
Quality Account 2022 – 2023



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Part 1 Statement on Quality from our Chief Executive

I am pleased to present the 2022 – 23 Quality Account on behalf of Hertfordshire Partnership University NHS Foundation Trust.

At HPFT we pride ourselves on always striving to provide great care and achieve great outcomes for our service users, their families, and carers. Each year we agree with our service users, carers and other stakeholders on quality improvement priorities. We work hard to improve these priorities throughout the year and report against these priorities formally in this annual Quality Account.

In common with NHS Trusts across the nation, it has been another challenging year for HPFT. The impact of the Covid-19 pandemic increased the pressure services were already experiencing. As always, our staff have done a magnificent job in remaining resilient and committed to putting the care and safety of service users first, which I am incredibly proud of.

We have been working through the year to strengthen our safety culture and improve outcomes for our service users. We are transitioning from the Serious Incident Framework to the Patient safety incident response plan (PSIRF) by the 1st October 2023 and are on track with monthly updates to the executive team. PSIRF will be the focus of our learning responses and improvement work in the next 12 months. However, we will be on a journey from the 1st October 2023 and will continue to review and improve our Patient Safety Incident Response Plan (PSIRF) and Patient Safety Incident Response Framework (PSIRF) ways of working in the next year and going forward.

Our 2022 NHS National staff survey feedback ranked us one of the top 3 mental health trusts to work with our staff stating they are proud to work for HPFT and would happily recommend our services. Our staff report that service users are our top priority and that their high levels of motivation and engagement is driven by our strong compassionate culture. Our staff feel supported and looked after through opportunities for development, and a comprehensive programme for health wellbeing and the opportunities for flexible working and work life balance.

Our Good to Great Strategy was launched in 2017 and has served us well. However, we are now developing our new strategy and have undertaken a significant consultation with all of our stakeholders and partners with our new “Great Together” strategy being launched in July 2023.

Declaration

Data accuracy

There are factors involved in preparing this Quality Account Report that can limit the reliability or accuracy of the data reported. 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.



Karen Taylor,
Chief Executive
30 June 2023

1.1 Background

In line with NHS England guidance our Trust is required to produce Quality Accounts for 2022/23. This report includes information about the services the Trust delivers, how well we deliver them and our plans for the following year.

Quality Accounts are an important way for our Trust to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.

Our aim in this Quality Account is to make sure that everyone who wants to know about what we do can access that information. The Quality Account is available to download from our public website.

1.2 What the Quality Report includes

- What we plan to do next year (2023/24), what our priorities are, and how we intend to address them
- How we performed last year (2022/23), 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 report, statements from Healthwatch Hertfordshire, Herts and West Essex Integrated Care Board, and Hertfordshire County Council.

1.3 Hertfordshire Partnership University NHS Foundation Trust

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

1.4 Our principles

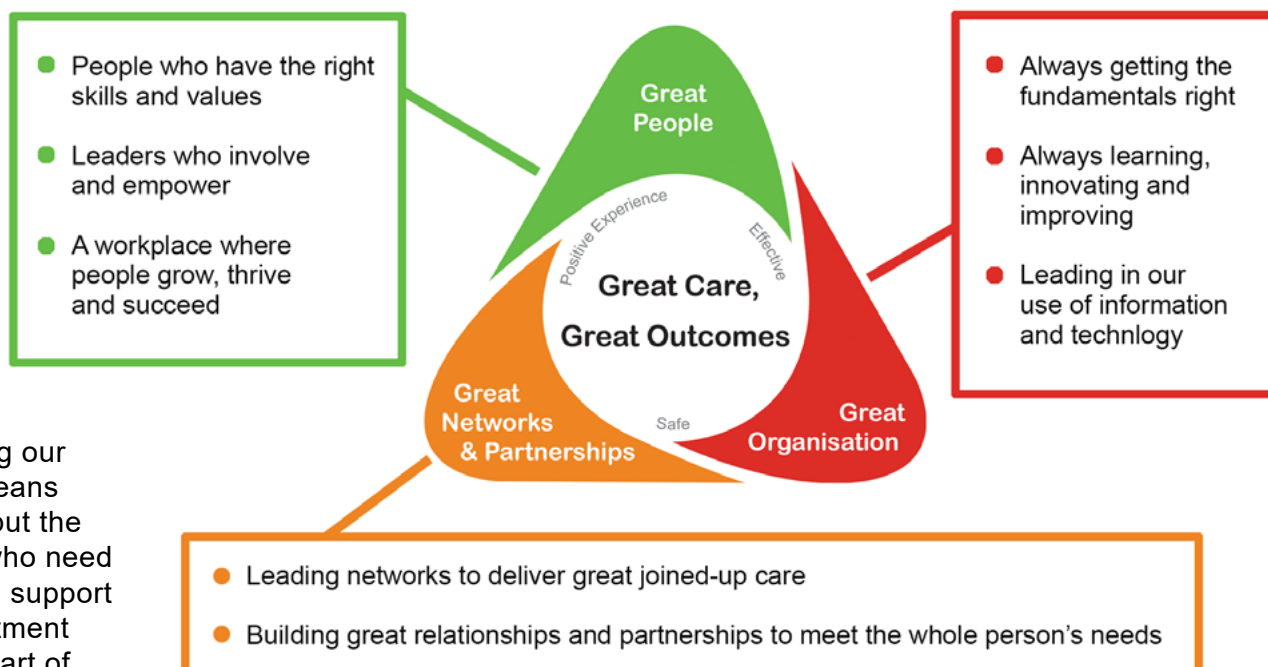
We provide services that make a positive difference to the lives of service users and their carers which are underpinned by the principles of choice, independence and equality.



Sarah Damms, Managing Director West SBU, discussing sustainable models of care, as part of the Trust Green Plan on Earth Day in April 2022

1.5 Our Trust Strategy and Annual Plan

Since 2016 our direction of travel has been led by our Good to Great Strategy. This describes how we are delivering our vision of **“Delivering Great Care, Achieving Great Outcomes – Together.”** It does so by focusing on the three domains of quality: safety, clinical effectiveness and service user experience and also the key areas for the Trust in terms of people, organisation and partnerships.



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. The vision helps us ensure that we achieve the very best clinical outcomes, support individual recovery and that our services are of the highest quality.

Our Good to Great Strategy demonstrates the key areas of focus 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. This has been achieved by providing consistently high-quality care that is joined up, and where individuals will be supported and empowered to recover and 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.’

During 2022/23 we have been engaging with service users, carers, staff and people from local communities to think about our future strategic direction. This will build on the progress that we have made in ‘Good to Great’ and reflect the changes in the healthcare services environment since then. We have received contributions from over 2,000 people to help us develop our new strategy, ‘Great together’. We will be finalising and launching this in July 2023 to set the direction of the Trust for the period until 2028.

Our Trust strategy is underpinned by an Annual Plan that sets out the key pieces of work we are going to focus on each year to deliver the strategy. These priorities cover the seven strategic objectives that underpin the Trust’s strategy. The strategic objectives focus on the provision of good quality, safe services, where people have a great experience of joined up care, provided by staff with the right skills and values. Under each objective a number of work programmes were agreed for 2022/23 with quarterly milestones to allow the monitoring of delivery. Delivery was monitored through 60 outcome metrics. Over the year as a whole 42 out of these 60 metrics were fully achieved, equivalent to 70% of the metrics.

1.6 Quality Strategy

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

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

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



Safe

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

Effective

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

Experience

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

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

1.7 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 Work and Pensions (DWP) Initiative.
- IESO provide additional Step 3 IAPT support with online therapists.
- CHS Healthcare – providing Continuing Health Care (CHC) assessments and reviews for older adults.
- Reinvent Lifestyle – providing bespoke exercise to improve and maintain wellness.
- BEAT – A National Eating Disorders charity commissioned to deliver a range of support services for CYP and families including coaching and support.

As a University Trust since 2013, we have a close collaborative relationship with the University of Hertfordshire, which includes undertaking joint research projects, and the training and development of our current and future workforce. The sharing of knowledge and good practice between our two organisations enhances the services that we provide to our local communities.

We continue to support the development of the Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership (MHLDA HCP). This directs and coordinates activity across our NHS, Local Government and the Voluntary, Community, Faith and Social Enterprise sectors partners to address system-wide issues and advocate for the needs of people with mental illness, learning disabilities and autism. Through the MHLDA HCP we are developing a new approach to supporting neurodivergent young people in Hertfordshire, redesigning support in acute settings for people with suicidal ideation or who have attempted suicide and developing a system-wide approach to improving outcomes for people with Dementia. The MHLDA HCP has also launched its Physical Health Strategy which outlines the activity that all partners can undertake to address the gap in life expectancy for people with serious mental illness and / or learning disabilities. The Trust has also been an active member of the East of England NHS Provider Collaborative working with partners from across the region to transform care for CAMHS, forensic and eating disorder services.

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.

1.8 Our Commissioners

As a Trust, we continue to work closely with many organisations that commission and pay for our services. The main commissioners are:

- Hertfordshire County Council, who lead the commissioning of NHS and social care mental health and learning disability services on behalf of Hertfordshire and West Essex Integrated Care Board (ICB)
- NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
- NHS Mid and South Essex ICB
- NHS Norfolk and Waveney ICB
- NHS Suffolk and North East Essex ICB
- NHS England (Perinatal Mother and Baby services, Highly Specialist Obsessive-Compulsive Disorder (OCD) and Body Dysmorphic Disorder Service)
- Perinatal Services
- The East of England NHS Provider Collaborative (Low Secure Mental Health and
- Medium and Low Secure Learning Disabilities).

What is Commissioning?

Commissioning is the process of planning, agreeing and monitoring services. Commissioning 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*

and

- *make sure the services those organisations provide are good enough.*

1.9 This report

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

This Quality Account Report was signed and approved on 28 September 2023 and is available 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: comms@hpft.nhs.uk.

1.10 Freedom to Speak Up

Some of the learning from speak up cases includes learning around:

- ensuring areas outside of Trust buildings are clear of rubbish.
- staff feeling confident and safe using least restrictive interventions when working with service users.
- line managers being informed and supported during HR processes.
- the importance of timely completion of HR processes recognising the impact this has on staff wellbeing.
- maximising student nurse experience when on placement within the Trust.
- supervision to be completed regularly.
- management informing staff of what the Trust are doing to address staff shortages.

We encourage our staff to speak up about anything that they feel 'gets in the way of doing their job'. This may include concerns about the quality of care, about the behaviour of a staff member, or a suggestion for improvement. Speaking up are received as a 'gift' and an opportunity for learning.

Our staff may not always feel able to speak up to their line managers, supervisors or to a senior member of staff within the Trust, and are, therefore, also invited to contact Yusuf Aumeerally, the Trust's Freedom to Speak Up Guardian if they wish to access independent, impartial, confidential advice and

support. Whilst staff are encouraged to share their identity when they speak up, so that support can be provided and all relevant information obtained, staff do have the option of remaining anonymous.

The Trust's senior lead responsible for Freedom to Speak Up is Jacky Vincent, Executive Director, Quality and Safety (Chief Nurse), who provides senior support to Yusuf and is responsible for reviewing the effectiveness of our speaking up arrangements. The Trust's non-executive director responsible for Freedom to Speak Up is Diane Herbert. Diane provides independent support for Yusuf and can provide a fresh pair of eyes to ensure that investigations are conducted with rigor. Diane also helps escalate issues where needed.

There were sixty-one speak up cases received by the Freedom to Speak Up Guardian in 2021/22. Each of these cases have been an opportunity for learning for the organisation. Actions were taken by the organisation in response to the speak up matters in order to find resolution.

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 there was a single point of contact to access any of our mental health care services, and it makes sure that service users are referred to the right service straight away.

What is IAPT?

IAPT is the government's Improving Access to Psychological Therapies initiative. Our Wellbeing 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 NICE. It offers clients 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. IAPT has recently been renamed as NHS Talking Therapies.

1.11 Trust Information

The Trust in 2022/2023



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

346,450
secondary
care contacts



66,590 referrals
through SPA

184,436 IAPT
contacts



133,842 occupied
bed days

79% would
recommend us to
friends and family



4,955 (permanent
and temporary) Staff
working across 42
Trust sites

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.

In this report we show how we performed in our priority areas during 2022/23

2.1 Quality priority areas for 2022/23

The table below provides an overview of our quality priority areas from last year (2022/23) and how we performed during this financial year, divided into each quarter throughout the year.

Service User Safety		Target	Q1	Q2	Q3	Q4
1	Rate of service users who have a completed risk assessment within the last 12 months	>=95%	92%	93%	93%	94%
2	Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team	>=95%	96%	95%	96%	98%
3	Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait	>=98%	94%	98%	99%	98%

Clinical Effectiveness		Target	Q1	Q2	Q3	Q4
4	At least one outcome measures to be used on all LD&F inpatients (HONOS in all inpatient units)	>=80%	60%	92%	90%	87%
5	Urgent CAMHS referrals seen within 7 days	>=75%	88%	83%	74%	90%
6	The proportion of people completing treatment who move to recovery from IAPT	>=50%	54%	53%	49%	53%

Service User, Carer and Staff Feedback						
7	Staff Friends and Family Test (FFT) - recommending Trust services to family and friends if they need them	≥80%	72%	69%	N/A	73%
8	Rate of service users saying they are treated in a way that reflects the Trust's values	≥80%	84%	82%	83%	82%
9	Rate of service users that would recommend the Trust's services to friends and family if they needed them	≥70%	79%	78%	80%	80%
10	Trust carer caseload to have an offer of an assessment made in the last 12 months	≥45%	50%	43%	40%	38%

† Q3 Pulse Survey not carried due to Staff Survey

The two areas that we underachieved were

- a) Rate of service users with a completed up to date risk assessment. This was due to pressures during COVID and increased caseloads, compounded by time consuming recording methods, resulted in people waiting longer for a review of their risk assessment. Various initiatives are in place to support full recovery in Q1 of 2023-2024. These include:
- Implement phase 4 of the CQI project aimed at data cleansing.
 - Implementation of revised format of risk form in Paris now complete.
 - Data clean-up underway to remove people who should have been discharged.
 - Simulation suite training rollout continues for teams with low assessment compliance.
 - Case review and re-allocation for large psychiatry caseloads underway.
 - Administrative support to teams with high caseloads.
- b) Trust carer caseload to have an offer of an assessment made in the last 12 months. The Trust has 10 Carer Support Wellbeing Worker posts, and they are part of the ACMHS teams. Their core responsibility is to carry out carer assessments and contingency plans for carers along with a holding a carer caseload. Despite having these 10 posts, the Trust underachieved due to pressures in recruiting to existing Carer Support Wellbeing Workers posts and staff sickness. The other main reason was due to increased caseloads has also lead to an increase the number of Carers and current demand is outstripping the supply. The trust is currently looking at providing additional resource for this service. A new senior member of HPFT is taking over the Carers work. She has recently held a workshop looking at the next 6 months and what we are going to do to support Carers more. In addition, carers are also included in the Annual Plan.

2.2 Priorities for Quality Improvement 2023/24

The Trust has considered a number of indicators that will maintain focus on key areas but also embrace potentially new ones. The Trust has consulted internally, engaging with a number of stakeholders (i.e. staff service users and carers) and the Council of Governors on the final priority list. The final list of priorities will be considered and approved by the Board.

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.

Service User Safety		Target
1	Rate of service users who have a completed risk assessment within the last 12 months	95%
2	Routine referrals to Specialist Community Learning Disability Services meeting 28-day wait.	>=95%
3	The percentage of service users who are followed up within 48 hours after discharge from psychiatric inpatient care during the reporting period.	>=80%
Clinical Effectiveness		
4	Achieving high quality 'formulations' for CAMHS inpatients	80%
5	Reducing the need for the use of restrictive practice in adult and older adult inpatient settings.	>=80%
6	Urgent CAMHS referrals seen within 7 days	>=75%
Service User, Carer and Staff Feedback		
7	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	≥68%
8	Thinking about the service HPFT provide, overall how was your experience of our service?	>=75%
9	HPFT takes positive action to support my health and wellbeing. Staff wellbeing at work (pulse survey)	>=72%

How these targets will be monitored

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

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

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

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 we provide. 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 £377.5m, constituting 96% of our total income (approximately £392.8m).

2.4 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 national 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 as well as service user and carer representation) 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).

HPFT participated in 100% of applicable national clinical audits and National Confidential Enquiries during 2022/23, which are as follows:

National Audit Title	Status	Report Received or Pending	Date Received or Expected Publication Date	Trust Participation	
				Number of Cases Submitted by HPFT	
1 National Clinical Audit of Psychosis (EIP) 21-22	Data submission Complete	Received	2022	100	
2 POMH-UK Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards	Data submission Complete	Received	2022	179	
3 POMH-UK Prescribing for Depression in Adult Mental Health Services	Data submission Complete	Received	2022	26	
4 POMH-UK Use of Melatonin	Data submission Complete	Awaiting Report	2023	102	
5 National Audit of Inpatient Falls	Data submission Complete	Awaiting Report	2023	1	

The three relevant national audit reports that have been published for in 2022-23 are as follows:

1. National Clinical Audit of Psychosis (EIP) 21-22 - was rated as high risk to the Trust.
2. POMH-UK Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards - was rated as moderate risk to the Trust.
3. The Practice Audit Implementation Group (PAIG) determined that due to the small sample size, the findings of the POMH-UK Prescribing for Depression in Adult Mental Health Services could not be assigned a level of risk implication to the Trust.

The reports of three national audits were reviewed by the provider in 2022/23 and HPFT intends to take the following actions to improve the quality of healthcare provided:

1. National Clinical Audit of Psychosis (EIP) 2022/23:

The Trust have participated in 3 rounds of the National Clinical Audit of Psychosis. The audits have demonstrated that the Trust has improved in each of the standards, which we are very proud of. One area that the Trust need to improve on is the take up of family interventions. A comprehensive action plan has been drawn up to support improvements.

2. POMH-UK Prescribing High Dose and Combined Antipsychotics on Adult Psychiatric Wards

This audit is a combination of two previous POMH-UK audits, which were conducted over 5 years ago. This audit demonstrates generally high compliance against the audit standards, including 100% compliance for clear recording of prescribing PRN antipsychotics and/or benzodiazepines. However, the compliance of the documentation of prescribing of regular high-dose or combined antipsychotic medications is an area for improvement, at 66%.

Local Clinical Audit

66 local clinical audits were undertaken by the Practice Audit and Clinical Effectiveness (PACE) team as part of their annual programme. Additionally, a further 68 Dip Audits were conducted by the PACE team for Forest House Admission Unit. The topics covered each of the SBU's and ranged from reviewing best practice against National Institute of Clinical Excellence (NICE), The Royal College of Psychiatry, Safeguarding procedures as well as adherence to local policies and standards. A further 28 were local audits undertaken by clinicians at team level.

Therefore, the reports of 94 local clinical audits were reviewed by the provider in 2022-23 (as well as 68 Dip Audits), and HPFT intends to follow the below statements, with the aim to improve the quality of healthcare provided:

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

2.5 Research and Development

Research & Development is a cornerstone of HPFT's status as a University Trust. We work closely with The University of Hertfordshire (UoH), The National Institute of Health research (NIHR) and Clinical Research Network East of England (CRNEoE) to deliver high quality health science.

The last year has seen the full launch of a new Trust Research Strategy, which outlines the way in which research will be embedded within our clinical services, across four distinct Workstreams: Neurodevelopmental, CAMHS, Old-age and General Adult Psychiatry. Each research Workstream has a designated Clinical Research Lead, and we have appointed a dedicated Research Assistant to each Workstream to support an increase in research activity across all clinical services. We have also very recently appointed an Operational Research Strategy Lead, working on an 18-month secondment, to oversee some key areas of strategic change around R&D.

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.

Over the past year, HPFT has recruited 260 participants to 20 NIHR Portfolio studies (see Table below). This is a reduction on the previous year's figure but this largely reflects having more interventional and observational research studies open, which tend to be more complex and time-consuming; and also fewer COVID-19 surveillance studies and fewer surveys of post-pandemic wellbeing compared with the previous few years. One aim of our new Research Strategy is to increase the number of our clinicians who are working as Principal Investigators for NIHR-sponsored research studies, thereby increasing the number of high-quality studies available to our service users.

As well as increasing the number of studies available, it is also part of our strategy to seek grant funding for our own research. We have recently been successful in securing funding from University of Hertfordshire to set up two collaborative research projects looking at (i) smoking cessation in clozapine patients, and (ii) problems with internet addiction. We are partnering with Norfolk and Suffolk Foundation Trust (NSFT) on a study called MIND, which is looking at service user experience of discharge from an inpatient ward. And we continue to support an HPFT-led, NIHR-funded, study called Making Positive Moves, which is a qualitative study looking at the support needed by people with learning disabilities in the community as part of the transforming care programme. Finally, Our Medical lead for R&D has had a role in applying for a new Horizon-funded grant entitled 'Boosting Societal Adaptation and Mental Health in a Rapidly Digitalizing, Post-Pandemic Europe.'

HPFT staff regularly publish research articles, and although we cannot include details of all of these in the Quality Account, a list of recent research publications is available from the Research team by e-mailing hpft.research@nhs.net. In 2022/23 our research-active staff published 38 peer-reviewed journal articles, 5 book chapters and 14 conference presentations.

Table: NIHR Portfolio Study recruitment for 22/23 - 260 participants

Title	Sponsor	Recruitment
MINDfulness And Response In Staff Engagers-MINDARISE	University of Sussex	36
Views and experiences of ethnic minority family carers on iACT4CARERS	UEA	3
MINDS study	Norfolk and Suffolk NHS Foundation Trust	17
Pilot implementation tf-CBT for CEYP	UCL	12
Post-Diagnostic Dementia Support within the ReCOVERY College Model	Norfolk and Suffolk NHS Foundation Trust	2
Predictors of psychological treatment outcomes for CMHP in IAPT	University of Sussex	83
Understanding the temporal dynamics of compulsivity	Trinity College Dublin	10
Service User Views on Digital Health Promotion in Youth Mental Health	University of Manchester	2
Wordless vaccine information for people with intellectual disabilities	University of Hertfordshire	11
Mindfulness-Based Cognitive Therapy for IAPT Treatment Non-Responders	Sussex Partnership NHS Foundation Trust	3
Far Away from Home: A multi-methods study	University of Nottingham	2

Table: NIHR Portfolio Study recruitment for 22/23 - 260 participants (continued)

Title	Sponsor	Recruitment
STRATA: RCT of SerTRaline for AnxieTy in adults with a diagnosis of Autism	University of Bristol	4
Making Positive Moves	University of Hertfordshire & HPFT	6
APPLE-Tree programme for dementia prevention: pilot and RCT	UCL	22
Trauma-AID: Eye movement desensitisation and reprocessing for symptoms of PTSD in adults with ID	Birmingham Community Healthcare Trust	12
Smartphone App-induced Habit: A treatment ingredient in HRT for OCD	HPFT	5
PPiP2: Prevalence of neuronal cell surface antibodies in patients with psychotic illness	University of Oxford	14
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	University of Manchester	9
RCT of Group CBT for Men with Intellectual and/or Developmental Disabilities and Harmful Sexual Behaviour (HASB-IDD)	University of Kent	2
Personalised Medicine for Psychotropic Drugs	UCL	4

2.6 Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of health care providers' 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.

2022/23

In 2022/23 HPFT participated in the following CQUIN goals:

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.

Goal		Description	Status
1	Cirrhosis Tests for Alcohol Dependent Patients	Achieving 35% of all unique inpatients with at least 1-night stay and a primary or secondary diagnosis of alcohol dependence have an order or referral to test for cirrhosis or advanced liver fibrosis.	Expected to achieve this goal in full
2	Staff Flu Vaccination	Achieving 90% uptake of Flu Vaccinations for front line staff.	Expected not to meet this goal

Goal		Description	Status
3	Use of Anxiety Disorder Specific Measures (ASDM) in IAPT	Achieving 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).	Expected to achieve this goal in full
4	Routine Outcome Monitoring in CYP and Perinatal Mental Health Services	Achieving 40% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measured at least twice.	Expected to achieve this goal in full
5	Routine Outcome Monitoring in Community Mental Health Services	Achieving 40% of adults and older adults accessing select Community Mental Health Services (CMHS), having their outcomes measure recorded at least twice.	Issues with data means a resubmission whereby the expectation will be to achieve the goal in full
6	Biopsychosocial Assessments by MH Liaison Services	Achieving 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines.	Expected to achieve this goal in full
7	Achieving high quality 'formulations' for CAMHS inpatients	To ensure inpatients with a formulation or review that has been shared in the appropriate format with the young person, carers and community key workers as part of a dynamic assessment process.	Expected to achieve this goal in full
8	Routine outcome monitoring in perinatal inpatient services	To ensure women accessing perinatal services within specialised mother and baby units having paired scores recorded on the specific outcome measures required.	Expected to partially achieve this goal
9	Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings	Assessment of data quality recorded for restrictive practice is CAMHS tier 4 settings. Based on set fields required as part of the Mental Health Service Data Set from NHS Digital with a target of 80% completion.	Expected to achieve this goal in full

The Target for Flu was felt to be highly ambitious and was set at 90%. HPFT have never achieved this Target even in the height of the pandemic and none of the other Trusts in Hertfordshire have managed to achieve the Target.

As a trust we provided multiple opportunities to have a flu vaccination, which included but were not limited to:

- Multiple clinics at all our sites including out of hours.
- Walk rounds on all inpatient wards and community bases.
- Live staff Q&A sessions.
- Refreshed communications campaign.
- Information on how to access vaccinations in their communities if they didn't want it delivered at work.
- This goal will be a continuation into 23/24 and it is deemed that the target set by NHS England will be reduced in light of this year's national performance.

- The Routine outcome monitoring in perinatal inpatient services was a goal where compliance was measured by a patient rated outcome measure and a clinical rated outcome measure. HPFT found the clinical rated outcome measure somewhat challenging. Staff changes and discussions with staff around this measure alongside training is deemed to improve this measure considerably going into 23/24.

The full CQUIN Payment related to performance for 22/23 was is 100%.

2.7 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 113 mandatory evidence items on all aspects of information governance and cyber security.

In 2022/23, the Trust was assessed as 'Standards Met'.

What is the Information Governance (IG) Toolkit ?

The IG 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.

2.8 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 Toolkit is an online self-assessment tool that enables us to measure and publish our performance against the National Data Guardian's ten data security standards on an annual basis.

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

This year, our clinical coders have attended junior doctor workshops and induction days to raise awareness of clinical coding and the importance of good quality recording of patient (service user) information on Paris.

What is PARIS?

PARIS is the electronic patient record and information system that is used within our Trust.

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 2020/21 to the Secondary Uses Service for inclusion in the HES which are included in the latest published data. National figures for 2020/21 have not yet been published, based on a Trust calculation based on the NHS Digital rules the percentages are detailed below. The percentage of records in the published data which included the service users' valid NHS number was:

- 99.47% for admitted patient care
- 99.12% for outpatient care.

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

- 98.15% for admitted patient care
- 97.66% for outpatient care.

2.9 Ethnicity April 2022 – March 2023

The percentage of records in the published data which included the service users' ethnicity was 88.12%. We plan to improve our data quality and clinical coding by:

- conducting regular audits
- supporting staff by creating a user-friendly app, which will highlight the non-complaint service user records – when updated will update the clinical record on our electronic patient record system.
- reaching out digitally to our service users via text message and giving them a link to complete/ update their demographic details – which will update their clinical record held on our electronic patient record system.

2.10 Patient Safety

The Trust successfully treats hundreds of patients every day. Unfortunately, occasionally things can go wrong and when this happens, the Trust is committed to learning from incidents and to prevent reoccurrence.

The Trust has continued to follow the SI Framework (2015) to investigate the most serious incidents (identified as 'SIs') with the aim to identify root causes and learning to prevent reoccurrence.

The Trust has been supported through a number of safety initiatives, including:

- Introducing a Task and Finish Group around Absent Without Leave incidents which led to a policy review and strengthening of practice in relation to the leave process.
- Responding to learning from our violence and aggression incidents has led to the launch of a Violence and Aggression CQI with twelve aligned projects which will continue into 2023/24.
- Following a successful pilot, an electronic Patient Safety dashboard was rolled out across the Trust, to support and enable more active monitoring and immediate response to incidents.
- Simulation training is now embedded to support of our commitment to reducing harm. Our colleagues from the fire and, ambulance services participated in case scenarios within our Simulation Hub with

Trust colleagues to improve communication and decision making.

- The Trust is continuing to work alongside system partners including Public Health, British Transport Police, Hertfordshire Constabulary, Mind, Acute Hospitals, and other voluntary agencies as part of the Hertfordshire Suicide Prevention Strategy implementation (2020 – 2025) There are numerous influencers which could lead an individual to take their own life, which makes prevention of suicide complex. We will continue to encourage co-ordinated work by all the agencies (private, public and third sector) that may have an influence (however small) on the agenda. The continued commitment from all partners across the county will be vital. As well as ensuring we engage our local communities and individuals whose lives have been affected by the suicide in some form.
- We are in partnership with the Samaritans to offer follow- up and support service users seen by the Mental Health Liaison Team (MHLT).

2.11 Restrictive Practice and our MOSS together Strategy

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 great care.

The Making Our Services Safer (MOSS) together Strategy describes a consistent and integrated approach to providing safe services with regards to restrictive practice.

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 to them.

In order to meet the aims and objectives of the Mosstogether strategy the following mechanisms are in place:

- Broset Violence Checklist. This is a CQI project addressing aggression within Forensic Services, using the Broset Violence Checklist, to allow staff to better predict when people are at risk of becoming aggressive and provide earlier intervention.
- Violence & Aggression Reduction Group - This is a CQI project, addressing the causes, reducing the levels of violence / aggression and improving support outcomes for staff.
- Respect Training Review – A task and finish group has been commissioned to review the current training programme offered.
- Restrictive Practice Group – convenes monthly to review data informed care outcomes, innovations in practice and learning.
- The Trust continues to fully disclose internal Restrictive Practice data with NHS Digital, Care Quality Commission and other relevant organisations.
- Respect Training Solutions and re-accredited with the British Institute of Learning Disabilities Physical Intervention Accreditation Scheme and the Trust has been granted affiliated status.
- The Respect Team has recruited a further fulltime member of staff on secondment in 2022/23 and a further member of staff has joined the team on a temporary basis until September 2023.

2.12 Culture of Safety

As a Trust, our focus on safety remains paramount. Some of the initiatives over the past 12 months that have supported this approach are:

- Preparing to implement the NHS Patient Safety Incident Response Framework (PSIRF) in autumn 2023. The aim of the PSIRF is to allow a more proportionate response to safety incidents, allow a greater range of responses to incidents as opposed to reliance on formal investigations, improve support and involvement of affected patients, staff and families; and improve the existing governance and oversight procedures. In preparation for the transition, over 50 members of staff have been trained in a systems-based approach of patient safety incidents investigation.
- Introducing modules 1 and 2 of the national Patient Safety Syllabus which provides an understanding of safety and the approaches that build safety for service patients, reduce the risks created by systems and practices and develop a genuine culture of patient safety.
- The joint working protocol with Hertfordshire police was launched this year with over 500 police and HPFT colleagues attending three launch events. The protocol aims to strengthen existing relationship between the organisations and ensuring an appropriate response by the police when required.



Members of the Exec Team and staff wear green for Freedom to Speak Up Month

We also continued with previous initiatives, including:

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

2.13 Duty of Candour

The Trust has a Duty of Candour policy that sets out when the duty of candour is met for incidents that have, or may have resulted in harm in keeping with CQC regulatory requirements. When a serious incident is reported a duty of candour conversation takes place with the service user or next of kin to identify any support needs. A duty of candour letter is then sent outlining the review process, the date by when it will be completed and how service user or families can contribute. For deaths that are identified as a suspected suicide a Help is at Hand booklet is sent with signposting to bereavement support. The Trust consistently demonstrates within our serious incident reports an ongoing commitment to fully engaging service users and families in our learning from serious incidents. A full copy of the serious incident report is shared with the service user on completion with an offer to meet to talk through the findings.

2.14 National Confidential Inquiry into Suicide and Homicide (NCISH)

The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) is an internationally unique project. Their study has collected in-depth information on all suicides in the UK since 1996. We implement their recommendations which has improved patient safety and reduced patient suicide rates, contributing to an overall reduction in suicide in the UK.

2.15 Learning from deaths

The Learning Disability Mortality review programme (LeDeR) has been implemented in a phased way by the local areas where we provide services. During 2022/23 107 deaths have been reported by us to the LeDeR programme.

LeDeR reviews are now carried out by a centralised pool of reviewers. There is senior Trust representation at LeDeR meetings. Learning from the programme is shared via our Mortality Governance Group and the Safety Committee.

The Trust continues to send out Quality Safety Briefings and the Monthly Learning Bulletins. This is now fully established with positive feedback from staff. The Learning Bulletin includes learning identified through incidents, complaints, safeguarding, claims and inquest processes, as well as compliments.

2.17 Accreditation

Accreditation offers external assurance around quality. Accreditation standards are nationally agreed evidence based best practice standards, with the added bonus of gaining detailed insightful feedback from Service Users and Carers on the service they receive. The Care Quality Commission (CQC) has announced that they will use accreditation as part of their assurance processes. In some instances, inspection activity will be reduced: CQC states that *“A trust’s participation in accreditation schemes is reflected in the well-led key question at provider level as evidence of a commitment to quality improvement and assurance. Achieving accreditation under a specific scheme is reflected in the effective key question for the relevant core service.”*

The accreditation process offers HPFT systematic opportunity to achieve quality and service delivery ambition. Being accredited means that the service generally performs well, service users and carers are engaged with the services, has good systems in place and that the people who use and work in the service are satisfied with it overall. Whilst problems may be less likely to occur in an accredited service, accreditation does not guarantee that problems will not occur from time to time.

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

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

Type 1: criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment;

Type 2: criteria that a service would be expected to meet;

Type 3: criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.

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

Accreditation runs on a **three year cycle**, each following the cyclical process outlined below.

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

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

Scheme Type	Scheme Name	Please provide details of any services, labs, units or wards that have achieved accreditation (including date accreditation was achieved).
Schemes commonly, but not exclusively, applicable to acute and / or community health service providers	Joint Advisory Group on Endoscopy (JAG)	Not applicable to HPFT
	Gold Standards Framework Accreditation process, leading to the GSF Hallmark Award in End of Life Care	No
	Anaesthesia Clinical Services Accreditation (ACSA)	Not applicable to HPFT
	Imaging Services Accreditation Scheme (ISAS)	Not applicable to HPFT
	Clinical Pathology Accreditation and its successor Medical Laboratories ISO 15189	Not applicable to HPFT
	Improving Quality in Physiological Services Accreditation Scheme (IQIPS)	Not applicable to HPFT
	Commission for the Accreditation of Rehabilitation Facilities (CARF)	Not applicable to HPFT
	CHKS Accreditation for radiotherapy and oncology services	Not applicable to HPFT
	Code of Practice for Disability Equipment, Wheelchair and Seating Services (CECOPS)	No
	MacMillan Quality Environment Award (MQEM)	"The Macmillan Quality Environment Mark" (MQEM) is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer and it is the first assessment tool of its kind in the UK - so this is not applicable to HPFT

Scheme Type / Scheme Name		Please provide details of any services, labs, units or wards that are currently accredited
Accreditation for Inpatient Mental Health Services (AIMS)	AIMS - WA (Working Age Units)	Albany Lodge
	AIMS - QNPICU (Quality Network for Psychiatric Intensive Care Units)	Oak Ward
	AIMS - OP (Wards for older people)	Lambourn Grove in process of re accreditation
	AIMS - Rehab (Rehabilitation wards)	Hampden House in process of re accreditation Gainsford House The Beacon in process of re accreditation
Quality Networks	Quality Network for Inpatient Learning Disability Services (QNLD)	Astley Court
	Lexden ATU	No
	Quality Network for Inpatient Learning Disability Services (QNLD) COMMUNITY	Not applicable to HPFT
ECT Accreditation Scheme (ECTAS)		ECT Suite (Kingfisher Court)
Psychiatric Liaison Accreditation Network (PLAN)		CORE 24 MHLT based at Lister General Hospital and Watford General Hospital – in process of re accreditation
Memory Services National Accreditation Programme (MSNAP)		EMDASS North EMDASS North West EMDASS South West EMDASS East in process of re accreditation
Accreditation for Psychological Therapies Services (APPTS)		Wellbeing Services in Hertfordshire Wellbeing Mid-Essex Wellbeing North East Essex
Adult Mental Community in North and East Herts (ACOMHS)		Rosanne House Holly Lodge Cygnet House Oxford House- in process of re accreditation Centenary House Saffron Ground
Quality Network Membership with Peer reviews		
Forensic Mental Health inpatient wards (QNFMHS) There is no accreditation scheme for Secure services, however there is a peer review through the Quality Network for Forensic Mental Health Services (QNFMHS) which is part of the RCPSYCh. The peer reviews are annual with a full review every 2 years and a developmental review in between		Beech Ward Warren Court /4 Bowlers Green Broadland Clinic

2.18 Clinical Networks

We are members of the following networks:

- Clinical Outcomes and Research Evaluation (CORE) CAMHS
- East of England clinical senate
- Eastern Clinical Research Network (CRN).
- National Association of Psychiatric Intensive Care Units (NAPICU)

We continue to:

- contribute to the regional and national transforming care programme through regional expert reference groups.
- work with Health Education England on the development of competency frameworks to create and sustain models of good practice in community learning disability and forensic teams.
- support NHS England in the development of service specifications and quality commissioning products through our membership of the regional senate and national clinical reference groups.

Part 3 Other information

3.1 Care Quality commission (CQC)

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

Post the COVID19 pandemic the CQC have kept their regulatory approach under review. This is in recognition of the changing pressures health and social care services find themselves working under. Throughout 2022/23 CQC have undertaken inspections where there has been evidence that people are at risk of harm. During 2022/23 CQC have been reviewing their inspection framework process which, although planned for publication early 2023 are not coming into effect now until later in the year.

With regards to the Trust, the CQC carried out an unannounced focused inspection at the Trusts Psychiatric Intensive Care Unit Oak ward in October 2022, Victoria Court in November 2022 and Warren Court also in November 2022, in all these cases the inspection was following whistleblows raised regarding concerns about the safety and quality of the services. The inspection at Victoria Court was risk focused and the CQC did therefore not look at all Key Lines of Enquiry and nor was any change made to the rating of the Older People Inpatient service. The Trust is awaiting the final reports for both Oak ward and Warren Court.

In July 2022 the CQC carried out a further inspection of Forest House Adolescent Unit following the previous inspection in November 2021 and the overall 'inadequate' rating for the service. Following the re-inspection the CQC re rated this service as 'requires improvement'. As a result of the judgements made in the CQC's inspection report, actions have been set which the Trust have shared and have taken forward.

3.2 Serious Incidents response times and analysis

The Trust reported 99 Serious Incidents in 2022/23, compared to 138 in 2021/22. As a Trust, we continue to learn from incidents and encourage a positive response to reflections from incidents. The Trust recognises that variation in numbers of serious incidents reported in any one year can be expected, and an over focus on numbers only can discourage reporting, information sharing and learning. Unexpected or avoidable death continues to be the highest reported serious incident category, increasing from 47 in 2020/21 to 68 in 2021/22. During the previous year at the start of the COVID-19 pandemic there was a decrease in the incidence of self-harm and unexpected death. In response to the increase in unexpected deaths in 2021/22, a task and finish group was set up which includes an ongoing deep dive undertaken by the Deputy Medical Director focused on demographic data including age, gender, geographic location, employment, method and access to means. Our Crisis and First Response teams were prioritised for simulation hub training to support risk assessment, risk management and decision making. When compared with 2020/21, the number of disruptive, aggressive or violent behaviour incidents reported as serious incidents in 2020/21 has decreased from 15 to 13. There has been an increase in self-harm serious incidents from 35 in 2020/21 to 37 in 2021/22.

The following categories are nationally mandated fields. Their description is at the end of the table.

Category	2021/22	2022/23
Unexpected or avoidable deaths	66	56*
Disruptive, aggressive or violent behaviour	13	11
Apparent, actual or suspected self-inflicted harm	37	23
Slip, trip or fall	7	2
Abuse or alleged abuse of adult patient by staff	1	
Abuse or alleged abuse of adult patient by a third party	6	
Medication incident		
Abuse or alleged abuse of child by a third party	1	
Unauthorised absence		
Awaiting operational approval		
Pressure Ulcer meeting SI criteria		
Sub-optimal care of deteriorating patient	4	6**
Confidential information leak/information governance breach		
Health care associated infection or infection control		
Adverse media coverage or public concern about the organisation or the wider NHS		
Apparent, actual or suspected homicide	2	1
Commissioning incident meeting SI criteria	1	
Diagnostic incident including delay meeting SI criteria		
Accident e.g. collision/scald (not slip/trip/fall) meeting SI criteria		2
Treatment delay meeting SI criteria		
Medical equipment		
Allergy incident on ward		
TOTAL	138	99

* 5 deaths reported as SIs in 2022/23 are for incidents that occurred in 2021/22

** of the 6 incidents reported under the Category of Sub-Optimal Care of the deteriorating patient were deaths.

Serious Incidents are investigated using Root Cause Analysis (RCA). At the beginning of the year the Trust had no Serious Incidents that were not investigated within the mandated time frame within the Serious Incident Framework. During 2022/23 work has continued to deliver Serious Incident investigations within the Serious Incident Framework timeframe Weekly update meetings with the SBU's and the Safer Care Team are held. In keeping with the Serious Incident Framework; for a small number of cases, extensions are agreed between the Executive Director of Quality and Safety and Commissioners on an exception basis for example to support family involvement in the review process.

The NHS Patient Safety Strategy was published in July 2019 which included the Patient Safety Incident Reporting Framework (PSIRF). This was due to be launched in Spring 2021 however due to the effects of the pandemic NHS organisations are expected to transition to using the new framework in Spring 2022. 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 2021/22. The Trust have commissioned training for 50 staff to undertake incident investigations looking at human and system factors rather than root cause analysis, in preparation for the launch of PSIRF.

The themes that emerged through the learning from serious incidents and structured judgement reviews in 2020/21 included risk assessment and management, record keeping and access to records, liaison with drug and alcohol services, diagnostic overshadowing, physical health monitoring and search procedures. In response to this learning Practice and policy relating to risk formulation was reviewed and funding agreed for a Trust Simulation Training Hub. Work was undertaken throughout the year by the training faculty in recruiting a technician, developing case scenarios based on our priorities and learning from our incidents.

Trauma Risk Management (TRiM) was implemented using CQI methodology in Essex and IAPT services to support wellbeing and resilience of staff affected by potentially traumatic incidents.

3.3 Compliments, Comments and Complaints

Feedback

We place great value on feedback: comments, compliments and complaints sent in by service users, their carers, relatives, friends and advocates. We encourage people to give feedback using Having Your Say surveys available on the Trust website, or to complete a comments, concerns and complaints leaflet available on all wards and outpatient units. We encourage people to raise concerns with staff in the first instance, however if matters cannot be resolved informally people can contact the Experience Team by calling our dedicated phone line 01707 253916 or emailing hpft.pals@nhs.net

Volunteers provide an impartial listening ear as well as support for service users and carers providing feedback.

What we do with feedback

We use information received from all feedback, 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 ensure continuous quality improvement.

Each quarter, clinical teams are required to produce a 'you said, we did' poster based on all the feedback they have received, sharing what they will do to improve the service with those who have taken the time to provide feedback. The Quarterly Feedback Group continues to meet and bring all feedback themes and trends to the group for discussion each quarter, deciding on future work plans to ultimately improve the experience for service users and carers.

Each month compliments are published in the e-magazine for staff. Results of Having Your Say and Friends and Family Test data are sent to teams and they are expected to discuss all feedback in their team meetings.

PALS

PALS provide people with advice and assistance if they have a concern or enquiry. This year we received 1,028 contacts – an increase of 10% on last year. The table below shows the number and main categories of PALS contacts, comparing 2022/23 with 2020/21, 2019/20 and 2018/19.

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 187% increase in people looking for access to records, 51% decrease in people wanting advice and information, 41% increase in issues for resolution and 12% decrease in non-HPFT issues. We have updated our website to include a sentence explaining the Trust's remit and this has seen a reduction in non-HPFT enquiries.

We contact complainants to discuss the option of informal resolution and are continuing to see an increase in the number of PALS contacts.

Category	2018/19	2019/20	2020/21	2022/23
Access to Records	0	0	8	23
Advice/Information	32	34	195	94
Enquiry	196	208	214	125
Feedback	156	113	43	6
Freedom of Information Request	0	0	0	3
Issues for resolution	272	330	248	344
Informal complaints	97	71	55	75
Other	1	0	6	215
Non HPFT	114	126	163	143
Total	869	887	932	1028

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 2022/23 was 417, in 2020/21 it was 271 and 371 in 2019/20. There were also 108 MP enquiries compared to 71 in the previous year.

The subject categorisation was changed this year to match those required for NHS England KO41 reporting.

Category	2018/19	2019/20	2020/21
Assault / abuse	4	12	5
Clinical practice	113	141	144
Communication	49	43	47
Environment etc.	7	5	4
Security	6	8	3
Staff attitude	35	35	17
Systems & Procedures	69	120	36
Transport	1	0	0
Other	0	7	15
Total	284	371	271

Category	2022-23
Access to Treatment or Drugs	33
Admissions, Discharges and Transfers	14
Appointments including delays and cancellations	16
Assault or abuse	2
Clinical practice	74
Communication	64
Consent to treatment	5
Environment	3
Facilities services	1
Other	8
Patient Care including Nutrition / Hydration	70
Privacy Dignity & Wellbeing	4
Security	5
Trust administration	63
Values and Behaviours (Staff)	55
Total	417

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.

74 of the complaints received came under the category of clinical practice, the concerns raised most frequently were:

- Assessment and treatment (28)
- Care and treatment (18)

64 of the complaints were categorised under communication, the concerns raised the most frequently were:

- Communication breakdown with service users (24)
- Sharing of Information (13)

Ombudsmen

The Parliamentary and Health Service Ombudsmen (PHSO) requested the case files for two complaints. One case was not upheld by the PHSO. We were also advised that one case is moving to investigation.

One casefile was requested by the complainant's solicitor for investigation.

Compliments

All teams are asked to forward letters of thanks from service users, carers, advocates and visitors to the Experience Team so that they can be logged and reported. During the year a new compliments email address has been introduced to highlight the importance of positive feedback. During the last year there has been a 61% increase in compliments received. This increase is partly due to the CAMHS CHI-ESQ survey comments now being included in this reporting.

- 2017-18 – 1,981
- 2018-19 – 1,571
- 2019-20 – 1,529
- 2020-21 – 1,321
- 2022-23 – 2,134

3.4 Equality & Diversity

Through direct engagement with our people, feedback from the staff survey, pulse surveys and workforce information, such as our WRES and WDES data, together we have identified key equality and inclusion challenges. This information shows some positive trends compared to previous years and compared to national data benchmarks. However, there remain differences in experience between staff groups. We have carried out significant engagement to co-produce actions to further improve equality and inclusion across the Trust, which include:

- **Reverse mentoring** – a scheme is in place for all Executive Team members to have a reverse mentor and the scheme will be expanded to cover all our Senior Leadership Team in 2022/23.
- **Just culture** – together with trade union colleagues and the BAME staff network, we agreed to introduce a decision-making panel to screen potential disciplinary matters. The panel consists of Trade Union, People and OD, Equality and Inclusion Team, BAME staff network and management representatives. The panel's objective is to bring a particular focus on equality and diversity in making an initial determination on whether, following an initial fact finding, a matter should progress to a formal investigation under the disciplinary process.
- **Staff networks** – our seven staff networks continue to flourish and are each sponsored and fully supported by an Executive Director. Together with the networks, we have run learning events, events to share experiences, provided targeted wellbeing support and celebrated the diversity of our people throughout the year.
- **Inclusion Ambassadors** – we have trained Inclusion Ambassadors from across the Trust for a scheme which was co-produced with our trade unions and BAME staff network. Inclusion Ambassadors will participate in recruitment panels for posts at Band 8a and above in order to provide greater confidence in equity of appointments and to contribute to greater diversity at senior levels.
- **Reasonable adjustments** – we have put in place a reasonable adjustments panel to ensure that managers and staff can benefit from the advice and guidance of a panel of experts in relation to making adjustments for disabled staff so that we are confident we can consistently provide the best support to staff. In addition, we have launched a reasonable adjustments policy and training for managers.
- **Belonging and inclusion strategy** – we have carried out significant engagement across the Trust to co-produce our new strategy and an action plan that will continue to improve the experience of all our people and ensure that everyone has a strong sense of belonging and feels included within the Trust.

We continue to focus on strengthening our culture of belonging and inclusion and eliminating the gap in experience between staff groups which are currently reported

3.5 Performance against the learning disability improvement standards Findings from the Year 4 National Benchmarking exercise 2020/21 (Issued November 2022)

The standards have been developed with a number of outcomes created by people and families – which clearly state what they expect from HPFT. By taking this approach to quality improvement, it places patient and carer experience as the primary objective, as well as recognising the importance of how HPFT listens, learns and responds in order to improve care.

The four standards concern:

- respecting and protecting rights
- inclusion and engagement
- workforce
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both)

Summary:

- We have the highest number of people with a learning disability as a percentage of our total Trust caseload from all Trusts who provided data.
- Our hospital readmission rate for those with a learning disability is one of the lowest and well below the mean (HPFT = 8.8%, Mean = 13.3%).
- We are above the mean for the number of patient safety incidents involving a person with a learning disability (3rd out of all the Trusts who provided data) and our patient safety incidents per 100 people with a learning disability is also over the mean (mean =19.3; HPFT=87.3). However, we have to bear in mind that we provide services for people with LD who are in crisis/require hospital admission and we have LD secure services which most of the Trusts providing data do not have.
- Our number of serious incidents involving people with a learning disability is above average (8 SIs for HPFT, mean 1.6)
- Our safeguarding referrals for people with an LD is significantly higher than average and we are the 1st highest reporter (fourth highest when this is averaged out over number per 100 people with an LD) which fits with our low threshold for reporting.
- We reported more deaths of people with a learning disability than the mean (4 times greater than the mean). However, we recorded 46 deaths that were covid related, with the mean reported at 7.9. This is likely linked to the robust recording that we had in place during covid.
- Our total number of people with a learning disability experiencing physical restraint and seclusion was well above average but this is unsurprising based on the services we provide and the number of people with an LD on our caseload.
- We were above the mean for number of people with an LD who had experienced Long Term Segregation (Mean=2; HPFT=5)

There are a couple of areas where we either don't provide services that others do or we don't collate data:

- We don't provide LD liaison services (although we do liaise with those provided by other Trusts within our local areas where needed)
- We don't have a way of knowing how many of the safeguarding referrals met the criteria for a Section 42 enquiry.
- We don't currently monitor compliance with learning disability and Autism awareness training. The pending Oliver McGowan training in LD and autism will be mandatory for all staff at different levels and will therefore be monitored for compliance moving forwards

3.6 Annual Recovery Conference

We celebrated our 16th Annual Recovery Conference in October 2022 – that's 16, uninterrupted years of coproduced events driven by lived experience with an unstinting eye for authenticity.

This is always a wonderful opportunity for organisations across the County and beyond to come together. As well as HPFT we were joined by The University of Hertfordshire, the two Mind organisations in Herts, Viewpoint, Carers in Herts & Rethink. This year we put together a programme around Challenges and Opportunities in Uncertain Times which was rich with topics around Neurodiversity, Intersectionality, Positive Risk Taking, Peer-Support and Trauma-Informed Care. Like last year, we were fortunate to be able to include the voices of young people in the discussions. Andy Smith, working with Viewpoint, resurrected the Newsletter and we managed to get it out to the 256 people who booked on to the conference just after Christmas – things sometimes take longer but I hope we never drop the ball.

There were some truly affecting offerings from the speakers this year, including a piece from Prab Seyan and colleagues on Peer Support Work. At least one of his colleagues who shared their experience really moved the whole conference, such was the level of support she had gained in truly adverse circumstances from her peers. Later in the day a live conversation between Alexandra Hunter and Dr Giovanni Borghini – an Expert by Experience and Head of Peer Support, Training and Therapies at Mind, and a Consultant Psychiatrist, really captured our attention as two people, usually divided by the formalities and cultural boundaries of being a client and a doctor, had a person to person discussion about mental health care.

We also had powerful conversations about Neurodiversity, Intersectionality, Empowering Carers during the day, and were able to connect with a project in Israel (Homes for Hope) where we heard another conversation between a provider professional and a service user which was much more to do with who they were as human beings, than the roles they had found themselves in.

Throughout the day there were short stories of lived experience from young people like Malakhai and Millie which were full of hope.

Finally, a big thank-you to Aidan Hannan a brave young man who stepped into the anchor's chair for the conference at short notice – from the way he managed the day we can say that he has a future in conference management!

3.7 Infection Prevention and Control

During the year there has continued to be a significant focus on Infection Prevention and Control (IPC) practice and its role in ensuring the Trust provided high quality, safe and effective care. The IPCT are now at full establishment which will ensure clinical teams are supported in making improvements in practice.

Detailed below are the key aspects to this work and what the Trust did.

Healthcare Associated infections (HCAI)

There has been zero reported cases of MRSA, MSSA, Klebsiella, E-coli or Pseudomonas blood stream infections or Clostridioides difficile (C. difficile) infections during the year.

Outbreak Management

There was a total of 63 confirmed outbreaks of COVID-19 reported during 2022/23 (Chart 1). This is a significant increase (56%) compared to the previous year when we reported 28 outbreaks in 2021-2022 (table 1).

At the start of the year the government set out a revised plan for managing Covid 19 based on the population having much stronger protection against COVID-19 than at any other point in the pandemic, due to the vaccination programme, natural immunity, access to antivirals, and increased scientific and public understanding about how to manage risk. The key changes were made as we transitioned to living with Covid19 however with less testing by the general population and requirements to self-isolate controlling the exposure for staff and service users who have leave from our services was challenging and impacted on the level of cases.

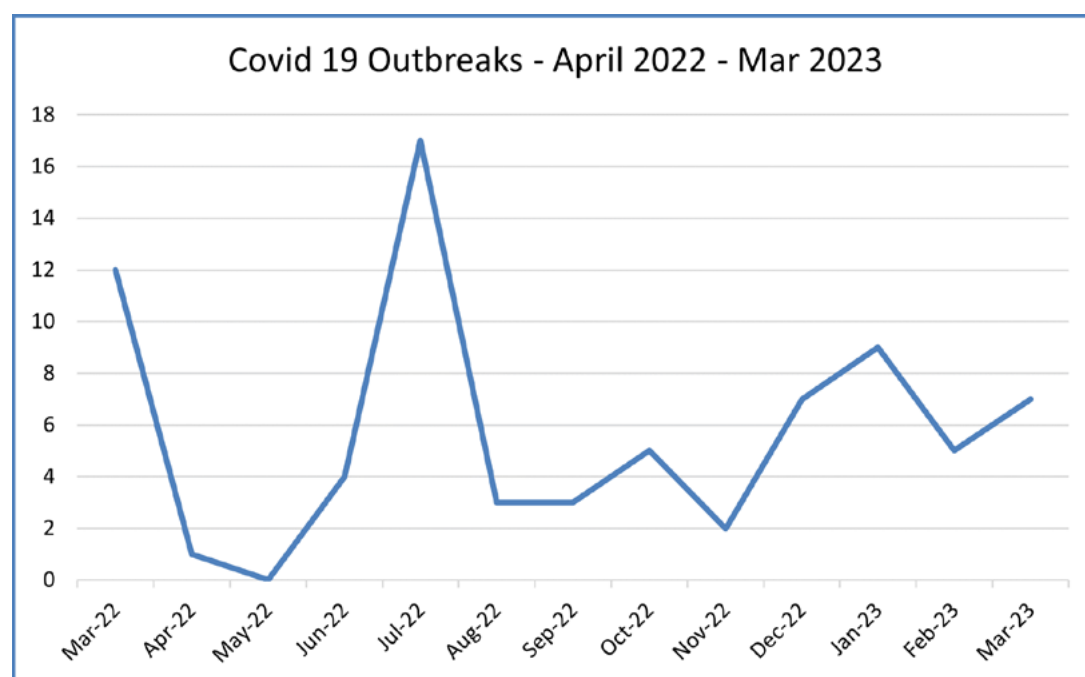


Chart 1

Category	2020-2021	2021-2022	2022-2023
No of Covid 19 outbreaks declared	17	28	63
Confirmed Covid 19 deaths – Service users	195	26	10 *all community

Table 1

All outbreaks were investigated and monitored through regular Outbreak Control Team (OCT) Meetings. There continues to be good working relationships between the trust and external organisations including UKHSA, ICB and NHS England who attend the OCT meetings on a regular basis to provide expertise in bringing the outbreaks under control or to offer support such as agree additional testing or the use of enhanced PPE (FFP3 masks) in areas where there were large outbreaks and suboptimal ventilation due to environmental controls. Out of the total number of outbreaks declared in 2022-2023 37% (n= 23) were related to staff only outbreaks (office areas or inpatient teams).

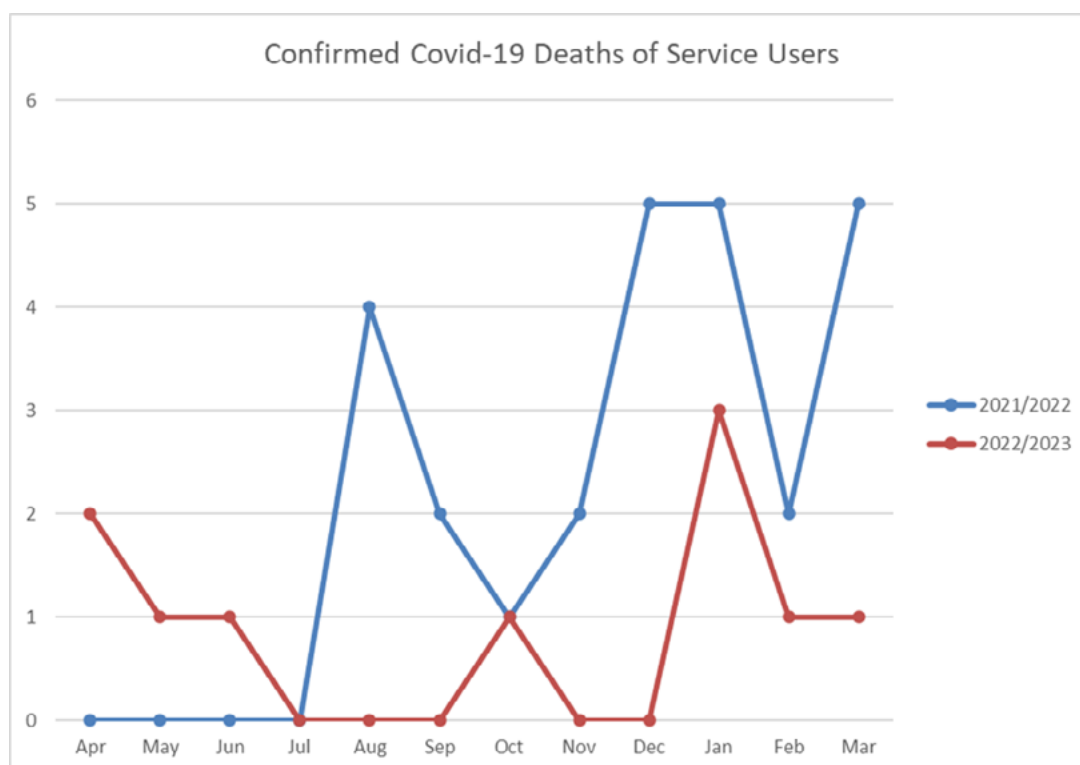


Chart 2

In 2022 – 2023 there have been 10 service users who were confirmed to have died from Covid19. All cases were in the community and not linked to the outbreaks. This is a reduction compared to the previous year April 2021 to March 2022 there were 26 service user deaths due to Covid-19. Of these 22 were reported in the community setting and 4 occurred in the inpatient setting. We have seen a significant reduction in deaths from the 195 reported deaths due to COVID -19 in 2020-2021 (See chart 2).

Learning from the outbreaks have included prompt recognition of when to test; supporting service users to isolate; complying with best practice in IPC; completing outbreak deep cleans to appropriate standards; and improving the surveillance of staff cases through local reporting processes. The IPCT has supported teams to improve processes and regularly send out updates via trust intranet to maintain engagement.

The IPCT developed educational resources to promote and celebrate International IPC awareness week on 17 to 23 October 2022. The daily quiz questions were a success with prizes issued to the winners; IPCT also held an IPC stall at Kingfisher Court and all link practitioners were encouraged to engage with staff in their local areas. A Campaign poster was developed and distributed together with a screensaver to increase awareness of the event. The IPC link practitioner meetings have been in place, with additional training on water safety and scabies. A newsletter has also been developed and issued 6 monthly. The IPC link practitioners are vital support for the IPCT in disseminating information and undertaking audits of practice. The staff nominated include team leaders and support staff. The IPCT will be reviewing the role in 2023-2024 and working to secure a commitment from managers for the role to have protected time to attend the meetings.

The IPCT have also been undertaking focused IPC practice audits within the inpatient units to support staff with safe sharps practice, dealing with body fluid spillages and decontamination of patient equipment. The process has allowed the team to engage with the staff on best practice and complete action plans. To maintain good practice the monthly audits by the services will continue to monitor compliance with sharps safety to ensure sustained change is seen.

Testing for Covid 19

Nationally the routine twice weekly lateral flow tests (LFT) for staff was paused from 1 September 2022 as the level of cases had decreased to a manageable level in the community, hospital admissions had declined, and severity of illness reduced. Local guidance was updated, and staff were still able to access the free test kits to test if they had symptoms or as part of outbreak management.

Vaccination

The 2022/23 flu vaccination campaign and the Covid19 booster campaign was available to staff from Q3 (Oct 2022), with weekly meetings being scheduled and led by the Pharmacy team. Staff had access to vaccination clinics across the Trust in various locations. Uptake was lower than expected for the aspirational targets set. Data from the end of Feb 2023 stated

- 52.6% of staff presented for the Covid 19 booster
- 49.1% of staff presented for the annual Flu vaccination

The trust was disappointed by this fall but is in line with national average of 60.5% for all NHS trusts*.

Performance was monitored at the weekly flu and COVID vaccination steering group. This enabled us to review performance and adapt our multiple offers to staff. HPFT continue to promote uptake of vaccinations with staff and there are drop-in clinics. There was also a push to ask staff to record if they have had the vaccines elsewhere and we ran a prize draw to win a £50 voucher as an incentive.

Cleaning Services

The Trust cleaning service provider continued to utilise specialist trained cleaning teams in line with UKHSA guidance.

Overall cleaning audit scores remain high throughout the year with and all above the national cleaning standards compliance met.

Patient-Led Assessments of the Care Environment (PLACE)

The PLACE 2022 assessments were conducted in 2022 with 36 patient assessors trained, resulting in 24 supporting the Trust with this year's collection. These provisional scores show a good percentage for all sections. This can be attributed to the Trust Estates & Facilities team conducting annual PLACE-lite assessments during the postponement of the official PLACE in 2019 and by their extensive daily focus placed on the contracted Hard and Soft FM services. By working closely 'as one' and in partnership with the FM provider and clinical teams, this collective approach continues to result in good standards. Below is a table outlining the scores as an organisational average:

Measurement	Cleanliness	Food / Hydration	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability
HPFT Score	96.88%	90.06%	93.53%	93.76%	93.16%	90.50%

Table – PLACE assessments 2022

Training

All Trust staff are required to have successfully completed level 1 or level 2 mandatory training for Infection Prevent and Control each year. In year; we have seen a measured increase and sustained overall commitment to reach the threshold of 92%. At the end of quarter 4 (2022-2023), the training compliance was reported as:

Strategic Business Unit (SBU)	%Compliance Rates				
	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
SBU Learning Disability & Forensic	87%	96%	98.92%	96%	95%
SBU MH East & North Herts	85%	94%	96.3%	94.3%	94.5%
SBU MH West Herts	82%	91%	92.59%	94.4%	93.4%
Essex and IAPTs	79%	91%	92.31%	96%	93%
Corporate	86%	90%	95%	92%	94%

Table – Level 1 IPC Training uptake

Strategic Business Unit (SBU)	%Compliance Rates				
	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
SBU Learning Disability & Forensic	89%	91%	94.4%	96.7%	96%
SBU MH East & North Herts	89%	95%	95.3%	95%	95%
SBU MH West Herts	87%	87%	90.7%	91.4%	91.3%
Essex and IAPTs	89%	94%	94.9%	94%	93%
Corporate	86%	91%	95.7%	93%	93%

Table – Level 2 IPC Training uptake

Since 2021 the training module “Antimicrobial Resistance – An Introduction”, has been categorised as essential training for nurses, prescribers, and pharmacy staff. Compliance has been monitored and we have seen a steady increase in training being completed and exceeded the target of 92%.

Strategic Business Unit (SBU)	%Compliance Rates				
	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Antimicrobial resistance – An Introduction	93.32%	95.7%	96%	96.04%	96%

Table – Compliance rate for AMR training

*Seasonal flu and COVID-19 vaccine uptake in healthcare worker

[Seasonal influenza and COVID-19 vaccine uptake in frontline healthcare workers: monthly data 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/seasonal-influenza-and-covid-19-vaccine-uptake-in-frontline-healthcare-workers-monthly-data-2022-to-2023)

3.8 Safeguarding

Safeguarding Children

The number of safeguarding children incidents in 2022-23 was lower than the number of incidents reported throughout the Covid pandemic seen in years 2020-21 and 2021-22, though remains higher than the pre-pandemic year of 2019-20. Emotional abuse remains the highest reported category of abuse for children and reflects the fact HPFT is a mental health Trust and children often present to our services with emotional and behavioural difficulties related to their mental health, trauma or social complexities. The acuity of children's mental health has increased since the Covid pandemic.

Safeguarding Adults

In terms of adult safeguarding, HPFT is not only responsible for recognising abuse and raising concerns, but the Trust is also responsible for investigating these allegations for adults who have functional mental disorders (ie: disorders other than dementia or brain injury). The response to safeguarding concerns did not change with the onset of the pandemic and, therefore, there has been a 'business as usual' approach to adult safeguarding which has continued into the current period.

The number of safeguarding adult referrals managed by HPFT investigating teams during 2022-23 has been overall lower than was received during 2021-22 with referral levels returning to those seen during 2020-2021. Monthly rates have been relatively stable between a range of 110 and 133 referrals each month across all Investigating Teams.

For adults, domestic abuse is the main category of abuse experienced by people with mental health needs, for the first time replacing physical abuse as the most reported form of abuse (24%). This may be partly in response to work done with staff around understanding the definition of domestic abuse, leading to more accurate reporting in this category. The HPFT Safeguarding Team continue to prioritise domestic abuse, providing a comprehensive training programme around issues relating to this which includes learning from relevant Domestic Homicide Reviews and Safeguarding Adults Reviews.

The second most common category of abuse reported is physical abuse (18%), much of which relates to peer-to-peer violence reported by inpatient units.

During 2022-23, Safeguarding practice issues have been identified within MHSOP and CEDS teams. These teams take on investigating team roles alongside the ACMHS however have a significantly lower rate of referrals received due to the nature of their respective cohorts. The Safeguarding Team have offered support and training to these teams and continue to monitor.

Safeguarding Practice Developments

On 1st December 2022, HPFT became the first NHS Trust in the country to collaborate with the Domestic Abuse Alliance and commenced the use of their WEPROTECT app, to provide free legal advice to victims of domestic abuse. An official launch event and domestic abuse conference was held on 21st March 2023 to celebrate this work. Over 120 internal and external colleagues from across the Safeguarding Children Partnership & Safeguarding Adult Boards attended in person, with another 140 attending virtually. The Lord Lieutenant of Hertfordshire attended and gave an opening address and East Of England Lead from the Domestic Abuse Commissioner's Office also gave a presentation. The event was extremely successful and raised HPFT's profile on a national perspective.

Other Practice Developments included:

- Updated Datix Safeguarding Children reporting form in November 2022.
- Added new alert for carers of children on Child Protection Plans, Children in Need, Children Looked After, and open to Children's Services.
- Development of new Children Looked After Policy.
- Preparation for Joint Targeted Area Inspection (JTAI.)
- Development of Safeguarding Supervision Compliance Report from the Supervision App.
- Consultant Nurse Co-Facilitated a 'Safeguarding Wellbeing Webinar' for staff with the Here For You Service and other safeguarding leads from Herts & Essex.

- Developed CQC Preparations & 7 Minute Briefings.
- Care Leaver Best Practice launch event 20th September 2022- positive feedback received from Commissioners on this document & feedback from care experienced young people.
- Co-produced with Hertfordshire County Council a 7-minute briefing on Making Good Safeguarding Referrals to be rolled out to adult and older adult inpatient units.
- Domestic Abuse Policy for staff developed and published.
- Supported development and recruitment into localised Adult Safeguarding Practitioner roles within ACMHS teams.
- Multi-Agency Risk Assessment Committee representatives bi-monthly Supervision group established to support effective communication with MARAC to support the multiagency response to high risk domestic abuse.
- Monthly meetings established with Single Point of Access Team leads to discuss safeguarding issues arising.

Audits

The following audits were conducted in 2022-23:

- Safeguarding Adults Decision Making Audit (6-weekly)
- S47 & S17 Requests
- Safeguarding Children Referrals, Outcomes & Documentation
- Children Looked After & Care Leavers Discharges from Service
- Children Looked After & Care Leavers Referrals In & Referrals to other Organisations
- Child Protection Plan & Child In Need Alerts
- Children Not Brought In
- Sexual Safety Incidents

Safeguarding Adults Assurance/Section 11 Visit

The annual safeguarding adults assurance/ Section 11 (Children Act 2004) visit took place on 24 February 2023. A follow up visit is planned for April 2023 in which the recommendations and action plans will be agreed. The formal outcome letter has yet to be received, but the following email was sent to the Executive Director for Quality & Safety from the ICB after the visit:

“we would like to thank HPFT for an extremely comprehensive evidence submission and excellent and informative supplementary presentation for the six domains of enquiry within this year’s annual assurance. We recognise the time resource and collaboration required to complete this process and would like to fully commend and thank all members of the team.”

Safeguarding Improvement Plan for 2023/24

Based on the self-assessment element of the Safeguarding Adults Assurance/ Section 11 visit, an action plan has been developed agreed with the ICB in April 2023, actions include:

- To ensure the Corporate Safeguarding Team have oversight of Safeguarding Supervision compliance Trust-wide.
- To explore routine enquiry about domestic abuse as part of the assessment process.
- To seek funding for 2 x HPFT MASH practitioners.
- To develop a report of all “Safeguarding learning from” reviews and incidents on Datix.
- To develop and cascade a Safeguarding Training Directory for External Agencies from across the Integrated Care System.
- To continue working with the Simulation Hub to develop relevant scenarios in response to Learning from incidents and audit.
- To explore methods of assessing the impact of learning from webinars.
- To review training programme and consider face to face or Hybrid options for training courses alongside webinar programme.
- To recover the Prevent training compliance.

- To recruit to the Advanced Safeguarding Practitioner role for North Herts Adult Community Mental Health Service.
- To commence reflective supervision sessions between CAMHS & SASH.
- To explore the Shared Care Record and understand how it impacts safeguarding practice.
- To implement CP-IS into HPFT.
- To continue partnership work with Herts Fire Service to raise awareness amongst operational teams and promote inclusion in cases of self-neglect/ hoarding.
- To ratify and publish the Children Looked After Policy.
- To continue quarterly audits of Children Looked After records to demonstrate improvement in documentation and liaison with the professional and social network.
- To deliver regular training opportunities on Children Looked After and Care Leavers.
- To convene 6-8 weekly meetings with the named CAMHS Children Looked After link people, until practice improvements are demonstrable.

Planned Safeguarding Audits for 2023-24

- Safeguarding Adults Decision Making Audit
- Safeguarding Adult Inpatient Unit monthly Audit
- S47 & S17 Requests
- Safeguarding Children Referrals, Outcomes & Documentation
- Children Looked After & Care Leavers Discharges from Service
- Children Looked After & Care Leavers Referrals In & Referrals to other Organisations
- Compliance with the Care Leaver best practice guidance
- CSE, CSA and Harmful Sexual Behaviours
- Domestic Abuse
- Children Not Brought In

3.9 Digital strategy

Throughout 2022-23, we continued implementing technology programs as set out in our digital strategy, which aims to digitally empower service users and carers, our care professionals, and workforce.

We have delivered a wide range of improvements not widely seen across mental health and learning disability Trusts.

For **service users and carers**, we have improved how appointment reminders and clinic letters are sent digitally, meaning that information is shared with them quickly and securely, while reducing carbon footprint associated with the delivery of hardcopy letter. This has built on work within the Trust to record appointments routinely within the electronic patient record, making that information more accessible and re-usable.

Wellbeing and experience questionnaires, to support care planning and monitor the effectiveness of treatment, have been sent digitally across the majority of services. This supports the Trust's increasing focus on clinical outcomes. Individual preferences for communications have also been gathered, including options for involvement in research to support the new Research Strategy.

For our **care professionals** across clinical services, we have implemented a Shared Care Record with information visible within the main electronic patient record from health and care providers across Hertfordshire, Essex, and London. We have also started, for the first time, sharing information from our systems, securely allowing our partners to see currently open referrals, future booked appointments, previous inpatient admissions, and diagnoses recorded by our staff. This is a major milestone for our partnership working, built on the foundations of a strong information sharing agreement in the region. We have continued to build upon the integration between our physical health monitoring equipment (the Whzan BlueBox) and our electronic patient record, rolling these out to more services to deliver efficient, modern support for people around their physical health.

In our inpatient wards, we have successfully started using our new electronic prescription and medicines administration (ePMA) system,

helping staff to improve the safety of medication, and eliminating the need for paper drug charts. We will continue to roll it out to all our inpatient services in 2023/24 before moving on to community clinics. We have procured a patient flow and bed management system which will improve our ability to utilise inpatient resources efficiently and ensure our service users are supported in the most appropriate setting. In the inpatient wards, we have begun using an application based on Microsoft PowerApps which runs on mobile devices to replace paper-based patient observations. This will be extended to forensic services through 2023-24.

For our workforce, clinical and corporate, we have continued to invest in improvements to make their experience of work better. Single Sign-On has been rolled out across the Trust for the majority of systems, saving staff time and the burden of remembering numerous passwords and keying them in every time. We have digitised supervision records and other administrative tasks, such as data protection impact assessments, reducing the burden on staff and improving our ability to monitor and manage these key processes. Cybersecurity has continued to be a priority, with a number of emerging high-level threats which we have successfully mitigated with our suppliers. We have also begun implementing additional systems such as Multifactor Authentication to further strengthen our cybersecurity posture and to keep our service users and staff's information safe.

3.10 Developments

Simulation Training

In our continuous drive to improve quality of care HPFT wants to be at the forefront of offering innovative learning and development opportunities for our multidisciplinary workforce. HPFT has developed a pioneering Simulation Training Facility within the Trust to provide innovative simulation training in mental health, physical health and learning disabilities. The delivery of the innovative Simulation training is supporting the organization in training staff in workplace to deliver evidence based and high quality of care for our service users and carers. In line with HEE National Framework for Simulation-Based Education (SBE), HPFT have developed a well-trained and engaged multi-professional simulation faculty that supports the design and delivery of meaningful

and cohesive simulation-based education with the result of providing even better care for our service users. The simulation training uses a multi-disciplinary approach in building a bespoke training based on the learning needs identified by the team from incidents, team competencies and gaps in the delivery of care. Feedback from the delegates attending simulation training consistently demonstrate positive outcomes in staff's confidence, knowledge, clinical skills, and improvement in their ability to work in a team. The Hub will continue to expand courses informed by learning from incidents and evidence-based practice to support multi-professional learning and development at work. The Hub will participate in research evaluating the outcome of simulation-based education and impact on the safety and quality of care. The HPFT Simulation Hub will develop a business model to create long-term value and sustainability of the services.

Simulation is a fantastic experiential learning modality offering participants the chance both to engage in high fidelity scenarios and reflect as a group on the challenges and issues raised. People learn most effectively when training is interactive, immersive and replicates real life. Simulation replicates a real-life scenario, but in a psychologically safe and controlled environment.

NHSE Hertfordshire (H) and West Essex (WE) Wave 4 Suicide Prevention Programme

This programme develops and delivers a suicide prevention multi-disciplinary training programme for clinical and non-clinical professionals working across the ICS. This will enhance knowledge of suicide prevention and colleagues' roles across the system and support the implementation of Hertfordshire Suicide Prevention Pathway. A multi-agency task and finish group is supporting development of the training package .

Trials began in August 2022, and the hybrid model was introduced in December 2022. Funding was allocated with the aim of providing training for up to 500 people in the ICS.

Training participants, including GPs, mental health nurses, trainees, as well as students training to become specialists, staff from acute trusts, Fire, British Transport services have taken part in simulation training.

Post-training evaluation has shown significant improvements in participants' ability to work as a team, gain understanding of each others roles and to develop skills and put these into practice.

Feedback from delegates demonstrated overwhelmingly positive outcomes in confidence, knowledge, clinical skills, and team working, with between 96% and 100% of delegates saying these had improved. 99% of learners preferred simulation training over traditional approaches

3.11 Staff Wellbeing Programme Overview

Summary

The Health and Wellbeing Strategy currently is based around five key pillars, these are: mental, physical, nutritional, financial, and environmental. Within each pillar there are initiatives to help identify issues or challenges, encourage staff to access support, ensure that staff return to work and thrive, as well as preventing wellbeing challenges to future proof the organisation. However, the impact of increasing work pressures including a rise in violence and aggression against staff has an impact on morale and retention, looking after our staff and in particular their psychological wellbeing is a priority. The need for preventative and proactive wellbeing interventions to support the current provisions that can be embedded is critical.

This provides an overview on the provision provided the past year and with recommendations on how to improve and embed a preventative approach within the Health and Wellbeing Programme at HPFT.

Current offering

Provisions for Basic needs

Includes pay and conditions at work, rest and breaks, food and drink

Health & Wellbeing conversations

Regular and commonplace conversations to check in with one another that are separate from appraisals.

Schwartz Rounds

Facilitated reflective space for all staff across the trust.

Network of Champions

Trained Health and Wellbeing Champions informed to signpost and promote wellbeing in Teams.

Mental Health First Aiders

A course run initiative to promote awareness and skills in mental health literacy for individuals and teams.

Psychological Interventions

Here for You & EAP Individual psychological and emotional support.

Wellbeing Induction

Promoting and signposting all wellbeing offerings-includes the Wellbeing Plans

Wellbeing Programmes and Events

Monthly wellbeing programme for staff in line with national calendar of events and wellbeing framework.

Away Days

Service led days or half days designed by teams to meet their particular need.

A significant amount of Wellbeing support has been delivered and offered to staff throughout the past year. Since the recovery from the pandemic The Trust adopted a reactive and supportive approach. The results of these initiatives can be seen through positive survey results.

Mental Health First Aid (MHFA) courses have been delivered which encourages local leaders to provide an internal feedback loop to support future courses to capture themes/hotspots.

The current offer will continue to strive to offer a range of ongoing activities supporting mental, physical, nutritional, financial, and environmental domains. This consists of a monthly rolling online core programme which covers the five elements of wellbeing. Trust wide on-site events including health checks and wellbeing clinics in collaboration with our Freedom to speak up guardian, Unions, Inclusion and diversity and spiritual teams which below highlights other staff support on offer:

- Monthly Schwartz for staff to share in open and confidential forum experiences
- Menopause awareness support training for staff and managers
- Menopause support groups
- Wellbeing conversations and management essential training
- Wellbeing action plans for staff to explore their selfcare and wellbeing plan which incorporate the reasonable adjustments, stress factors and menopause support need.
- Health checks to recognise the preventative offering to physical health of our staff.
- Monthly collaborative working networks with key stakeholders like FTSU, HRBPs to embedded and robust psychologically informed structure to support the psychological safety of Teams within the SBU

However, as we continue to recover and the longer-term impact of the pandemic is evident through increased waiting lists and high caseloads and increase in sickness, there is a need to refocus this approach to make a difference to the burnout and retention. There are pathways for manager and individuals on emotional support but as the service pressures continue with variants and the concerns of retention and burnout; the wellbeing offering, and delivery of the strategy needs to evolve to reflect the complex and diverse needs of its people.

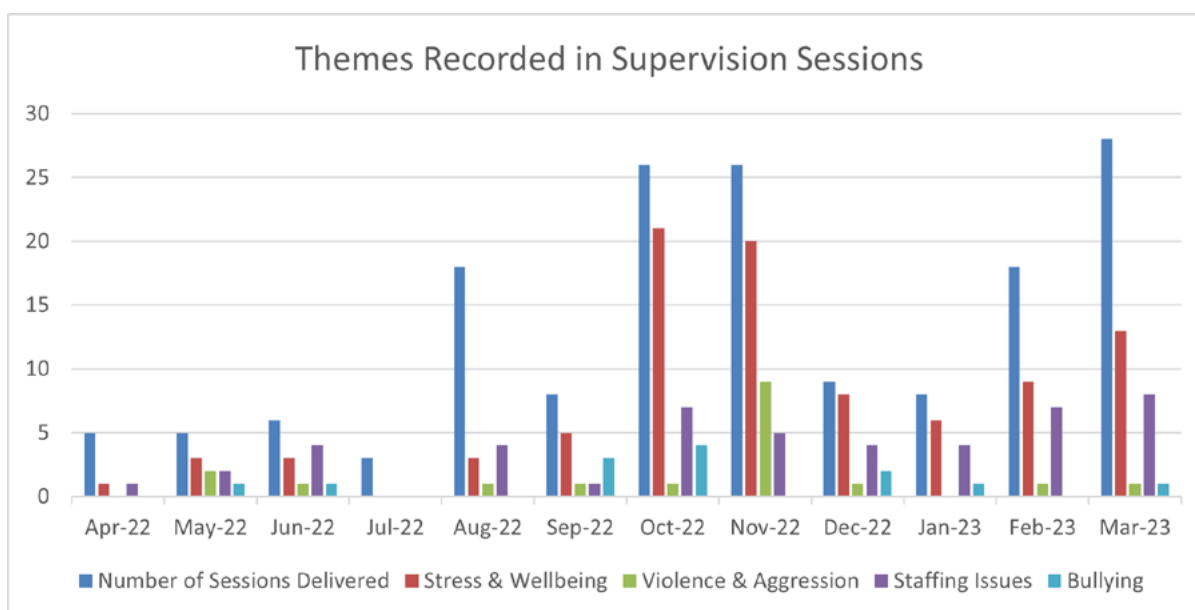
3.12 The Professional Nurse Advocate (PNA)

The Professional Nurse Advocate (PNA) role was introduced by NHSE in March 2021 following the first wave of the Covid Pandemic. Its main aim was to provide Restorative Clinical Supervision (RCS) to nurses to reduce the levels of stress and burnout as well as sickness rates and improve retention rates. RCS using the A-EQUIP model to empower nurses and support in building their resilience whilst working in demanding environments.

The PNA role was implemented within HPFT in 2022 and between April 22 – March 23, a total of 160 RCS sessions have been delivered with 113 career conversations taking place. The main theme that was recorded was stress and wellbeing (58%), followed by staffing issues (29%), violence and aggression (11%), and bullying/harassment (8%).

The national target set by NHSE was 1 PNA per every 20 nurses by 2025, which based on figures obtained in March 2023 of 815 nurses within the Trust, would require 41 PNAs. HPFT currently have 20 qualified PNAs with an additional 15 in training aiming to be qualified by June 2023, which is 83% of the national target. There are also an additional 6 nurses on a waiting list to enrol onto the course.

With the recent addition of a full time PNA Lead, HPFT are proud to be supporting the nursing workforce personally and professionally with their emotional wellbeing, learning and development needs, and career conversations.



HPFT have also been awarded funding from HEE to pilot the PNA role within Adult Crisis Resolution Home Treatment Teams. This has allowed for further analysis on how nurses working within a reactive team are managing their stress levels and burn out as well as how best to support them.

Further awareness of the PNA role is required to support the implementation within the Trust as well as the support from managers for the nurses to receive/deliver the PNA sessions.

3.13 Continuous Quality Improvement (CQI)

We have adopted the Model of Improvement as our overarching framework for Quality Improvement. It is a simple framework that supports the use of tools or techniques that are helpful for an improvement or innovation idea. The approach allows the whole organisation to have a common approach to create a culture of continuous improvement and innovation. The Model for Improvement, our guiding principles, collective leadership culture and the core QI concepts, tools and techniques are our Quality Improvement approach. We now have 300+ staff and experts by experience trained in the CQI methodology.

The Improvement team support many improvement and innovation projects using our QI approach which helps to deliver our Good to Great strategy. In 2022-23 we saw many projects in various teams/services through scoping, planning, implementation, and evaluation. 2 Projects to highlight

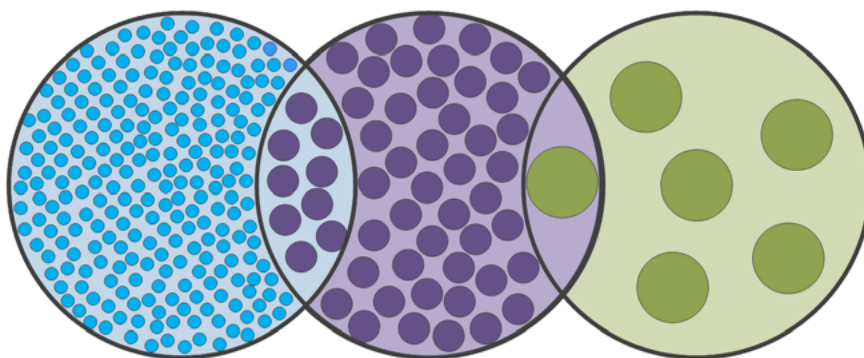
- **Neurodevelopmental Disorder (NDD) pathway**

In response to the increased likelihood of people with Intellectual Disabilities (ID) having Autism and/or ADHD (Neurodevelopmental Disorders) than the general population, HPFT have implemented the Neurodevelopmental Disorder (NDD) pathway and screening tool, which has increased diagnosis by 66% and has the potential to deliver widescale improvements in ID care.

- **Transition Pathway**

To support the often difficult and challenging transition from child to adult services HPFT have introduced a Transition Worker (TW) role to facilitate a Transition Pathway and guide young people with Intellectual Disabilities (ID) and their families. This pathway, co-produced with staff, service users and carers has successfully transitioned over 61 young people in the last year.

Innovations are broadly defined as ranging from small scale improvements through to transformative 'game changing' ideas.



Continuous Improvement

Continuous and incremental improvement of current services – “problem solving at your own level”

‘Harnessing with pride’

Taking existing ideas from any source – not just the NHS or even healthcare – and adapting them to solve an HPFT problem

Thinking differently

Using dedicated time to consider a problem / issue / scenario from different perspectives- often with a diverse set of collaborators - to generate something ‘new’

Since the launch of the Innovation & Improvement Fund in October 2016 we have received 110 applications for funding of which we have awarded funding to 39 ideas that met the criteria. We have received 26 new funding requests in 2022-23. These funds supported teams to improve timeliness, safety, efficiency, effectiveness, and service user/carer/staff experience in a structured and systematic way. Two examples of achievement during the year are described below:

Idea of innovation and improvement

The aim was to introduce a therapeutic approach (Equine therapy) that was accessible to patients who were not able to engage in traditional talking therapies.



Realised benefits and efficiency measure

Equine therapy, a holistic and specialised form of therapy involving work with horses, was offered to service users at HPFT’s medium secure service for men with intellectual disabilities detained under the Mental Health Act.

All fourteen of the service users who participated achieved an AQA award in basic horse psychology and five of those also achieved an AQA award in mentoring.

Service users reported being calmer and felt good and brave. A 100% self-reported improvement in their Confidence in abilities, Understanding their Emotions, and mental health.

Staff observed increased confidence, developing self-awareness of their behaviour and greater independence.

Idea of innovation and improvement

The aim was to implement Fishing for Health: an integrated approach for Adults with Learning disability and/or Autism



Realised benefits and efficiency measure

The Covid pandemic has elicited a need to look at innovative Covid-safe therapeutic treatment mediums which make greater use of the widely acknowledged therapeutic value of outdoor spaces and related activities.

Fishing for health aimed to facilitate access to angling and nature as a structured therapeutic activity for service users with a Learning Disability and/or Autism, providing holistic benefits across physical, mental, emotional, social and spiritual health.

The project not only demonstrated at 16.2% positive change in holistic health but two participants from the pilot will fulfil the role of facilitator in the upcoming cohort.

Service /users reported:

- *It taught me to be patient and cope with disappointment and frustration.*
- *I felt happy, calm and relaxed and I slept better.*
- *It was easier to talk about other things to do with my health when I was fishing.*



Fishing for Health stall at the Trust AGM market place in September 2022

3.14 Depression Pathway Narrative: progress in 2022-2023

The Depression Pathway is an evidence-based pathway based on the June 2022 NICE guidelines. It provides safe, outcome-focused, patient-centred care in partnership with primary and secondary care networks and the voluntary sector as well as other system-wide partners.

Based on feedback from service users, carers, and staff to unpack their experience of depression and its treatment, the following issues were highlighted:

- a lack of clarity surrounding treatment choices
- the over prescription of medication
- variable access to holistic care options
- the importance of shared decision-making throughout the service user's journey

The Depression Pathway addresses the above in combination with the updated NICE guidelines. The Pathway was developed together with system-wide partners and service-users and carers. It captures the service-users' journey and gives professionals clear guidance on the diagnosis and treatment of depression.

Our aim is to provide the right treatment in the right place at the right time, matching it to each individual's needs. Service users will be better informed on local support offerings and will be more empowered in their own care.

The Pathway is currently being tested in the Stort Valley locality within Hertfordshire with the potential to be expanded across the county. The following have been completed in 2022-23:

- Final version of the Depression Pathway completed.
- Service-user survey analysis completed.
- Training packages delivered to primary care staff, Hertfordshire Talking Therapies and secondary specialist care services.
- Promotion of the Pathway: co-produced screensaver, newsletter article, leaflets and an introduction video.
- Infrastructure: electronic patient record systems updated for clear recording and monitoring of service users on the Pathway.
- Initial audit of good practice completed.
- Online self-help platform tool created for the new online Digital Library
- Social prescribing platform, Frontline, providing easy referrals to local voluntary sector groups that can support people with a diagnosis of depression as well as other needs.

3.15 National Award ceremonies – Autumn 2022

The Trust is proud of the number of Awards that our staff have been nominated for both internally and externally. The Trust hold monthly internal 'inspire awards' which allows individual staff members to nominate their colleagues or teams. On average 10 staff members are nominated each month and are presented with a prize from our executive team.

The table below highlights some of the national awards that HPFT staff have been shortlisted for.

Award Scheme	Category	Team / Individual
Positive Practice in Mental Health Awards	Mental health rehabilitation and recovery Highly Commended	Equine therapy programme at Warren Court
Positive Practice in Mental Health Awards	Eating disorders Highly Commended	Adult eating disorders day unit
Positive Practice in Mental Health Awards	Addressing health inequalities Highly Commended	Physical health checks for people with LD
Positive Practice in Mental Health Awards	LD and autism Highly Commended	Physical health checks for people with LD
RCPsych Awards	Core Trainee of the Year Winner	Dr Maxime Taquet
The Queen's Nursing Institute	Queen's Nurse Title Winner	Catherine McArevey Wendy Allam
RCPsych Awards	Psychiatrist of the Year Shortlisted	Inder Sawhney
HSJ Awards	Clinical leader of the year Shortlisted	Inder Sawhney
HSJ Awards	Innovation and improvement in reducing health inequalities: Physical health checks for people with LD - Shortlisted	LD Team Essex
South Eastern Division Royal College of Psychiatrists Core Trainee of the Year	Winner of South Eastern Division Royal College of Psychiatrists Core Trainee of the Year	Dr Hannah Wieringa
National Learning Disabilities and Autism Awards	Winner of Positive Behaviour Support Award	Dr Sarah Hawkins
HSJ Patient Safety Awards	Shortlisted Learning Disabilities Initiative of the Year	Mental Health Tribunal
HPMA Awards	Shortlisted Partnership Working between Employers and Trade Unions	People & OD team, Staff Side and the Equality and Inclusion team
Healthcare Financial Management Association (HFMA) East of England Awards	Shortlisted HPFT finance student of the year	Kinga Szegedi
Student Nursing Times Awards 2023	Shortlisted Student Placement of the Year: Community Team category	Integrated Mental Health Community Services

Part 4 Annexes - Statements from Partners

Healthwatch Hertfordshire



Healthwatch Hertfordshire values the relationship it has with Trust and recognises that it has been another challenging year with the increase in demand for services and in the complexity of needs of service users. We have appreciated the responsive and open approach the Trust has taken to feedback from our research projects and signposting service. We look forward to continuing to work closely with the Trust to help improve services as well as to support the quality priorities outlined in this Quality Account.

A handwritten signature in blue ink, appearing to read 'Steve Palmer'.

Steve Palmer, Chair Healthwatch Hertfordshire, May 2023

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Hertfordshire Partnership University Foundation Trust for 2022 /2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Hertfordshire Partnership University Foundation Trust (HPFT) Quality Account for 2022/23. The ICB would like to thank the Trust for preparing this Quality Account, developing future quality assurance priorities, and acknowledging the importance of quality at a time when HPFT continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

HWE ICB is responsible for the commissioning of health services from HPFT through Joint Commissioning arrangements with Hertfordshire County Council, enabling both joint commissioning and delivery of mental health services. During the year HWE ICB have been working closely with HPFT gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the HPFT Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

The Trust works across the Hertfordshire and West Essex Integrated Care System closely with partners to provide a range of health and care services that support a broad section of the community. With the creation of the Integrated Care Board in 2022, and the further embedding of the Hertfordshire Mental Health Learning Disability and Autism Health and Care Partnership, the Trust has continued to work to increase the scope and impact of these partnerships to support the population. Working across organisations and stakeholders to improve quality and experience for patients and collaborating with Partners to inform the strategic direction of the wider system through development of the Integrated Care Strategy, the ICB's Joint Forward Plan, and the Hertfordshire Dementia Strategy.

The ICB welcomes the work HPFT is currently undertaking to engage with people accessing the Trusts services, their families and carers, and staff to develop the next five-year strategic direction of the Trust "looking forward together," for the period up until 2028. Commissioners note the work to better understand service users experiencing health and social inequalities in Hertfordshire through focussed co-production work with diverse and under-served communities to understand their experiences and adjust approaches in both Dementia and Mental Health services. Further work to improve inequalities has continued through vaccination programmes, health checks for people with a Severe Mental Illness and working with partners to increase the number of health checks for people with a learning disability and the LeDer Programme.

In what remains a significantly challenged time for health and care services there has been a continued increase in demand for mental health services following the Covid -19 pandemic. This has meant increased pressure in community teams. The trust has continued to push forward Primary and Community Mental Health Transformation, which Commissioners welcome and acknowledge has progressed in a challenging context.

This increased demand has meant people requiring an inpatient stay remain above pre-Pandemic numbers, alongside higher levels of acuity and staffing required within inpatient services. The demand for inpatient beds also means there are often people in general hospitals experiencing delays in accessing specialist mental health beds and delays handing over people from the police who have been detained under Section 136 of the mental health act. As a result, the use of Out of Area Placements has continued during 22/23 and Commissioners note the work within the Trust to oversee the quality of these placements and actions to reduce the length of stay for patients. We also acknowledge

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

the steps the Trust has taken to commission beds locally to enable people to receive the right care and treatment closer to home and enable input from community teams so people can maintain connections to their families and other informal support. Commissioners are committed to continuing to work with the Trust to review local joint working protocols with independent bed providers to ensure they are fit for purpose. Whilst continuing discussions about the future provision of acute mental health inpatient beds needed for the population, changes to joint working protocols with Police and general hospital partners to support safe and quicker handovers of care for people awaiting a specialist bed or under a Section 136 detention are being prioritised.

The Trust provides joint health and social care Adult Community Mental Health Services, providing the social care function in partnership and on behalf of Hertfordshire County Council. This year the Trust has continued work to align social care practice through the Connected Lives programme. This further increases the personalisation of support people receive and asset-based community support and recovery. Which will further enhance the benefits to communities of community mental health transformation and further integration with primary care.

The Trust remains engaged in Council and system wide safeguarding, practice governance, market quality and resilience forums. It continues to provide the secondary commissioning functions on behalf of partners plus quality oversight of this commissioned care is aligned with Council practice. The Trust remains the lead for safeguarding investigations for adults with a functional mental health condition and maintains strong practice links and governance alignment with the Council. Commissioners note the work through practice audits to improve the safeguarding practice quality for the identification and investigation in certain teams.

Referrals to the Trusts Child and Adolescent Mental Health Services (CAMHS) continue to remain high, although referrals have begun to stabilise in recent months following the post pandemic increases. The Trust reports that whilst referral numbers have stabilised, the acuity and complexity of those who are presenting remains challenging, with service users often requiring longer and more intensive support. This has had some impact on throughput of cases and access numbers.

The Children's Crisis Assessment Treatment Team(C-CATT), continue to see high numbers of Children and young people (CYP) with a significant number of those being referred not previously known to services. There has been an increase in the complexity of those CYP presenting in Crisis, either through co-morbid presentations or with multiple services involved which require coordinated discharge planning, which has been resource intensive. Despite these challenges, C-CATT has been able to consistently deliver a 24/7 service within the acute trusts in line with the NHS Long Term Plan, including a 7 day follow up clinic on a Saturday to fit around the needs of families.

Workforce has remained challenging throughout the past year across the Trust and remains one of the greatest barriers to success. To address this, the Trust has initiated recruitment drives with some success including recruitment to both C-CATT and the Paediatric Liaison Team.

The number of Children and Young People (CYP) requiring admission into specialist inpatient beds has stabilised, with CYP waiting on average 4 days for an admission into General Adolescent Unit from the point of the Form 1 being completed, with waits for more specialist beds (Eating Disorder, Psychiatric Intensive Care Unit, Low Secure) taking longer. The Trusts own unit, Forest House Inpatient Unit, has had its challenges over the past years with recruitment issues, bed closures and Care Quality Commission (CQC) scrutiny following the recent inspection. However, the Trust has implemented a robust improvement plan which has resulted in a significantly improved position.

The system has seen increased admissions for those with a learning disability and/or autism to inpatient services, particularly for people with autism and mental health conditions who were not previously known to services or identified as autistic. The Trust has collaborated with commissioners through Safe and Wellbeing Reviews (SAWRs) to review all patients with a learning disability and/or autism and the actions identified from the reviews have been completed and fed back to NHSE. The Trust has also collaborated with Partners to implement the National Dynamic Support Register and Care and Treatment Review guidance to ensure people are supported in the least restrictive setting, the system works to identify people early and avoid admission, and there is adequate oversight in place when people do require admission. For people with autism and mental health conditions this has meant close joint working between commissioners and the Trust to ensure processes are in place.

The Trusts Specialist Learning Disability Services have engaged Commissioners and Operational leaders in the Council to review and jointly plan further development of Specialist Learning Disability pathways. For example, the Offending Behaviour Intervention Service (OBIS) have seen increased demand since its creation and colleagues have taken steps to manage demand and the Trust has worked to increase the resource through additional posts to ensure adequate capacity while the Trust and partners identify longer term plans for Community Forensic Services.

The ICB recognises the challenges experienced by the Trust in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.



Sharn Elton

Place Director, East and North Hertfordshire
Hertfordshire and West Essex ICB
Sharn Elton



Matthew Webb

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