior leadership team displayed integrity on an ongoing basis. The board culture was open, collaborative, positive and honest
- The Trust's Non-Executive members of the Board challenged appropriately and held the Executive Team to account to improve the performance of the Trust. The Trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The Board were seen as supportive to the wider health and social care system

- The Trust Strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. The Trust aligned its Strategy to local plans in the wider health and social care economy and had developed it with external stakeholders
- Leaders showed an inspiring positive culture with a shared purpose towards the vision, values and strategy, and modelled and encouraged compassionate, inclusive and supportive relationships between all grades of staff. The Trust ensured staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times
- Staff showed caring, compassionate attitudes, were proud to work for the trust, and were dedicated to their roles. The CQC were impressed by the way all staff in the trust embraced and modelled the values
- Service users told the CQC they felt safe across the Trust. The Trust promoted a person-centred culture and staff involved service users and those close to them as partners in their care and treatment. Staff provided positive emotional support to service users
- Staff felt respected, supported and valued
- Service users could access services when they needed to
- Staff kept clear records of service users' care and treatment. Service user confidentiality was maintained. Care and treatment records were clear, up-to-date and available to all staff providing care
- The Trust's governance arrangements were proactively reviewed and reflected best practice. The Trust had robust systems and process for managing patient (service user) safety.
- The CQC were also impressed by the Trust attitude towards innovation and service improvements. The delivery of innovative and evidence based high quality care was central to all aspects of the running of the service. There was a true sense of desire to drive service improvement for the benefit of service users, carers, and the wider system, evident throughout the inspection.

We devised an action plan with a list of '*Must do'* and '*Should do'* recommendations to address areas identified by the CQC of which its implementation was overseen by our Integrated Governance Committee and Board.

At the time of this report we have completed the following actions:

- Supervision recorded on Discovery
- Nurse call system installed on Aston ward
- Incorporating Rapid Tranquilisation observations into the NEWS2 chart
- Refurbishment of the Oak ward's Section 136 suite
- Continual initiatives to look to reduce the service users detained in excess of 24hrs in the Section 136 Suite
- Improved soundproofing work at Waverley Road and additional work at Holly Lodge
- Completion of all community environmental risk assessments
- Agreement for improvements to 15 Forest Lane environment, to include design of a new waiting and reception area, flooring, new refurbished kitchen and toilet areas and re-decoration resulting in a more modern and colourful look to the building.

The following core services were inspected:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people

- Wards for older people with mental health problems.

Our journey of good to great continues and we will build on this outstanding achievement together.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ May 2019	Good ↑ May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019	Good ↑ May 2019
Long-stay or rehabilitation mental health wards for working age adults	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015
Forensic inpatient or secure wards	Good → ← Apr 2018	Good → ← Apr 2018	Outstanding → ← Apr 2018	Good → ← Apr 2018	Outstanding → ← Apr 2018	Outstanding → ← Apr 2018
Child and adolescent mental health wards	Good ↑ May 2019	Good → ← May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019
Wards for older people with mental health problems	Good → ← May 2019	Requires improvement ↓ May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019
Wards for people with a learning disability or autism	Good → ← Apr 2018	Good → ← Apr 2018	Outstanding → ← Apr 2018	Good → ← Apr 2018	Outstanding → ← Apr 2018	Outstanding → ← Apr 2018
Community-based mental health services for adults of working age	Good → ← May 2019	Good ↑ May 2019	Outstanding ↑ May 2019	Good → ← May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019
Mental health crisis services and health-based places of safety	Good ↑ May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019
Specialist community mental health services for children and young people	Good → ← May 2019	Good → ← May 2019	Outstanding ↑ May 2019	Good → ← May 2019	Good → ← May 2019	Good → ← May 2019
Community-based mental health services for older people	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015
Community mental health services for people with a learning disability or autism	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015	Good → ← Sept 2015
Overall	Good ↑ May 2019	Good → ← May 2019	Outstanding ↑ May 2019	Good → ← May 2019	Outstanding ↑ May 2019	Outstanding ↑ May 2019

You can the CQC reports at *https://www.cqc.org.uk/provider/RWR*

Our Sustainability and Transformation Plan (STP)

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

STPs were created to bring local health and care leaders together to plan around the long-term needs of local communities. They have been making simple, practical improvements like making it easier to see a GP, speeding up cancer diagnosis and offering help faster to

people with mental ill health. The mental health and learning disabilities STP work stream in Hertfordshire and West Essex has been focusing on ensuring liaison services are in all the acute hospitals, primary care mental health and crisis services are being developed and improved and improving services for people with a personality disorder.

In some areas, STPs have recently evolved to become Integrated Care Systems (ICP), a form of 'even closer' collaboration between the NHS and local councils. The NHS Long Term Plan set out the aim that every part of England will be covered by an ICP by 2021, replacing STPs but building on their good work to date. An ICP is a collaboration with NHS organisations, in partnership with local councils and others, taking collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Developing ICPs and PCNs in Hertfordshire and West Essex

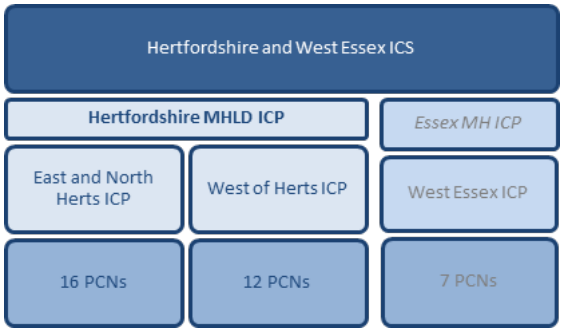
ICPs are local groups of health and care organisations, also importantly including borough councils and voluntary/community sector members, working across the existing Clinical Commissioning Group geographical boundaries. In Hertfordshire this means the two ICPs, East and North Herts ICP and West of Herts ICP, are developing their own priorities, reflecting the different needs of each local population, and thinking about how they will work differently in the future. Common themes are emerging, with more emphasis being placed on wellbeing and prevention and on breaking down the barriers between organisations. Frailty, children's services and mental health are common areas of concern. ICPs will work within the Integrated Care System (ICS). ICSs will operate on a larger footprint than current CCG boundaries, often matching STP boundaries. Locally this is the Hertfordshire and West Essex ICS.

New primary care networks (PCNs) have been established in 2019 and will form a key building block of the NHS long-term plan. They bring general practices together to work at scale for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

The Long Term Plan explicitly states that PCNs have an explicit aim to: "dissolve the historic divide between primary and community health services. Most networks are geographically based and, between them, cover all practices within a clinical commissioning group (CCG) boundary. There are some exceptions where there were already well-functioning networks that are not entirely geographically based. Some networks cross CCG boundaries.

PCNs will eventually be required to deliver a set of national service specifications and will be paid to do so.

Summary of the Hertfordshire and West Essex Integrated Care System at a glance:



What is the Hertfordshire MHLD ICP and why do we need a dedicated ICP for the population of people who have mental illness or a learning disability?

We know things get in the way of joined up care and can make it difficult to respond to physical and mental health needs in an integrated way, including institutional and cultural barriers, separate payment systems for physical and mental health care, and the trend for increasing sub-specialisation in professional education. As a result, people using services commonly find that their physical and mental health needs are addressed in a disconnected way.

The mental health and learning disabilities integrated care partnership (MHLD ICP) in Hertfordshire will connect NHS, social care and non-statutory providers with the delegated integrated commissioning functions to ensure that the services are joined up, safe and so that the high levels of complex need and risk are managed with and for individuals and on behalf of the system.

We are bringing together partners across Hertfordshire to collaborate and deliver care in a distinctly different way to how we organise and pay for care now. Building on the successes of current partnership arrangements, we believe this new Partnership will support us to work across Hertfordshire to join up the way partners deliver care.

It will help to ensure mental health and learning disability services are provided at scale where needed, whilst also ensuring care is delivered as close to home as possible where people live, learn, work and play. We will be able to break down the divide between physical health and mental health and learning disabilities, ensuring that care and support is as personalised and joined up as possible for those receiving that care.By focusing on building resilience, prevention and early intervention and on community based services and prioritising support for people early on in their lives/their illness, we will ensure people are able to live their lives to their full potential, and ongoing care needs are prevented or minimised. We will be support and care for people in the right place, at the right time, for the right reason with the right skills

Continuous Quality Improvement

Over the past 12 months, we have continued to evolve and develop our approaches to and our culture of Quality Improvement that enables us to continuously improve the safety, timeliness, effectiveness, efficiency, equity and person centredness of our services and the experience of using them.

We have successfully rolled out a programme of CQI development training for 320 leaders and coaches across the Trust. With a mix of both formal and some self-identified 'improvement enthusiasts' – in leading quality improvement. Also, joint working with the Organisational Development team has allowed us to run a number of Masterclasses for these coaches in leaders in areas such as Time to Care.

The CQI model has been successfully implemented, building staff capability in CQI knowledge and approaches, with 1183 staff receiving basic to advanced training. Additionally to this, we have continued to see wide use of the Innovation Hub and have rolled out a localised CQI Hub in Lexden Hospital, with at least 5 more to follow across the Trust.

Our colleagues continue to generate innovative ideas and use our Innovation and Improvement Fund to help access the financial and project development support available to progress their ideas. This year the Fund has supported ideas including:

- An electronic check-in system for CAMHS which notifies staff of their client's arrival
- A physiotherapy fitness DVD to support service users with learning disabilities and/or susceptible to falls
- The implementation of a transcription tool to assist the Executive Support team in providing high quality minute taking

CQI methodology has been instrumental in recovery, development and transformation initiatives across the year with a major push coming in service recovery following the COVID-19 pandemic.

Recovery

So this was year 13 in a journey which we can trace back seamlessly to 2006 when the Trust first became curious about the world of Recovery. That's where we started putting on annual events to celebrate amazing stories of overcoming adversity and living meaningfully in the face of the most significant health challenges. It's not all about celebration however, we also hear of poor outcomes and questionable practice and we use these to challenge ourselves to do better.

This year we stuck with the local and hopefully more personal approach and fully co-produced four events in different localities across Hertfordshire - Ware, Watford, Stevenage and Hatfield. Our theme for this year was Community and the organising group, composed largely of Experts by Experience, tried to tackle the conundrum of how it is some of us connect and find support, and others struggle and remain isolated.

In order to get into these 'thorny' issues, we organised a programme which began with a look back in history and had two local experts, Martin Brookes and Dr Mike Clarke shared their perspectives on the history of mental health services in Hertfordshire. This was a fascinating and thought-provoking look backwards, but also provided us with a lens to look afresh at the here and now. The New Leaf Wellbeing College shared their experience of developing a peer pathway within the college and we heard several touching accounts of what this had meant to people.

Perhaps the most provocative part of the programmes were dramatic pieces from May Contain Nuts - a drama group from Watford who have won a number of National awards including The Guardian award for Innovation in Healthcare. These were very powerful and personal accounts of suffering and recovering which were challenging but rewarding if you could hold onto your hat! We also heard from Hertfordshire Community Navigators who shared their skills of connecting people to support across the county – many of us were hearing of their services for the first time and many of us went away committing ourselves to spreading the word. In Watford, we were updated on a Recovery project run by Dr Pino Pini and others, which aims to help local communities develop more internal resilience in managing mental health problems Hatfield brought Dr Jorge Zimbron from Cambridge and Peterborough Foundation Trust (CPFT) to share with us the spectacular results that Shared Decision Making has been having on an inpatient ward for women with severe personality

disorders. In Stevenage, there was a strong spiritual element to the programme with Andy Smith and the Rev'd Peter Orton offering a session on this aspect of Recovery which is so important to so many of us.

Throughout all of our sessions, there was a very strong element of the voice of Lived Experience with so many people bravely sharing their personal stories of struggle and Recovery. More than once, feedback received was how inspiring these voices were for them and the hope that the speakers realised how much their voices meant to those hearing these kinds of testaments for the first time.

In terms of numbers attending, we once again broke our personal best – with 221 people attending from 287 bookings. More than half of those who came along completed a feedback form for us and the headline data around that is 97% of people rated their experience as good or excellent.

"Great to know that there is a way forward, and you are not alone"

"Good to see how many service users had great ideas and inspiring ideas. Really inspired and helped to reduce stigma"

New Leaf Recovery and Wellbeing College

New Leaf Recovery and Wellbeing College embraces the recovery approach, based on the principles of individual strength, co-production, choice, hope, opportunity and self-management. The college concept is an educational paradigm that promotes strengths and supports people to move from the role of 'patient' to 'student' or 'teacher'. It has co-production at every level. Co-production makes sure people with lived experience are equal partners, their experience and knowledge.
All courses are developed in the spirit of co-production, always including people with lived experience. All courses are ratified through the College Curriculum Board, who also oversees the curriculum development.

The numbers of registered students range from 1,200 – 2,500 within the academic year (September 2019 – July 2020). Non-active students are removed yearly to ensure unnecessary personal data is not kept. To date we have 1,350 registered students, with an average of 100 new enrolments monthly.

	Number of sessions	Number of attendees	Number of cancellations	No of DNA	Number of sessions cancelled due to low numbers	Number of sessions cancelled due to Covid-19
Autumn term 2019	49	859	274	363	0	
Spring term 2020	44	250	122	184	3	11
Summer term 2020	18	185	23	77	5	
Total	**102**	**1294**	**419**	**624**	**9**	**11**

Number of sessions, bookings and attendees

(Summer term has not finished – it runs until the end of July 2020. There is a further 15 sessions to run)

The average number of students per session is 12.5, which we have maintained for over a year. We actually have an average of 2000+ bookings over the year. Booking rates for many courses have been as high as 20+.

The college has a portfolio of 25 coproduced courses. Every year we create new courses and review existing courses to make sure the content is up-to-date and to take into consideration any student feedback. The college has revamped the Student Development and Involvement programme, offering students opportunities to become volunteers, peer tutors, peer mentors, quality observers and administrators on online courses. All students involved in the programme complete a development plan, highlighting their goals and a termly review. Alongside all peer tutors will have observations during teaching sessions and receive feedback to aid their personal development. We interviewed 3 students who had completed the development and mentoring workshops and all three were successful and are now teaching in the college.

During the Covid-19 pandemic, the college had to close its doors to classroom teaching. However, online sessions have proved very successful and we have coproduced a new course 'Keeping well in isolation'.

"Delivery by both tutor and peer tutor and content was spot on. The welcoming manner of both tutors and the break out rooms are a good idea"

"Having done many New Leaf College courses in the past, I found this on-line learning experience very good. It has surprised me to find that we stayed more focused on the course subject, and that the controlled method of speaking or communicating in the chat box, was much easier, and more controlled by the tutor and peer tutor"

"I'm really grateful for this course, especially in a time that is different and uncertain. It's nice to know that there are people who want to help us and time the time to guide us"

"First time using Zoom to attend a training course. Communication from the college beforehand was excellent. Tutors were lovely and engaging".

Physical Healthcare

Work has continued to improve the physical health of people who use Trust services. Progress includes:

- Community physical health clinics/new Physician Associate roles extended physical health clinics
- Falls prevention CQI
- NEWS2 introduction to support staff to understand and report on deteriorating physical health in service users
- SEM scanner on old age wards to prevent pressure area damage
- Integrated physical health clinics in Stort Valley working closely with GPs
- High risk medication monitoring via community pharmacist
- ECG clinics in Eating disorder service.

"Thank you so much for all your help. You have saved my life and allowed me to feel happy again. Although I am. Still going to struggle for the next 'however long', your help and support has made me feel normal again and I can now appreciate food like I used to. I cannot thank you enough."

We appointed a Nurse Consultant in Physical Health during quarter 3 for a one year contract to provide a high profile support to all our staff, ensuring compliance with our physical health policy and objectives. The post holder also supports with providing information on the physical health risks for our service users and developing and delivering health prevention strategies in line with the Long Term Plan.

The Physician Associate led enhanced physical health clinics we introduced provide support for people with serious mental illness (SM)I with their physical health through screening, intervening, referring and signposting. The service user feedback was extremely positive regarding the clinic set up and the role of Physician Associates.

A comprehensive review of our pressure ulcer and tissue viability work has led to a significant reduction in hospital acquired pressure ulcers. We are piloting innovative measures such as the use of a Sub-Epidermal Moisture (SEM) Scanner using a non-visual tissue assessment sub-epidermal moisture for pressure ulcer risk. We are now having a mini root cause analysis completed for all Grade 2 Pressure ulcers by ward staff to enhance learning and prevent progression of pressure ulcers. The Tissue Viability Nurse trained a further 27 staff from across the trust in pressure ulcer prevention and wound care.

The Trust has undertaken initial training and audit in the revised National Early Warning Score (NEWS2) to help staff identify the deteriorating patient. This includes soft measures for those service users resisting physiological observations. This is being more widely implemented for in-patient staff but local training has continued to support and upskill staff throughout the pandemic.

Frailty Pathway

In the past year we have introduced a new approach to managing our most frail population with a frailty delivery plan and have focussed on better awareness/more proactive management, clarity around expectations for staff and what they need to do if they identify someone as frail, increased opportunities for staff training new frailty link practitioners identified.

We are continuing the work with a focus in the Trust on

- Frailty Pathway Implementation
- Frailty identification / assessment and recording
- Training and Education
- Clinical Pathways – Falls, Tissue Viability, Dementia, Care Homes, End of life
- My Plan pilots
- Medicines Optimisation pilots.

We have been working closely with system partners on a collective understanding of frailty meaning that care and support can be more proactive and consistent across health and social care organisations for our frail population. Within the Trust, we have now developed and trained a new multi-professional frailty leadership team, implementing a Trust–wide delivery plan to support increased awareness and identification of frailty. We are developing a staff training model for improved recognition and assessment of frailty and physical health. We are strengthening the care we are able to provide by developing a new trust frailty pathway which will be live 2020, meaning that staff will be clear on what's expected of them once they have identified someone with frailty.

Integrated Care

We continue to be committed to bringing care together across physical and mental health and across health and social care and in the past year have expanded the work we do in the community to support staff and patients in care homes through the investment and expansion of a care home support team - this team is focussing on helping care home staff understand and manage behaviour that can be challenging and the difference between

dementia and delirium and how to meet the needs of older adults with mental illness and depression.
Our primary care mental health pilots have been expanded to cover all of Hertfordshire and two new pilots have started in Lower Lea Valley and Watford to model enhanced primary care services for people with eating disorders, personality disorders and episodes of mental illness that don't need long term coordination in secondary care services. Hertfordshire providers of children's services have been working together to introduce a much more integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families and are remodelling CAMHS services together.

Pressure Ulcers – zero tolerance

We continue with a zero tolerance approach to avoidable pressure ulcers. We have recruited a Tissue Viability Nurse (TVN) to ensure a robust care pathway in place to manage pressure damage and wound care. There continues to be a reduction in the number of incidents in 2019/20. Through the innovation bid, we are in the process of recruiting a band 4 TV Assistant One of the unit has completed a successful trial using the Sub Epidermal Moisture (SEM) scanner .This was part as part of the Pressure Ulcer Reduction Programme. We are now in a position to buy two scanners for the unit
We continue to: have :

- a robust system in place for providing medical devices, including pressure relieving mattresses, cushions and boots
- reviewed the Service Level Agreement for pressure relieving mattresses and cushions have and further improved the quality of the product that will be provided to our service users
- A dressing formulary available on each inpatient ward
- local Pressure Ulcer champions monitoring progress, who are having a positive impact promoting efficiency and evidence-based practice across our services
- continued to support the *'Heel Alert'* campaign: evidence suggests that heels are the second most common site for pressure ulcers, and that these are becoming more common
- run our annual *'Stop the Pressure Ulcer'* awareness annually across HPFT
- displayed *'React to red'* screensavers and posters and worked with the Bedfordshire and Hertfordshire Tissue Viability forum to send these out to GP surgeries across Hertfordshire, Bedfordshire and Essex
- continued to monitor pressure ulcers and to report our findings to our Safety Committee.

The procurement team and Head of Nursing for East and North Strategic Business Unit continues to monitor the purchase and use of pressure relieving mattresses and cushions, and staff continue to receive training in how to prevent and treat pressure ulcers and care for wounds.

Nutrition

Nutrition and Dysphagia Steering Group

Our Dysphagia and Nutrition Steering Group leads work across the organisation to make sure inpatient service users' nutritional needs are met. We use the CQC nutritional and hydration standards to guide our work.

Patient Led Assessment of the Clinical Environment (PLACE)

We achieved our highest ever scores for food in the PLACE audit, with scores above the national average in all areas:

- Trust overall score 96.74% against the national average of 92.10%
- Trust organisation score 96.33% against national average of 90.6% and,
- Trust ward food score 96.8% against national average of 94%.

It was positive to see the work we have implemented over the last few years reflected in the PLACE scores.

Menus

We have introduced new menus at Lexden Assessment and Treatment Unit, using Wiltshire Farm Foods to increase options specific to individual service users. We have also increased our provision to Thumbswood mother and baby unit, ensuring good nutrition to all mothers on the unit.

> "To everyone at Thumbswood, my baby is now 6 months old, it feels like a big milestone and I want to thank you for helping us get there. Thank you so much for your support, kindness and respect during my very difficult transition to motherhood. The work you do is amazing, you are wonderful people. Thank you for believing in me when I wasn't able to believe in myself, you were right, I am a good mum and I really did get better. Love and thanks."

Snack provision

We used the activities delivered during last year's Nutrition and Hydration week to begin our discussions with service users and staff regarding improvements to our snack provision on all our inpatient units. New snack options have been rolled out across all our inpatient units. We have increased healthier options as well as expanding choices for service users at risk of malnutrition and requiring nutrient dense foods.

Staff initiatives

We have rolled out a new Dysphagia and Nutrition competency framework for our Assistant Therapy Practitioners (ATPs) working in our learning disabilities services. This framework was designed by our dietitians and speech and language therapists utilising evidence based practice and knowledge. We have several ATPs that have now completed the framework and our newer staff are working their way through. We have positive feedback from ATPs themselves who have found the framework very helpful in clarifying expectations and boundaries of their role. Supervisors have also found it to be a supportive approach particularly when a new ATP was joining from a different professional background.

A new Dietetic post has been established at Forest House, our adolescent inpatient unit. The dietitian provides a clinical service to young people with eating disorders and has led initiatives to improve the meals service on the unit. For example, she has worked with our facilities team and catering contractors to improve menu choices suitable for our young people, she led on piloting a dietetic assistant post on the unit to ensure sustainability of improvements, the impact of this post is currently being evaluated.

Bone Health

The Dietitian in learning disabilities inpatient services successfully made a case for Vitamin D to be prescribed for service users at high risk of Vitamin D deficiency as well as the nutritional implications following a dysphagia diagnosis. This will reduce the incidence of fragility fractures in those who have had a history of falls. The learning from this is being shared across our services.

Nutrition and Hydration week

This year we had planned to focus on encouraging staff and service users to consider low sugar and low salt options. Unfortunately, this year's Nutrition and Hydration week was postponed due to the Coronavirus pandemic. However we have all our new resources and plans ready to roll out during 2020-21.

Occupational Therapy and Pharmacy Health and Wellbeing Sessions

2019 saw the continuation of the Health and Wellbeing programme, established on the adult acute mental health wards. Devised and led by the Occupational Therapy and pharmacy teams, fortnightly sessions consisted of the following:

- Cardiovascular Disease- maintaining a healthy lifestyle
- Weight Management and exercise
- Safe use of alcohol and impact on medication effectiveness
- Sleep hygiene- adopting strategies and reducing reliance on sedatives
- Anti-Psychotics: management of side effects in daily life
- Managing agitation and anxiety: adopting strategies and reducing reliance on PRN (as required) medication
- Smoking cessation
- Medication compliance- managing this within your daily routine.

The first round of sessions started in February 2019 and the programme is now into its 4th round. The team have collated feedback from approximately 50% of all attendees and this is now being compiled by the principal pharmacist as part of a wider CQI project for the Leadership Academy. A summary of some of the highlights are shown below:

- 73 service users attended at least one session of eight during the first round of the programme
- This number increased to 103 service users by round 2
- 91% of service users have found the sessions helpful
- 76% said that they felt better after attending one or more of the sessions.

It is of no doubt that the exceptional partnership working of the acute Pharmacy and Occupational Therapy teams has been the driving force to establishing the effectiveness of these sessions. The initial outcome of embedding these sessions into the ward routine has been achieved, and several other service areas have expressed an interest to implement within their service areas, including Thumbswood Mother and Baby Unit, Inpatient Rehabilitation and Community Adult.
The plan is to develop a further session relating specifically to carers, and how they can support their loved ones to effectively manage their medication at home, whilst also encouraging a healthier lifestyle.

Joint working for safer mobility

In April 2019, Occupational Therapy staff in the older aged adult services took part in a training session with the older aged adult service Physiotherapist which enabled them to gain the competencies needed to assess and issue walking frames for service users on our inpatient units. The training was part of a Continuing Professional Development (CPD) session on using physical activity to improve health and well-being for our service users. The aim of the training was to equip the Occupational Therapy staff with the knowledge, skills and confidence to assess if a walking aid would improve mobility and safety when mobilising for service users. The outcome of the training was that staff working on inpatient units could assess for and provide an appropriate walking aid of the correct type and size more rapidly after mobility issues were identified, supporting safer mobilising and reducing the risk of falls.

Advanced Assistant Therapy Practitioner posts

The Occupational Therapy service in older aged adult services developed 2 band 5 Advanced Assistant Therapy Practitioner posts aiming to improve the provision of group interventions and parity of therapeutic activities across all four quadrants. These posts also enabled us to provide a career pathway for experienced band 4 Assistant Therapy Practitioners, using their skills and knowledge and keeping experienced staff in the Trust. The post holders were able to work across the county, supporting their colleague in Occupational Therapy to be more flexible in their provision of therapeutic group activities, with the aim of reducing waiting times for group support like Cognitive Stimulation Therapy groups for people with cognitive impairment. They have also been liaising with community organisations, developing alliances to improve carer support and the delivery of workshops for support and information in living well with Dementia.

Increasing awareness of falls risk

A community Occupational Therapist worked with her team colleagues to deliver a programme of frailty and falls awareness training as part of the older aged adult services falls awareness and assessment CQI. The pilot project involved engaging with all team members to support them with using the Falls Risk Assessment Tool as part of their mental health initial assessment. This enabled the team to identify the level of risk and take appropriate action to manage or reduce it, including referring for physical health checks and signposting for treatment such as exercise groups or falls awareness groups. The quality improvement project also resulted in an increase in referrals for Occupational Therapy assessments in the community team, enabling the Occupational Therapists to provide advice on strength and balance exercises, strategies to raise awareness and equipment in the home to help reduce the risk of falls.

Increasing Physical Activity in learning disabilities inpatient areas

Hydrotherapy has become embedded into the weekly Specialist Residential Services (SRS) therapy programme, with Trust staff completing lifeguarding training to ensure sessions are safely covered.
We are working in collaboration with Watford FC's Community Sports and Education Trust to provide a weekly sports session for service users at SRS. Coaches come in weekly to provide a variety of adapted exercises.
On Dove ward, service users make good use of the gym and the group programme includes adapted tai chi sessions.

All learning disabilities Occupational Therapy staff have attended training in adapted tai chi and chair based yoga and have introduced these as part of a sensory activity programme.

The gardening group has worked hard to make sure the improved garden at 6 Forest Lane is looking its best. The activities are graded to meet service user needs and designed to keep people active, for example using wheelchair accessible planters and outdoor tables to help with potting.

Other physical activities offered to SRS service users on a seasonal basis include carriage riding, accessible bike riding at Stanborough Lakes and horse riding.

Year Round Recovery Garden: Functional Frailty ward

Belinda Clayton, Assistant Therapy Practitioner on Wren Ward, Kingfisher Court, has been shortlisted for "The NHS Employers award for outstanding achievement by an Allied Health Professional (AHP) or healthcare science apprentice, support worker or technician" in this year's Advancing Healthcare awards.

Belinda has ensured the effective year round use of the ward garden, thinking sustainably and with the recovery of service users in mind on a short-stay functional frailty ward for older people with mental health problems. She creatively and sensitively offers opportunities for people to connect with nature, using the ward garden for promoting the health and well-being of service users through a range of ward based groups. This is not only sustainable but very cost effective and has extended beyond traditional gardening to art making sessions, quizzes to identify shrubs and cookery sessions. Not only does horticulture allow service users to retain a sense of identity by continuing to engage in a previous interest, it encourages being physically active, fresh air and a sense of connectedness.

In terms of evaluating the project, 157 people have attended 45 horticulture sessions ranging from 60-90mins in length since January 2019 (4 on the day of their admission) with a further 43 service users passively observing these sessions. 30 well-being groups have been attended by 110 service users- where nature is always central theme. Approximately 40 service users have completed Occupational Therapy specific evaluation forms, of which 93% of respondents either agreed or strongly agreed with the statement that: 'Occupational Therapy aided my recovery by helping me to engage in activities I find interesting'.

Case Studies (all pseudonyms)

- Sheila - former nursery owner and gold medal winner (chrysanthemums) at RHS Chelsea Flower Show.
  Self-neglecting, Sheila was admitted with a diagnosis of schizophrenia, with auditory and visual hallucinations and disordered thoughts. For a while, she was too anxious to engage in groups, believing the police or reporters were about to arrive to speak to her. Within a week, she started admiring flower arrangements completed by others, and the she started identifying garden shrubs. Without family, it took some weeks before we managed to glean anything of her background, but eventually we discovered that she had owned a nursery and won a gold medal at Chelsea for her Chrysanthemums. When she realised how impressed we all were with her past achievements she began sharing knowledge and giving advice. By the end of her stay, she was arranging up to 15 flower stems into oasis, and single-handedly carried out all the autumn pruning. She took particular delight in watching the Nemesia grow, from where she sat on the ward and she provided me with a daily progress report! Clearly fiercely independent, she left us a smiley, relaxed lady who was looking forward to once again pottering in her own garden and living life to the full.

- Andy- former groundsman and part-time gardener.
  Andy was diagnosed with paranoid schizophrenia and was frequently tearful. When completing an interest checklist with Belinda shortly after his admission, it was apparent that he felt he was 'useless' at everything. His knowledge gained as a groundsman was something that could be worked on to improve his self-esteem and after observing others during a gardening group, then a flower arranging session, he engaged fully in 3 flower arranging groups, independently creating attractive, artistic displays around a table with others. He was able to return to communal living when discharged, with a renewed belief in himself and his abilities.

- Sophie
  Sophie had experienced terrible trauma, both personally and from living in a war zone. She spoke and understood little English. She had been admitted to Wren Ward due to late onset psychotic episode and persecutory ideation. She had been living an isolated existence. After realising she could trust staff, she quickly started to engage in all nature-related activities, where language skills were simply not necessary. During flower arranging groups, she would make simple hand tied posies and give these to staff with a beaming smile. She let herself go creatively, with childlike enthusiasm, smiling and nodding approvingly at the work of others and pointing to where she wanted her completed artwork to be displayed. Relaxing with nature-themed activities provided a common ground where we saw Sophie able to relax, smile and laugh with others and eventually return home with hope for the future and a renewed connection with her fellow humans.

Our Physiotherapist has arranged for a training session from a Public Health England physical activity champion. This training is being offered to staff in older aged inpatient and community settings to improve their awareness on the importance of physical activity and how they can start conversations with service users about physical activity.

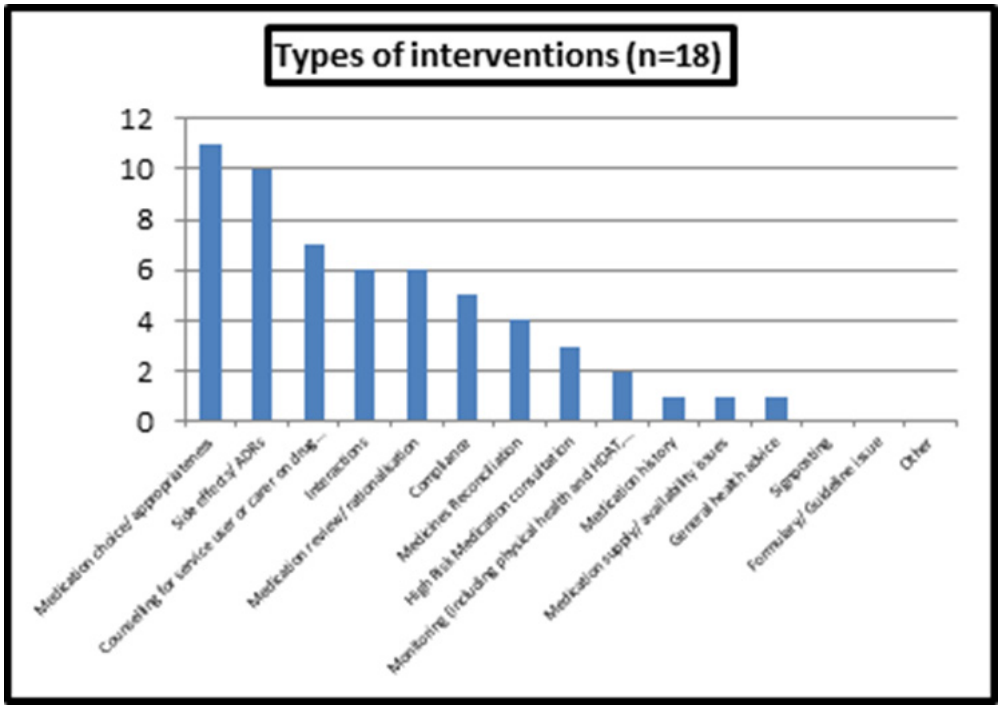
Spiritual Care Pilot

The Spiritual Care service is working collaboratively (as second professional) with psychology on an 8 month pilot to explore the effectiveness of offering family support as a key part of inpatient care. Up to 3 sessions are offered to inpatients and families/carers they identify as being significant to assess whether a systemic approach (rather than a solely service user focus) offers enhanced care.
This is an innovation fund project and is being assessed against a series of outcome measures with a view to offering it on other acute adult inpatient units. Meetings are open to all service users admitted to Albany Lodge, although are not accessed by all, for a variety of reasons. Questionnaires are administered pre and post meetings. Key data is also collated, including average lengths of stay and readmission rates is collated and will be compared to data prior to the pilot to test effectiveness.

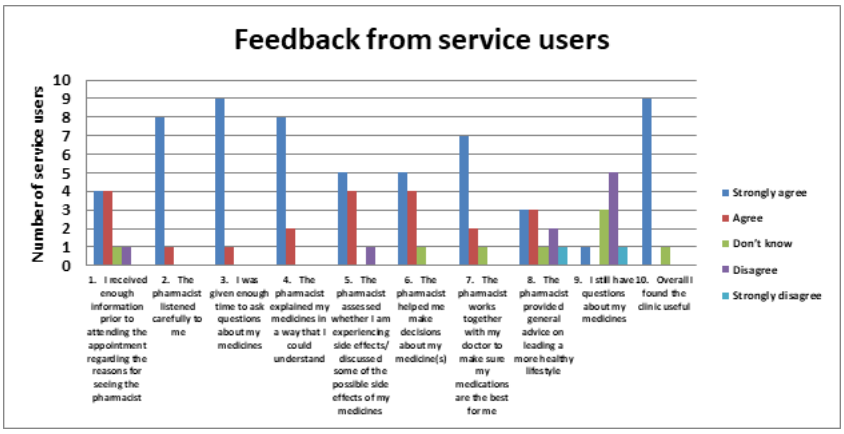
Pharmacy-led Medicines Optimisation Clinic

A Pharmacist-led medicines optimisation clinic was piloted at Colne House ACMHS. The clinic operated on a referral basis and received 30 referrals over a period of 6 months, of the 30 referrals 22 patients attended the clinic. The medicines optimisation clinic used a shared decision making approach during medication related issues were discussed. Following the appointment, the referrer was provided with feedback/ suggestions and this was saved on the electronic patient notes. The type of interventions undertaken are depicted in the table below which range from supporting the choice of medicines to general health advice. The second table below displays the service user feedback about the clinic. Some of the freetext feedback was as follows:

"felt better information about the options available and the impact of medicines"
"really good to speak to an expert about my medications"
"the flexibility in offering email advice, face to face review with patient as well as if needed see them at home is really helpful and flexible"
"excellent service which makes our prescribing safer and patients get a dedicated space to discuss their questions, concerns etc."



Pharmacist led Medicines Optimisation Clinic interventions.



Service user feedback on Pharmacist led Medicines Optimisation Clinic

West SBU

Safety on the Ward Project

The Safety on the Wards Project has been completed by service user and carer representatives for West SBU. The aim of the project was to assess the effectiveness of safety strategies being used at Robin ward, Albany Lodge, Owl ward and Oak unit, with a focus on the Safeward methodologies.

Most service users do feel safe, most of the time, and report that incidents are dealt with very quickly. Where Safewards methods are being used, they are very successful,

Psychology in Home Treatment Teams

As part of the Hertfordshire Crisis Services Transformation Project, the development of psychological services within crisis teams has been a key part of providing a holistic approach to the assessment and treatment of service users using our crisis services. Psychology provision with our crisis teams is one part of transforming the current Crisis Assessment and Treatment Teams (CATT) into Crisis Resolution and Home Treatment Services.

Psychology has introduced a formulation driven approach to the crisis teams to provide a psychological perspective to the teams understanding of a service users difficulties. This perspective has then gone on to help shape the service user's treatment plans while under the crisis service.

Psychological services are also providing brief, evidence based psychological interventions to service users that focus on strategies that help the service user's crisis to resolve quickly. Evidence based approaches used include CBT, DBT, Mindfulness, Solution Focused techniques, psychoeducation and Motivation Interviewing.

The Assistant Psychologists are now all offering an in-depth 'Staying Well after Crisis' package to all service users. This involves relapse prevention and a number of stress management techniques to help the service user manage future stressful life events.

Occupational Therapy in Crisis Services

As part of the Hertfordshire Crisis Services Transformation Programme, the development of Occupational Therapy has been integral in being able to offer an holistic approach to the assessment and treatment of service users who access these services.

We have been able to establish and embed our provision within the existing crisis teams. There has been work with the Acute Day Treatment Unit's and the adult inpatient wards in promoting the role of Occupational Therapy within crisis services and exploring ways of better linking up our services more widely across the acute and crisis care pathway. Examples of this include providing a specific CATT Occupational Therapy 'in-reach' service to Swift ward, in order to identify early those service users who would benefit from occupational therapy when they are discharged into their respective CATT and to commence the initial screening and collaborative goal-setting from there. We have a similar model operating across our treatment wards; whereby the respective CATT Occupational Therapy liaises regularly with the treatment ward Occupational Therapy in regards to any ongoing assessment and/or intervention work that will be required when the service user is discharged home.

As well as providing an occupational therapy assessment function within the crisis teams, the Occupational Therapist's in post have also been busy in developing their 'intervention menu'. Specific interventions have been tailored and personalised as much as possible to what is meaningful to each individual, and encompassing the key areas of function that Occupational Therapist's are mostly concerned with: self-care, productivity and leisure.

Community Perinatal Team

In October 2019, the Community Perinatal Team received a Highly Commended in the Positive Practice in Mental Health awards. The National Collaborating Centre for Mental Health (NCCMH) and the Positive Practice in Mental Health (PPiMH) Collaborative work together to help identify and share examples of how good mental health care can be delivered.

The team were also finalists for her Heart Radio Hertfordshire Hero Community Award, having been nominated by one of our patients. PPiMH is a user-led multi-agency collaborative of 75 organisations including NHS trusts, CCGs, third sector organisations and service user groups. The PPiMH Collaborative's aim is to raise the profile of mental health with politicians and policy makers and to disseminate good practice in mental health care.

First Response Service

The First Response Service provides 24 hour access to mental health services for people who identify, or have been identified as being in a mental health crisis. It is an age inclusive service for people from the age of 18 years and includes adults over the age of 65 years with a functional illness.

Support is provided initially over the 'phone, where staff trained in the process of mental health triage will attempt to de-escalate the individual's crisis over the phone and formulate a safety plan for that individual. Depending on the risks and needs identified, a face to face assessment can be arranged and carried out by a Mental Health First Response clinician or appropriate locality CATT or support will be offered, advice given and referral to the appropriate services which best suit the needs of the individual.

We have recruited band 5 tele-coaches (wellbeing practitioners) who provide support initially over the phone and who are in the process of being trained in the process of mental health triage and who will attempt to de-escalate the individual's crisis over the phone and formulate a safety plan for that individual.

Mental Health Liaison Teams 48 Follow-up

The Mental Health Liaison Team have introduced a 48 hour telephone follow up service for anyone who has presented with self-harm or suicidal ideation and whose needs could be best met in Primary care. The follow-up is to ensure that patients' needs are met and are post discharge.

The teams have also introduced the process of any older person who presents with suicidal ideation or self-harm, will automatically be referred to the Crisis Function Team. This is in agreement and supported by The Crisis Function Team.

Both The Mental Health Liaison Teams based in Watford General Hospital and the Lister Hospital submitted their applications to the Psychiatric Liaison Accreditation Network (PLAN) in December 2019, and have now both received their accreditation and are part of the network PLAN is a quality improvement and accreditation network for psychiatric liaison services in the UK. PLAN is a quality improvement and accreditation network for psychiatric liaison services in the UK.

Accredited Services in West SBU

Oak Ward (PICU)

Oak Ward were successful in being awarded their Accreditation by the QNPICU (Quality Network for Psychiatric Intensive Care Units) in November 2019, The period of accreditation will last for three years is a testament to all their hard work from the Team.

Thumbswood Mother and Baby Unit

Thumbswood Mother and Baby Unit received their Accreditation from Members of the Perinatal Quality Network in September 2019 and the next review will be due in September 2022.

Electroconvulsive Therapy (ECT)

ECT based at Kingfisher Court had their ECTAS (Electro-convulsive Therapy Accreditation Service) accreditation approved by the Royal College of Psychiatrists' Combined Committee for Accreditation following their meeting on 16th December 2019. Not only did the Team evidence 100% on all Standards (243/243 Standards), but were also commended in all four domains which is a fantastic testimony to all the hard work the team put in to running a safe and secure service.

Depot Clinics

Our North West Adult Community Team has trialled the formation of a specialist multi-disciplinary mini team for service users receiving depot and clozapine medication. This has enabled a focus on the particular needs of this service user group and has created consistency of approach for people receiving long term antipsychotic medications in these categories. The mini team ensures the delivery of high quality care co-ordination for the service users to ensure care is joined up and considers mental health, physical health and social care needs in a holistic way. Early evaluations of this approach have indicated increased positive outcomes and experience for service users

Family Intervention in Early Intervention in Psychosis Services

Our PATH Team, which delivers the First Episode in Psychosis pathway for people in Hertfordshire, has increased access to Family Intervention to Psychosis (FIp) for service users on the pathway. The team has trained 19 staff to deliver FIp, through the provision of specialist training and supervision. This means the service now has a range of practitioners who are qualified to deliver this important therapy to people and their families and the service is increasingly able to ensure timely access to this therapeutic approach when families need it

Joint working with substance misuse services

Our PATH service has been working jointly with Spectrum Substance Misuse services across the year to deliver a collaborative training programme to the workforce, designed to upskill members of each service in approaches to improve interventions for people with a Dual Diagnosis. The training programme focusses on ways to support people with mental health challenges, how to deliver motivational interventions and also builds awareness of important harm minimisation messages and interventions. The work has improved knowledge bases within the teams and developed better working relationships. Evaluation work will focus on the extent to which outcomes have been improved for service users and carers.

Improved access to Adult Community Services in West Herts

Our Adult Community Teams in West Herts have succeeded in consistently improving access to services for people who require specialist assessment. They joined forces with East and North Herts to scope and run a CQI programme designed to identify and address the challenges with access. As a result of the work, access to services is now quicker, with

over 98% of service users in Hertfordshire able to access specialist assessment within 28 days by quarter 3 of 2019/20. The CQI programme also focussed on improving referral management, ensuring service users received the right intervention at the right time and got timely access to a psychiatrist when they needed to see one.

"'x' visited today. Was very informative, very patient and understanding. This service has been of great benefit to us as a family."

GP Plus development

In Herts Valleys work has continued to further develop the GP Plus scheme. GP surgeries across Herts Valleys have been able to refer service users to specialist practitioners, working in surgeries, for rapid assessment within 7 days and intervention, within 14 days. In Herts Valleys, GPs, the Trust and Hertfordshire MIND have delivered the service in partnership to ensure people can benefit from specialist assessment and structured intervention at the GP surgery and in their local communities.

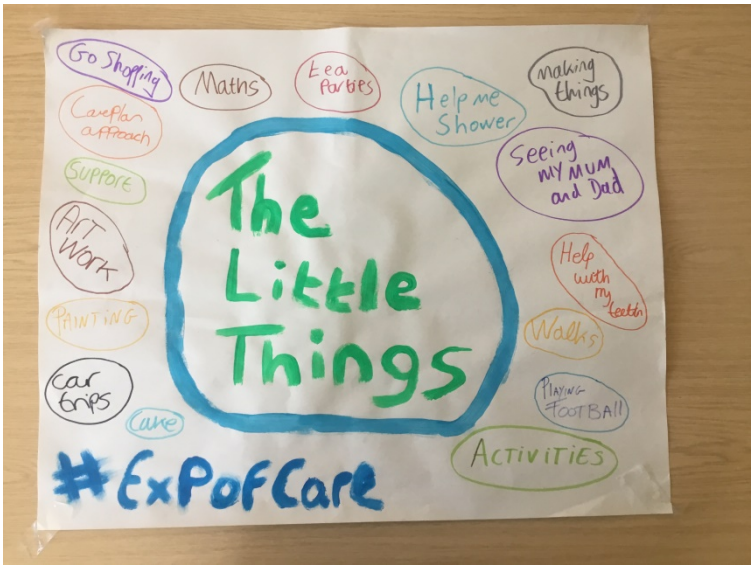
Learning Disability and Forensic SBU

We have strengthened our working relationships with social care partners in Buckinghamshire to improve health outcomes for people with a learning disability and their families and carers, through co-location at our base in Aylesbury and the development of integrated working practices during 2019/20.

We successfully established our Enhanced Rehabilitation Outreach Service (EROS) and have empowered our service users to recover in the least restrictive setting by supporting their transition from our rehabilitation units to their home in the community. This has resulted in a 10 week reduction in the average length of stay on our units.
We have also co-produced and launched our Carers Charter across our rehabilitation sites to demonstrate our commitment to involving carers in the development of care plans to support sour service user recovery.

We launched our Social Care Transformation Programme in collaboration with our system partners and our Community Mental Health teams, to oversee the rollout of the Connected Lives model, embed the principle of personalisation in our working practices and enable our service user to live as independently as possible.

We have set up the Equality Group for the Learning Disability and Forensic SBU which has been running since September 2019. The group have successfully provided a forum that encourages the exchange and generation of good practice with regard to issues relating to diversity and inclusion The group has also empowered staff through workshops/ trainings to deal with issues relating to race, culture and diversity as well as dealing with inequality in Black Asian and Minority Ethnic (BAME) recruitment and discrimination.



Other key achievements during 2019/20 from the Learning Disability and Forensic SBU include:

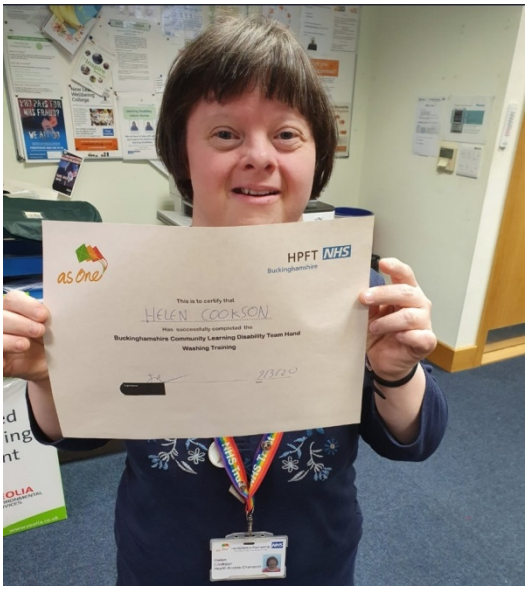
- Rehabilitation Service
  - Rollout of Enhanced Rehabilitation Outreach Service (EROS)
  - AIMS process started
  - Developing Harm Reduction capability in the workforce
  - Launch of Carers Charter
- Specialist Learning Disability Service
  - Integrated working and co-location with social care in Bucks
  - Establishment of Learning Disability Outcome framework
  - Restrictive Practice CQI project demonstrating improved practice
- Secondary Care
  - Establishment of social care transformation programme
  - D2A Discharge to Assess pilot launched
- Workforce
  - Expansion of CQI capacity and capability across SBU
  - Establishment of SBU Equality Group
- Sustainability
  - 19 month extension to the Bucks Learning Disability contract
  - Forensic New Care Models.

"I feel my wife has had all her needs met very well by the EROS team."

Buckinghamshire Services

Our team in Buckinghamshire have embraced a number of initiatives including Blue Monday. The Client Opinion Group also supported designing our new team leaflet. The Physiotherapy team have been looking into an app to provide their service users with their individual exercises.

The team continue to work towards annual health checks and may have a more active part to play in the future.



Essex Services

Specialist Health Learning Disability Services have been part of an extensive transformation programme, leading the new contract of Essex Learning Disability Partnership. The key areas of this transformation over the year include:

- Formation of governance structures across the partnership;
- Transformation of core services across the county. Specifically Enhanced Support Services, Community Forensic Services and Inpatient Services. Audited Standard Operating Procedures are in place across the county to ensure best practice;
- Formation and work across several corporate work streams including estates, workforce, technology and quality
- Coproduction has underpinned transformation across the county.

Over the past year Health Access Champions and Inclusive Communication Essex have moved over to the Trust as part of the Essex Learning Disability Partnership that further strengthen co-production and inclusiveness.
Specialist Learning Disability Services for children and young people in Essex moved over to the Trust and Essex Learning Disability Services at the beginning of 2020 and this moves towards a lifespan model for Essex.

We led a bed review across Essex Learning Disability Partnership to plan the best way to provide the contracted 11 Assessment and Treatment Inpatient beds, currently provided across two sites. A decision is expected in late summer and planning will commence immediately following that. A review of provision across the Partnership was and is a key part of the Transformation plan for learning disabilities in Essex to ensure access is available in all areas and, where possible, has taken opportunities to collocate with system partners.

"As parents of a young man with learning disabilities, our lives are a constant battle with either our child or the authorities, trying to get the relevant help we need, constantly filling out forms and proving our needs. We can't really put into words what having 'x' and 'x' on our team has done for us as a family, safe to say, we are probably still a whole family because of their input."

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

East and North SBU

High risk pathway

We have implemented a high risk pathway ensuring safe management of service users with significantly high risk of self-harm, violence or safeguarding. Cases that are high risk/complex will be highlighted in the daily review/ward inpatient Multi-disciplinary Team Meeting (community) as a case of concern. Risk Formulation Meetings chaired by the Consultant Psychiatrist or other senior clinicians will ensure a risk management plan is formulated according to the guidance from the Trust's Risk Assessment Policy. High Risk Panels are chaired by the Clinical Director and or Medical lead with Service Line Lead for further support.
We have introduced a Risk Formulation box in the risk assessment form on the EPR and offered a series of Risk Formulation training to staff to improve quality of risk assessment. A re-audit of quality of risk assessment in quarter 3 shows an improvement in the quality of risk assessment.

Medicines Management

We have undertaken significant work in relation to medicines management to ensure the safe prescribing and dispensing of medications. Medication safety reporting is now part of our wider safety reporting to our Board and commissioners.

'Specialist mini teams'

The adult community team at Rosanne house has organised staff into mini teams of a nurse, social worker and support worker, to share skills, and mutual support. This has had good staff feedback and has also allowed more specialist mini teams to develop for acute care pathway transfers to community, supporting a timely transfer of care; and for depot clinic support, providing a mini multi-disciplinary team around depot service users, instead of the 'traditional' nurse only approach.

Agile working

An agile working project has been taking place at Holly Lodge to upskill staff training in best use of existing electronic systems, provide recommended agile equipment so staff can work in an agile way, and worked with the team on the desired workplace culture to support agile working. This has supported staff to reduce travel time with the use of Skype video conferencing, and to manage diaries to work more effectively.

Depot clinics

Depot clinics traditionally use a paper diary and there have been a number of incidents of staff not noticing missed appointments. The EPR has an appointment option, and this has been utilised to set up the Holly Lodge depot clinic with electronic appointments. This has enabled an administrator to assist the depot clinic in managing appointments, and enables depot appointments to be reported with much clearer visibility on DNA for risk management. This is being rolled out to a second adult community mental health team with the view this should roll out across the Trust.

A new project has been initiated at Saffron Ground. Its purpose to provide a wellbeing clinic attached to the depot/denzapine clinics and the physical health clinic at Saffron Ground. The aim is to close the loop when health concerns are raised and ensure that we are up- to date on the treatments that our service users are receiving/not receiving so that we can assist them to receive this help via their GP's. We will introduce a hydration pathway for the service users that attend these clinics and full monitoring of bowel issues. This is part of the learning from a serious incident at Saffron Ground.

"Lambourn consistently delivers a caring, welcoming and reassuring environment."

End of Life Care

We conducted an audit of our practice around 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR).' This highlighted that a DNACPR form was completed for 99% of cases in older people inpatient services, a significant improvement on the previous audit. The Trust is part of a Hertfordshire wide End of Life Care Strategy Group working in collaboration with other NHS providers and local hospices.

"We are truly very happy with Dad's care and would to say a huge thank you. Dad's last few weeks were very hard for us as a family. However, it was made easier by having such compassionate and empathetic staff."

72 hour follow up

In line with national best practice the Trust introduced 72 hour follow up, moving from 7 day follow up, for people discharged from CAHMS, acute and older people inpatient wards in April 2018. Performance has been consistent and positively sustained at 90% for 72 hour follow up. This change in practice was made due to increased risk of self- harm or suicide being a known risk on transition from an inpatient mental health to a community setting. A clinical audit of discharge follow up practices, for people transitioning from inpatient to community settings, demonstrated that 89% of people who were identified as at risk of suicide were followed up within 48 hours. National best practice is identifying the first 48 hours post discharge as the time of increased risk of harm to self, and the Trust is therefore progressing plans to move to an expectation of 48 hour follow up post discharge for all service users.

CAMHS

There continues to be a focus on ensuring robust transition of young people between CAHMS and adult mental health services, in order to ensure they have a positive experience, feel supported and have a seamless transition. As this has strong national focus as a key issue, transition arrangements has formed part of the Trust's CQUIN for the past 2 years. As part of this work stream, audits have been undertaken to evaluate the quality of young people's transition processes and experience. The most recent audits having demonstrated positive transition processes with CAHMS having identified that 100% of young people had allocated keyworkers through transition to adult services and that the young person was actively involved in transition meetings and planning in 88% of cases.

The Trust has experienced a significant increase in referrals/demand for CAHMS. We have worked with staff using CQI approaches, proactively managing the risk and experience of those people waiting for assessment; changing practices around triage, providing week-end clinics, introducing DNA protocols to strengthen the management of clinical risk; implementing Primary Mental Health Care Pilots and discussions with commissioners around future care models for the services. 95% of child and young people are now assessed with 28 days of referral.

The CAMHS Home Treatment Team has won this year's HSJ Award in the Acute or Specialist Service Redesign Initiative. The Team were also Highly Commended at the Positive Practice Awards for Crisis support.

"He treated my child with such warmth and kindness and also most importantly with good humour enabling both my child and myself to relax and have a very positive discussion."

"Easy to talk to, very professional member of staff who had strategies, sympathy and was very thorough. A crucial service for anyone feeling there's no future or in need of mental health support. Thank you, thank you."

Care Home Project by MHSOP-SW Herts

The project is a finalist at this year's HSJ Awards. The team has been shortlisted in the Community or Primary Care Service redesign initiative-London and the South category. The integrated Care team was also awarded inaugural National OPMH and Dementia Awards in innovative Practice

SafeCare and eRostering update

What is eRostering?

The use of eRostering aids the management of our workforce, including service user demand, establishment management, staff working preferences, absence management, rostering, time and attendance as well as payroll integration. It also helps with the effective rostering of staff, ensuring that service requirements are met. Furthermore, it ensures that services run in a fair and efficient way, reducing errors in timesheets and ensuring staff are aware of their off duty in a timely manner.

What is SafeCare?

SafeCare is mounted onto eRoster and calculates the required staffing from service user numbers, acuity and dependency, three times a day. It provides as site-wide overview of required versus actual staffing, highlighting hotspots as well as areas that could help.

SafeCare enables the viewing of staffing status across many dimensions, including hours short/excess, missing skills, missing service user census, Care Hours Per Patient Day (CHPPD) and the cost of a shift. It also enables the tracking of attendance and sickness of all rostered staff.

During the year, we saw a continued use of SafeCare in the inpatient service areas. Census checks were undertaken three times a day, detailing the safety of the staffing levels and whether staffing hours are short or in excess of hours for the forthcoming shift.
Daily SafeCare calls manage and monitor safe staffing within each of the SBUs, redeploying staff to another unit as appropriate as well as monitoring the bank and agency usage and service user acuity levels. Furthermore, eRosters have been more clsoely scrutinised via weekly meetings, ensuring their effective utilisation and compliance.

We commenced involvement of a self-rostering pilot initiative to implement a team-based rostering system for nursing staff. This pilot is aimed at increasing nurses' input into their working patterns and improving work-life balance in the Trust and provides the nursing team with autonomy and permission to negotiate the eRoster, in the context of being open and transparent. Some of our inpatient services from each of the SBUs are participating in the pilot.

The monthly Safer Staffing Group which was reviewed last year, continued throughout the year, chaired by the Deputy Direcotr of Nursing and Quality/DIPC.

In consideration of safer staffing levels during the year, the Care Hours per Patient Day (CHPPD) showed that there were many services which had used staffing above their establishment to meet the clinical needs and demands of the services. These were predominantly owing to the aucity levels and requiring prescibed increased levels of safe and supportive observations.

The first cohort of the Trainee Nurse Associates (TNA) who completed their training last year are all working as Registered Nurse Associates (RNA) across the service areas. Staffing establishments were reviewed and the Quality Impact Assessments completed by the Heads of Nursing, ensuring the upskilling of the nursing staff with whom the RNAs work, as well as ensuring the skills from their training are fully appreciated and utilised in the service areas.

The vacancy rates of the nursing staff remained a focus, with an increased concern on the number of Registered Nurses (RN) who can retire. The Heads of Nursing have continued to closely monitor this, supporting individuals and exploring options for them to remain in the workplace.

Celebrating 100 years of the Learning Disability Nursing

Several members of our staff went along to Newmarket Racecourse to celebrate 100 years since the first *Mental Deficiency Nurses* as they were originally known, were registered. In line with the Past, Present and Next Generation theme of the conference, attendees were taken through a timeline of how the profession has changed since then. It's an exciting time to join/rejoin the profession, as the journey continues.
David Harling, National Head of Learning Disability Nursing told attendees how the profession can rise to challenges, starting with four reset actions:

- Attracting and retaining the LD Nursing workforce
- Enhancing the profile and reputation of the profession
- Developing the academic proficiency and clinical competence of the profession
- Celebrating the profession by supporting innovation and professional leadership

There were many examples and cases studies of excellence, innovation and Advocacy for people with learning disabilities. One of our newly qualified Learning Disability Nurses, Jamila Noah, impressed the room with an inspirational presentation about the obstacles she has overcome in order to qualify as a Learning Disability Nurse. Jamila is passionate about working to ensure people with a learning disability are given the tools they need to enable them to be listened to and flourish.

Our Executive Director for Quality and Safety and Chief Nurse, Jane Padmore spoke at the conference with an uplifting message for all LD nurses. She said: "Make sure your voices are heard as there are so many opportunities and so many people you can influence and impact. "Be generous with the skills, knowledge and information you have in order to support high quality care and excellent working practice."

Our Deputy Director of Nursing & Quality and Director for Infection Prevention & Control (DIPC), Jacky Vincent took questions from the floor before the conference was closed by the host for the day, Patrick Nyarumbo, Director of Nursing Leadership and Quality for NHS England and NHS Improvement (East Region). He reviewed a 'wordcloud' of why nurses are proud to call themselves an Learning Disability nurse.

Infection Prevention and Control

The year has seen some key progress including low incidence of alert organisms, implementation of the fact finding report identifying lessons learned following any suspected/confirmed outbreaks of infection and the implementation of a successful 90 day Quality Improvement initiative to improve hydration which will reduce the incidence of urinary tract infections. The year has also maintained a consistent training compliance and noted an increase in an awareness of IPC, from promotional events.

The latter part of the year has also had some significant challenges in relation to the Covid-19 pandemic. The Infection Prevention and Control team were an integral part of the Business Contingency Plan to reduce and control the spread of infection across the organisation. 2020/21 will continue to focus on the challenges relating to Covid-19, ensuring that the risks associated with transmission of this virus to service users, staff and carers is kept to a minimum.

SPIKE2

It has been 18 months since the launch of SPIKE2, our reporting and business intelligence tool. In this time, we have successfully expanded it to include other corporate reporting like Human Resources, Finance, DATIX, IAPT etc. On SPIKE2, we have about 54 dashboards across all the corporates which host ~389 KPIs/metric. It's been widely used by our staff for to meet their day to day reporting needs, as detailed in the table below.

Corporate	No. Of Views*	No Of Users*
DATIX	190	11
Finance	14,439	437
Human Resource	14,841	587
Clinical (PARIS)	398,498	1,816
Clinical (PC-MIS)	3,101	100
TOTAL	**431,069**	**1,998**

**only those staff who are currently working for the Trust at the time of the report.*

Finance

The Trust's Finance Team were accredited at Level 1 with Future Focused Finance (FFF), and one of the team won a national FFF award for delivering the most number of training hours in the country during 2019.

Modernising Our Estate

Improving and modernising our facilities

We have a number of initiatives underway to improve our community sites at Saffron Ground, Colne House, The Colonnades and Rosanne House. This includes internal refurbishment and remodelling the working areas.

A range of life-cycle decorating and minor works requirements have also been identified across 28 key sites, arising from our Patient Led Assessment of the Clinical Environment (PLACE), Senior Leaders and Big Listen feedback and also Estate led site surveys.

A full programme estimated at £2.2m has been prioritised based on need with future requirements being formalised within a rolling refurbishment programme. We have also invested in our Facilities Management contract and refreshed our Estates and Facilities in-house team to improve Estates' response time, improve response prioritisation from our outsourced supplier and focus on seclusion and Section 136 ongoing repairs and maintenance to ensure any decommissioning of critical areas is minimal

Furthermore, we have set out a significant investment programme to our seclusion facilities including refurbishment, new build and an increase in capacity to ensure we can always keep people safe during such interventions.

Approximately £1M was successfully invested in backlog maintenance projects during 2019/2020. The scope of works included:

- New energy boilers installed at 99 Waverley Road, Gainsford House, Prospect House, Albany Lodge and Victoria Court
- Refurbished staff wc facilities at 99 Waverley Road, as requested by staff at a 'Big Listen' event
- In addition, following a CQC inspection, we created a new staff observation room for the S136 suite, on Oak ward, in Kingsley Green.

We addressed the historic heating issue in the Pharmacy department at Kingfisher Court, by providing a new air conditioning system, resulting in the issue being removed from the Trust Risk Register.

The last of the 'bedroom dorms' within the Trust, were removed from Aston Ward in Lister Hospital. Every one of our inpatient now have their own single bedrooms. In Saffron Ground, we refurbished the 2nd floor reception & waiting area and at the same time extensively refurbished the 1st floor open plan office facilities.

An iHub facility was created at The Colonnades which has been warmly received and fully utilised. Work has commenced in refurbishing the current vacant space on the 1st floor of The Colonnades, which will eventually result in additional training facilities being provided on the ground floor including a new simulation suiter.

We have converted a wing within Prospect House which is the new base for the Enhanced Primary Care Team. Furthermore, we are in the process of finalising design plans for a number of new Safety Suites across the Trust's estate.

Annexe 1 – Statements from Partners

Healthwatch Hertfordshire's Response to Hertfordshire Partnership University NHS Foundation Trust (HPFT) Quality Report 2019

Healthwatch Hertfordshire values the relationship with Hertfordshire Partnership University NHS Foundation Trust and looks forward to continuing to work closely with the Trust to help improve services for patients including supporting the quality priorities outlined in this Quality Account.

Steve Palmer, Chair Healthwatch Hertfordshire, April 2020

NHS
East and North Hertfordshire
Clinical Commissioning Group

NHS
Herts Valleys
Clinical Commissioning Group

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

The information provided within this Quality Account Report presents a balanced report of the quality of healthcare services that HPFT provides and is, to the best of our knowledge, accurate and fairly interpreted. The Quality Account Report clearly evidences the improvements made and, importantly, where improvements are still required.

Commissioners have been working closely with HPFT during the year, gaining assurance on quality of care, ensuring it is safe, effective and delivers a positive service user experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, Commissioners have reviewed the information contained within the HPFT Annual Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate and fairly interpreted to the best of our knowledge.

As commissioners we continue to have a positive relationship with HPFT and have been impressed by the progress that they have made during the year on a number of areas such as their safety culture and engagement with staff.

We continue to be concerned by the challenging recruitment environment for mental health and learning disability staff, but recognise that HPFT have plans in place to address these issues.

We welcome the increased focus on physical health issues from HPFT during the year that is set out in the report. There remain challenges in this area in terms of managing dysphagia and completion of physical health checks.

During the year, the Trust saw a big increase in waiting times for CAMHS but did make significant progress in reducing these by year end. The Trust are an important part of the whole system improvement programme for mental health and emotional wellbeing for children and young people and we continue to work with them on this agenda.

There had been substantial delays in completing Serious Incident reviews, but we recognise the positive action taken in 2019/20 to reduce these and put a more sustainable approach in place. The number of outstanding reviews has reduced over the year and this reduction has continued since.

From an Adult Safeguarding perspective, we are pleased to note that safeguarding will be a Quality priority for next year and acknowledge HPFT's continued commitment to this area. In terms of Safeguarding Children, we were pleased to note the appointment of a Named Doctor in this area, a post that HPFT have struggled to recruit to for some time.

The Specialist Learning Disability Service (SLDS) continues to respond effectively to meet local need. The reduction of learning disability inpatients both locally and nationally has led to increased acuity in the community for mental health, behaviour and forensic

support. There is a perceived rise in people being placed into Hertfordshire by other areas with complexities that are challenging the local system. SLDS leaders continue to work with Commissioners and HCC colleagues to meet need and formalise our joint approach with Commissioners/Social Care practitioners placing people into Hertfordshire. Both HPFT and HCC Learning Disability Nursing Service have reported an improved working relationship which has meant that the health pathway for people with learning disabilities is more effective.

In line with the national Dementia Strategy, HPFT have worked to strengthen their community offer in order to prevent the need for hospital admission, and in turn reduce their provision of hospital beds. HPFT closed Prospect House Dementia Assessment and Treatment Unit, and voluntary sector organisations and commissioners supported HPFT to develop plans for reinvesting this saving into community services. HPFT's older people's community services have developed over 2019/20 and we look forward to further integration with the rest of the health and social care system next year. HPFT worked closely with Commissioners to address a backlog of referrals for memory assessment services in the year and ended the year with a greatly reduced waiting list, and the majority of service users being seen within 12 weeks. We look forward to working with HPFT to implement further improvements to the EMDASS service including diagnosis in primary care, and the use of technology to support assessments.

HPFT have begun implementing the Connected Lives approach to providing Social Care, whereby people's needs are considered holistically and people are supported to make use of a range of community and personal resources to reduce their dependency on statutory services. We look forward to supporting HPFT to deliver this key transformation at pace in 2020/21. We also welcome HPFT's continuing work to ensure that all their services follow statutory Social Care Safeguarding processes and best practice at all times.

Commissioners have also been working with HPFT on the transformation of Community and Primary Mental Health services as part of the NHS England national Community Mental Health Transformation pilot programme. This is a significant opportunity to join up Primary Care services with HPFT services and make a substantial difference to the way mental health services are delivered, so improving outcomes for users and carers. This will continue to be a priority for the coming year.

Towards the end of 2019/20, the NHS has been significantly affected by the Covid-19 pandemic and all organisations across our healthcare system have pulled together to redesign services and deliver safe care to our service users and patients. We recognise the efforts of the Trust and all of their staff at what has been an incredibly challenging time.

David Evans
Managing Director
Herts Valleys CCG

Sharn Elton
Managing Director
East & North Herts CCG

Hertfordshire Partnership University Foundation NHS Trust Quality Report Statement from Seamus Quilty, Chairman Hertfordshire Health Scrutiny Committee

Chairman
Health Scrutiny Committee

Seamus Quilty
County Councillor
Bushey South

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Mr T Cahill
Chief Executive
Herts Partnership University NHS Foundation Trust

12 October 2020

Dear Tom

2020 has required all of us to adapt our ways of working. On behalf of the Hertfordshire Health Scrutiny Committee I would like to thank the Trust for the services it continued to deliver during the pandemic and its response in recovery. To enable health organisations to concentrate on caring for covid patients the committee suspended its activity during the peak of the pandemic. The committee joined with the Overview & Scrutiny Committee in holding a Scrutiny Committee in July. The contribution from the Trust at that meeting was much appreciated. It enabled all our scrutiny members to hear about the impact on services and how the Trust was seeking to address on-going needs and additional pressures.

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

Yours sincerely,

Seamus Quilty
Chairman Hertfordshire Health Scrutiny Committee

www.hertfordshire.gov.uk

Annexe 2 Statement of Directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.
NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

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

- The content of the Quality Report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2018/19* and supporting guidance *Detailed Requirements for Quality Reports 2018/19*
- 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 2019 to March 2020
    - Papers relating to quality reported to the Board over the period April 2019 to March 2020
    - Feedback from commissioners dated 2020
    - Feedback from local Healthwatch organisations dated April 2020
    - Feedback from Overview and Scrutiny Committee dated October 2020
    - The 2019 national patient survey
    - The 2019 national staff survey
    - The Head of Internal Audit's annual opinion of the Trust's control environment dated June 2020
    - CQC inspection report dated May 2019.
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's Annual Reporting Manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.
By order of the Board

…11 November 2020 Date  Chairman

…11 November 2020 Date  Chief Executive

Glossary

ACE	Anglian Community Enterprises
ADDS	Accelerated Directors Development Scheme
ADHD	Attention Deficit Hyperactivity Disorder
ADTU	Acute Day Treatment Unit
A&E	Accident and Emergency
AIMS	Accreditation for Inpatient Mental Health Services
AMBIT	A metallisation based team approach for teams working with young people
ANT	Advance New Technologies
APPTS	Accreditation Programme for Psychological Therapies Service
ASYE	Assessed and Supported Year in Employment
AWOL	Absent Without Leave
BAME	Black, Asian & Minority Ethnicity
BMI	Body Mass Index
BMJ	British Medical Journal
BNF	British National Formulary
CAMHS	Child and Adolescent Mental Health Services
CASC	Clinical Assessment of Skills and Competencies
CATT	Crisis Assessment and Treatment Team
C-CATT	Children's Crisis Assessment and Treatment Team
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCQI	Royal College of Psychiatrists' College Centre for Quality Improvement
CEDS	Community Eating Disorders Service
CGL	Change, Grow, Live – health
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
CORE	Clinical Outcomes and Research Evaluation
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPT	Community Perinatal Team
CQC	Care Quality Commission
CQI	Continuous Quality Improvement
CQUIN	Commissioning for Quality and Innovation
CREMS	Carer Rated Experience Measures
CRN	Clinical Research Network
CROMS	Carer Rated Outcome Measures
CTR	Care and Treatment review
CYP	Children and Young People
Datix	Trust incident reporting tool
DBT	Dialectical Behaviour Therapy
DiT	Dynamic Interpersonal Therapy
DOLS	Deprivation of Liberty Safeguards
DNA	Did Not Attend
DSP	Data Security and Protection
DToC	Delayed Transfer of Care
DWP	Department of Working Pensions
EbE	Experts by Experience
ED	Emergency Department
EDS	Equalities Delivery Scheme
EIP	Early Intervention Psychosis
EIPN	Early Intervention in Psychosis Network
ELDP	Essex Learning Disability Partnership

EMDASS	Early Memory Diagnosis and Support Services
EPMHS	Enhanced Primary Mental Health Services (IAPT)
EPR	Electronic Patient Record
EPUT	Essex Partnership University Trust
EROS	The new Rehabilitation pathway
EWS	Early Warning Score
FBC	Full Blood Count
FEP	First Episode Psychosis
FFT	Friends and Family Test
GMC	General Medical Council
HoNOS	Health of the Nation Outcome Scales
HCC	Hertfordshire County Council
HCT	Hertfordshire Community NHS Trust
HDAT	High Does Antipsychotic Therapy
HEE	Health Education England
HES	Hospital Episode Statistics
HMN	Herts Mind Network
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HQUIP	Healthcare Quality Improvement Partnership
HSCA (RA)	Health and Social Care Act Regulated Activities
HSCIC	Health and Social Care Information Centre
HSJ	Health Service Journal
HYS	Having Your Say
HSC	Hertfordshire Health Scrutiny Committee
HTA	Health Technology Assessment
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IDVA	Independent Domestic Abuse Advisors
IG	Information Governance
IHCCT	Integrated Health and Care Commissioning Team
IPS	Individual Placement and Support
KPI	Key Performance Indicators
LeDeR	Learning Disability Mortality Review Programme
LFT	Liver Function Test
LQAF	Library Quality Assurance Framework
MES	Member Engagement System
MH	Mental Health
MHA	Mental Health Act
MHMDS	Mental Health Minimum Data Set
MOSS	Making Our Services Safer
MSNAP	Memory Services National Accreditation Programme
MTFP	Medium Term Financial Plan
NCISH	National Confidential Inquiry into Suicide and Homicide
NHSI	NHS Improvement
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institute for Health Research
NMC	Nursing and Midwifery Council
NRLS	National Reporting and Learning System
OCD	Obsessive Compulsive Disorder
OSC	Overview and Scrutiny Committee
OT	Occupational Therapy
PACE	Practice Audit and Clinical Effectiveness
PALS	Patient Advice and Liaison Service
PAIG	Practice Audit Implementation Group
PANSS	Positive and Negative Syndrome Scale

PAP	Personalised Assessment Process
PARIS	Electronic Patient Record system
PATH	Psychosis, Prevention, Assessment and Treatment
PC-MIS	IAPT information recording system
PbR	Payment by Results
PBS	Positive Behavioural Support
PDS	Post Diagnostic Support
PELS	Peer Experience Listening Service
PEN	Patient Experience Network
PHSO	Parliamentary and Health Services Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient Led Assessment of the Clinical Environment
PLAN	Psychiatric Liaison Accreditation Network
PMVA	Management of Violence and Aggression
POMH UK	Prescribing Observatory for Mental Health – UK
PoS	Place of Safety
PPE	Protective
PREMS	Patient (service user) Rated Experience Measures
PRN	Pro Re NATA (“when required”) medicine
PROMS	Patient (service user) Rated Outcome Measures
PSF	Provider Sustainability Fund
QNCC	Quality Network for Community Services
QNCC-ED	Quality Network for Community Services Eating Disorders
QNFMHS	Quality Network for Forensic Mental Health Services
QNIC	Quality Network for Inpatient Services
QNLD	Quality Network for Learning Disability Services
QNOAMHS	Quality Network for Older Adults Mental Health Services
QNPICU	Quality Network for Psychiatric Intensive Care Units
QNPMHS	Quality Network for Prison Mental Health Service
R and D	Research and Development
RAID	Rapid Assessment Interface and Discharge
RCA	Root Cause Analysis
RfPB	Research for Patient Benefit
SBU	Strategic Business Unit
SCM	Structured Clinical Management
SEVA	Senior Employment Education Advisor
SI	Serious Incident
SJR	Structured Judgement Review
SOF	Single Oversight Framework
SOP	Standard Operating Procedure
SPA	Single Point of Access
SPIKE	Reporting tool for the Trust
SSRI	Selective Serotonin Reuptake Inhibitor (a type of anti-depressant medication)
STaR	Support Time and Recovery
STP	Sustainability and Transformation Partnerships
SWEMWBS	Short Warwick-Edinburgh Mental Wellbeing Scale
TNS	Total National Sampling
TVN	Tissue Viability Nurse
UK CRN	UK Clinical Research Network
WRES	Workforce Race Equality Standard