Hertfordshire Partnership NHS
University NHS Foundation Trust

Health Scrutiny Committee Quality Account Questions

1. What were the Quality Account 2017/18 priorities for the Trust and what were the lessons learned?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' and a focus on quality and experience through our supporting 'Quality & Service Delivery' work. In the 2017/18 Quality Account we have a total of 12 key quality priority areas with associated targets agreed by the Trust Board. On the basis of our consultation and planning, the 12 quality priority areas for 2017/18 that were agreed are:

Patient (service user) Safety	
1	Every discharge 7 day follow up (NHSI mandatory)
2	CPA Reviews within 12 months
3	Service users receiving a physical health check within 24 hours of admission
4	Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI mandatory)
Clinical Effectiveness	
5	Delayed Transfer of Care (DToC)
6	Emergency readmission within 28 days (NHSI mandatory)
7	Improving Access to Psychological Therapies (IAPT) recovery rate
8	First Episode Psychosis (FEP) waits 14 days (NHSI mandatory)
Service User and Carer Experience	
9	Service users reporting their experience of Community Mental Health Services (NHSI mandatory)
10	Carers feeling valued by staff
11	Staff Experience Friends and Family Test - Staff would recommend the service they work in to friends and family who may need treatment or care
12	Friends and Family Test

Lessons Learned
We strive to continue to be a learning organisation and to use all our indicators of quality including 'hard' metrics, softer intelligence and service experience to both triangulate and confirm what we see and hear. Some examples of where we have been able to use the quality priorities to learn and continuously improve are:-

Service User Safety.
Whilst the number of people who had received a CPA review in the past 12 months has been maintained at the target level of c.94-96%, the Community Mental Health Survey in 2017 reported the number of people feeling they had received an annual care review was at 61%. Of particular importance is how when we sought to triangulate our measures with the views of individuals, this figure differed from the actual number of reviews taking place. We recognised therefore that there may be some disconnect in how well people understand when they have been invited for a care review. As an initial piece of work, a new leaflet was produced for community services to ensure we are preparing people for their care review, including links to physical health and involvement of carers, friends and families. This was implemented across adult community services from 1st October and is currently being launched across older people's community services.

Clinical Effectiveness
The Delayed Transfer of Care was subject to external audit in 2016/17 year and issues were identified relating to the reliance on manual processes to report the data, and the retention of an adequate audit trail. Following this, we reviewed our systems and processes in both Adult and Older Peoples Services and these were strengthened considerably. We recognised that there was further work to be undertaken within our Adult Services to ensure that accurate recording of date of discharge appeared on the Service Users Electronic Patient Record as well as the Bed Management reporting systems. Ongoing Audit was undertaken to monitor compliance and an updated report provided assurance to the Audit Committee.

Service User and Carer Experience
Whilst our indicators suggest a significantly positive experience of services, we also heard from service users and carers who attend the Board to tell us their stories and on our visits to services, that sometimes the very first contact with services can be anxiety provoking and impactful on experience, even though the care received is in the vast majority of cases reported as very positive. Supported by the work we are doing in partnership with John Lewis trained colleagues, we have commissioned work to develop a new welcome pack for adult community and CAMHS services. The purpose is to provide consistent information at an individual's first point of contact with our services to ensure people are clear on how the service works, what they can expect and to reduce the anxiety associated with accessing specialist mental health services. This will be introduced in January 2018.

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? *(Specify any that are new and those that are carried forward).*

Prior to consultation discussions have been undertaken with experts by experience in relation to non-mandatory indicators to receive feedback on whether these are the right ones to report on and whether there are any areas the Trust has not suggested that should be included. The current draft has 14 priority indicators which we propose to consult on. The draft indicators may be subject to change whilst waiting for NHSI to publish their guidance on which indicators will be mandatory to all Mental Health Trusts. However, we wish to consult with as many stakeholders as possible and therefore initial feedback has been sought. At the time of writing, the proposals are being submitted to the Council of Governors, in order to establish which indicators are considered most appropriate, ahead of the wider consultation.

Proposed Quality Indicators for 2018/19 (the *NHSI mandatory indicators are in italics* and the ***indicators the Experts by Experience felt were important are in bold*)**:-

Service User (Patient) Safety		
1	*100% enhanced Care Programme Approach service users receiving follow-up contact within seven days of discharge from hospital (NHSI)*	*Carried Forward*
2	CAMHS 28 day target for routine referrals	New
3	**Risk Assessment**	**New**
4	Specialist Learning Disability Services community - 28 day waiting time target and 24 for urgent (HERTS only)	New
5	*Rate of service user incidents and the number and percentage of such service user safety incidents that resulted in severe harm or death (NHSI)*	*Carried Forward*
6	*Inappropriate out-of-area placements for adult mental health services (NHSI)*	*New*
Effectiveness		
7	*Emergency readmissions within 28 days (young people and adult acute care) (NHSI)*	*Carried Forward*
8	*Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral (NHSI)*	*Carried Forward*
9	**IAPT waiting times and recovery rate**	*Carried Forward*
10	*Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within 6 weeks of referral (NHSI)*	*New*
11	*Crisis Assessment and Treatment teams-CATT gatekeeping (NHSI)*	
Service User Feedback		
12	**Carers feeling valued by staff**	*Carried Forward*
13	**Staff Friends and Family Test – Staff would recommend the service they work in to friends and family who may need treatment or care**	*Carried Forward*
14	*Service users reporting their experience of Community Mental Health Services (NHSI)*	*Carried Forward*

3 **How will these positively impact on patient (service user) experience and outcomes?**

1) **Enhanced CPA follow up in 7 days**. Research evidence suggests that there is increased risk of suicide during this period. Timely follow-up after discharge helps to keep patients engaged with their treatment and offer support and keeps them safe in the community.
2) **CAMH target for routine referral**. The length of time spent on a waiting list can have a significant impact on a child or young person's mental health and is stressful for the family. Early interventions also helps to prevent deterioration in the clinical condition.
3) **Risk assessments**. Effective care and treatment include awareness of individuals' needs and assessment of risks. Risk assessments identify the circumstances when a particular harmful behaviour may take place and interventions that might help to prevent these risks behaviours.
4) **Specialist LD.** Due to the vulnerabilities in this group, especially around communication, it is imperative that service users are seen quickly and their needs identified in a timely manner. Timely access to learning disability specialist services is essential to keep service users with Learning Disability safe.
5) **Rates of service user's incidents and number and % of such service**. This brings increased transparency, accountability locally and helps to benchmark services nationally. We will continue to work to improve the safety of care by making risks visible and drive learning.
6) **Inappropriate out of area placements for adult mental health services.** Placing individuals out of area because there is no mental health bed available for them locally can be distressing and delay their recovery.
7) **Emergency readmissions within 28days**. Emergency readmission may indicate an unsafe discharge or inadequate provision of community mental health services.
8) **Early intervention Psychosis (EIP).** Early interventions when people are becoming unwell with psychosis can significantly help with getting better earlier, reduce the risk of future relapses and reduce the risk of suicide. Early interventions also help to keep the service users engaged with services with gains in relation to personal, social and health outcomes.
9) **IAPT recovery rates.** The IAPT programme aims to improve the numbers of individuals able to receive 'talking' therapies as recommended by NICE for the treatment of anxiety disorders and depression and show the benefit they gain in relation to their social indicators like employment, relationship etc.
10) **Improved access to psychological therapies.** The length of time spent on a waiting list can have a significant impact on an individuals' mental health and associated needs, which can lead to failing to engage with the service, and/or their condition worsening.
11) **CATT Gatekeeping**. This relates to provision of community mental health for service users in crisis. CATT teams help people receive mental health treatment in the least restrictive environment. Conversely, all patients who do need an admission are seen by the CATT teams who consider if an admission could be prevented and treatment offered in the community.
12) **Carers feeling valued by staff.** It is expected that all members of staff are respectful towards carers and where service users want their carers to be involved in their care, staff help and support both the service user and their carer. This helps with recovery of the service user and helps with smooth transition from inpatient to community services.
13) **Staff friend and Family Test**. What staff say about services and whether they would recommend these to their friends and family is a key indicator of quality of services
14) **Service users reporting their experience of community Mental Health Services** Our Trust values have been derived from extensive discussions with staff, service users and the public. This has supported us in understanding what is important to our stakeholders and how they would like us to behave in all our interactions, individual experiences and to identify areas where the quality of care can be improved.

4 How are the appropriate approaches to prevention and demand management supported?

Central to our approach to support the effective delivery of mental health care across Hertfordshire we recognise the importance of working with partners and across the wider system to ensure we are collectively meeting the needs of our population.

Prevention
Aiming to improve health and wellbeing and reduce demand for services by:

- supporting individuals wider health care needs and ensuring we are promoting positive physical health via:
    - Smoke free Trust and high promoter of nicotine replacement therapy
    - Physical health checks for individuals in inpatient and community settings
    - Active promotion of our Improved Access to Psychological Therapies 'Wellbeing' service
    - Delivering mental health care to people with a diagnosis of diabetes
    - Ensuring a timely diagnosis of dementia

HPFT is the lead co-ordinating partner for the newly launched wellbeing college in Hertfordshire 'New Leaf'. Developing and expanding the college offering is a key priority for us over the coming two years.

Demand Management
In keeping with many areas across the country, demand for mental health services for children and adults is increasing significantly and as a Trust we have seen considerable growth in demand year on year, with referral rates for children having increased by over 25% in the last year and adult services in some parts of the county have seen referrals rates grow by in excess of 10%.

As an example, the following chart demonstrates the growth in referrals into our single point of access since its inception in 2013 with approaching 5,000 referrals received into HPFT in January 2018 alone it is clear that working with partners, particularly in primary care is critical to the effective delivery of services.

All Referrals	2013	2014	2015	2016	2017	2018
Jan	1471	3653	3647	4089	4206	4844
Feb	1487	3228	3809	4209	4009	

Such growth in demand cannot be accounted for purely on the basis of demographic growth within the county and reflects wider pressures in relation to the availability of alternative services and support within primary care and local communities. Of course the specific circumstances vary for each service and it is noted that the improved awareness of mental health needs is an overall positive development. The key service specific points are summarised below:

Service Area	Current Position	Future Demand / Capacity Plans and Risks
Acute Inpatient	HPFT is one of the lowest users of acute beds in the country due to a range of alternatives to admission. Existing capacity is fully utilised. HPFT has recently taken on the acute inpatient budget for all children and adolescents with a view to supporting more people within the county.	Sophisticated simulation modelling work has been supported by Mental Health Strategies. This is focused around the acute care pathway and associated community services within the context of the emerging national guidance and implementation plan for the Five Year Forward View, Older Peoples Services and CAMHS. The outcomes from this work are being used to feed into service planning which clearly identify that we will need to invest in additional adult and children's 24/7 community crisis services to prevent the demand for inpatient services growing to the scale of another ward by 2020/21
Crisis Pathway	Historical Section 136 use has been high and rising. Our 'street triage' approach in partnership with the police has started to reduce the level of	Our innovative 'street triage' has been expanded to include paramedic support. Progress and impact will be evaluated jointly with commissioners during 2017/18. We have been successful in a capital bid to DH through the

	s136 assessments that do not require subsequent admission. As above, providing more immediate support for individuals in crisis is a key requirement of the mental health 5 year forward view and we are currently developing these pathways for Children and in discussion with our commissioners about the adult service.	Crisis Concordat to develop a Place of Safety specifically for young people. We are implementing strengthened home treatment services for young people as an alternative to admission
Community Mental Health Services	As inpatient services have increasingly focused on the most acutely unwell demand and acuity within community services has increased.	Demand continues to rise above demographics. Particular focus is on increasing care coordination capacity through more effective demand management, reduced bureaucracy and ensuring activity is appropriately allocated. Key to this development is to work in partnership with primary care to identify new and innovative ways of working that can get the right care to individuals in an increasingly timely manner. Three pilots are planned to test this in Watford, Hertford and Stevenage with a view to considering wider roll out after evaluation.
First Episode Psychosis	Accepted referrals are double that projected based on NICE incidence rates, most likely to be due to increased awareness of the service / pathway.	Delivering an effective first episode psychosis service is a key measure of the 5 Year Forward view and we know that the clinical benefits of timely and effective intervention are considerable. To date we have been successful in achieving the treatment requirement of >50% of persons entering treatment within 14 days. A range of scenarios were modelled to support future activity and workforce planning. Current experience is that the full service caseload is likely to be at least two thirds larger than projected based on NICE. This has formed the basis of ongoing conversations with commissioners around the level of additional investment required to continue to meet the access and performance targets for FEP in line with NICE recommended treatment within 14 days.
Wellbeing	Service capacity is matched to meet IAPT national access volume targets	2017/18 has seen a successful bid for expansion funding for services in Herts Valleys Clinical Commissioning Group area in order to meet the targeted 16% of need identifying all those who will benefit from the service remains challenging and work is ongoing with primary care and partners to increase uptake

5. How is the Trust developing a high performing, engaged and committed workforce?

The Trust vision is framed through our 'Good to Great' strategy, co-produced with service users, carers and staff. Central to this is the delivery of 'Great Care, Great Outcomes' with a key supporting pillar being 'Great People' who have the right skills and values, leaders who involve and empower, and a workplace where people grow thrive and succeed. To deliver this we have developed a four year approach to organisational development with annual action planning. For 2017/18 we have set ourselves key priority areas summarised as:.

- Embedding a culture of continuous improvement and QI across the Trust.
- Developing a team of change agents across the Trust with the focus on cultural change building on the collective leadership model.
- Delivery of master classes to targeted leadership on population based health approach
- Operating within changing health and social care environment, and the skills for system thinking and leadership.
- Continuing to build on the engagement activities within the Trust.
- Delivery of the key areas in collective leadership work, supporting managers in delegation and accountability, manageable workload, empowerment and involvement in decision making.
- Leadership – reviewing the current leadership competencies and offerings both in relation to the new national framework and the requirements of the Good to Great strategy.
- Development of clinical leadership.

Specific engagement activities include:

- Big Listen(s)
- Local Listens
- Senior Leaders Forum
- Annual Staff Awards
- Monthly Inspire Awards; and
- A wide range of health & well-being initiatives.

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?

Great Care and Great Outcomes are at the heart of the Trust's vision and we have been engaging with service users, carers and staff to develop, together, our Quality and Service Development Strategy that underpins this. Our priorities and plans are based on their feedback as well as the ambitions set out nationally and locally through:

- the Five Year Forward View for Mental Health
- the Transforming Care agenda
- National planning guidance and NHSI Single Operating Framework
- the Hertfordshire and West Essex STP
- Commissioner priorities and ability to meet the parity of esteem commitment

To support this we continue to gather feedback through our main quantitative tool, the 'Having Your Say' survey, which has been further strengthened in relation to people feeling safe whilst in our services. Our Peer Experience Listening programme has been expanded to include announced visits to services to speak with service users and carers. We also continue to look for opportunities to improve our engagement with service users and are investigating the use of Experience Based Co-Design and the use of service user diaries to record service users' views and observations at key points during the care pathway. The Trust's Practice Audit and Clinical Effectiveness (PACE) Team manages an annual programme of audit which is overseen by our Integrated Governance Committee. We also continue to review all deaths of service users in contact with HPFT services, or those discharged within the last 12 months. Suspected suicides, or those deaths where this is a potential for learning, will continue to be subject to appropriate review in accordance with the National Serious Incident Framework, March 2015. Where learning is identified as part of a SIRI investigation an action plan is monitored by Operational Leads until all recommendations are completed and learning has been implemented.

Our priorities are directly identified against the five domains below:

Priority Area	*Summary*	*Domain Area*
National Standards – FEP	Current performance exceeds the 53% target for people experiencing first episode psychosis beginning treatment within two weeks of referral. Plans are in place to significantly increase capacity to sustain this as the number of patients on the FEP pathway increases over the next two years. This will include improving the case and support for the carer, increasing the employment of this cohort and addressing the increased risk of physical health concerns prevalent in this population.	1, 2, 3, 4, 5
National Standards – IAPT	Current performance exceeds the waiting time standards and we expect to sustain this. Following successful bids for NHS England IAPT Expansion funding in Herts Valleys CCG we have increased access to 16%, with a particular focus on long term conditions. We are consistently meeting the recovery target of 50%.	2, 3
National Standards – Dementia	We continue to work closely with our local CCGs to further refine the pathway to support the achievement of a dementia diagnosis rate of two thirds whilst continuing to provide excellent post diagnostic care and support.	2, 3, 4
Suicide rate	We will contribute to the national target of a reduction of 10% against the 2016/17 baseline. The Hertfordshire baseline as reported through the mental health 5YFV dashboard is already in the best quartile nationally.	1, 4, 5
Eating Disorders	We expect to continue to meet or exceed the 95% target going forward for referrals to our community eating disorders service being seen within the 28 day threshold.	1, 2, 3, 4, 5
CAMHS	We will ensure our high quality specialist (Tier 3 and 4) mental health services for children and young people work effectively with those partners being commissioned to deliver the additional access for children and young people.	3, 4, 5
LD Transforming Care	We will continue to play a leading role, working with our partners across Hertfordshire (where we are part of one of the Transforming Care Fast Track sites), in developing and implementing new models of care in line with the NHSE Transforming Care Programme, further reducing dependence on our provision of Specialist Learning Disability Inpatient Services.	1, 3, 5
Safe Staffing	The required numbers for direct care nursing staff on duty for each shift and for each unit are determined using the Safe Nursing Care Tool coupled with clinical judgement. Nurse staffing data is recorded and monitored on a monthly basis and reported in line with National requirements. Quarterly and annual reports are presented to the Board and Commissioner Quality Forums. In the absence of nationally agreed RAG rating (red, amber and green) for safe staffing, detailed analysis and review is undertaken where services have fill rates < 80% > 120%.	1, 3, 4, 5
Infection prevention and control	Infection Prevention and Control (IPC) will continue to be delivered and assured through the Trust's IPC annual programme which identifies the infection prevention and control priorities that the Trust has to implement to ensure that the risk of service users, staff and visitors, acquiring a healthcare associated infection is kept to a minimum.	5
Falls	The Trust has seen an overall reduction in the number of service user falls in 2016/17. The falls group focus for 2017/18 will be to ensure that the actions taken to reduce falls in 2016/17 are sustained. Detailed work will be undertaken in acute services to ensure the lessons learned from older peoples services are embedded across all bed based services.	1, 3, 4, 5
Pressure ulcers	The Trust maintains its commitment to reducing all pressure ulcers and in particular grade 3 and 4 pressure ulcers. This has been successful with no Trust acquired grade 3 or 4 pressure ulcers in 16/17.	2, 3, 4, 5