

## **The Council of Governors - Public**

Da Vinci A&B, The Colonnades, Beaconsfield Rd, Hatfield, AL10 8YE  
20 September 2017 13:30 - 20 September 2017 16:30

# AGENDA

#	Description	Owner	Time
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## MEETING OF THE COUNCIL OF GOVERNORS

Wednesday 20<sup>th</sup> September 2017

The Colonnades, Beaconsfield Road, Hatfield AL10 8YE  
13:30hrs to 16:30hrs Da Vinci A&B

### A G E N D A

ITEM	BY	SUBJECT	REPORT	ACTION
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#### PUBLIC – PART 1

1.	Chairman	<b>Apologies</b>		NOTE
2.	Chairman	<b>Declarations of Interest</b>		NOTE
3.	Chairman	<b>Minutes of previous public meeting held: 17<sup>th</sup> May 2017</b>	Attached	APPROVE
4.	Chairman	<b>Matters Arising Schedule</b>	To follow	REVIEW/ UPDATE
5.	Tom Cahill	<b>CEO's Report</b>	Attached	RECEIVE
6.	Lead Governor	<b>Reports from Council of Governors' Groups:</b> <b>6.1 Quality &amp; Service User Experience</b> <b>6.2 Performance</b> <b>6.3 Membership &amp; Engagement</b>	Verbal Verbal Verbal	RECEIVE RECEIVE RECEIVE
7.	Chairman	<b>Minutes of the Public Board meetings awaiting approval: 24<sup>th</sup> May 2017</b>	Attached	NOTE
8.	Keith Loveman Karen Taylor	<b>a) Finance, Performance and Plan Update</b>  <b>b) Annual Plan Report (Q1) 2017/18</b>	Presentation attached  Attached	RECEIVE  RECEIVE
9.	Tom Cahill	<b>STP Update</b>	Presentation attached	RECEIVE

#### QUESTIONS FROM THE PUBLIC

#### BREAK

10.	Jonathan Elwood	<b>Council of Governors and Board of Directors Engagement Policy</b>	Paper to follow	APPROVE
11.	Chairman	<b>Any Other Business</b>	N/A	

#### QUESTIONS FROM THE PUBLIC

##### The role of the Council of Governors is to:

- Appoint and remove the Chair and non-executive directors, and decide their remuneration, terms and conditions.
- Approve the appointment of the chief executive.
- Appoint and remove auditors.
- Represent the interests of the local community in strategic planning and stewardship of the trust, and communicate with trust members.
- Give its view on the trust strategy and annual plan. The Board of Directors must have regard to these views.
- Receive from the Board of Directors annual accounts, auditor's reports on these and an annual report.
- to hold the Board of Directors to account
- To agree any changes in the constitution of the Trust
- To agree to any mergers, acquisitions defined in the constitution as "significant"



**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**

**Wednesday 17<sup>th</sup> May 2017**

The Colonnades, Beaconsfield Road, Hatfield, Hertfordshire AL10 8YE

**Part 1**

<b>Present and Apologies:</b> Please see pages 7 & 8	
<b>Presentation: New Leaf College</b>	
<b>Briefings and Preparation Plans, Engagement and Information around Governors' Elections</b>	
1	<p><b>Welcome and Apologies</b> CL welcomed all to the meeting and apologies were noted. A warm welcome was given to Jonathan Elwood, Company Secretary, observing today and who would commence with the Trust on the 5<sup>th</sup> June 2017.</p> <p>It was also noted this would be AC last Council of Governors and CL recorded his thanks.</p>
2	<p><b>Declarations of Interest</b> There were no interests declared.</p> <p><b>Resolved:</b> The Council <b>noted</b> the above.</p>
3	<p><b>Minutes of Previous Public Meeting dated 8<sup>th</sup> March 2017.</b> The minutes were approved as an accurate record of the meeting.</p> <p><b>Resolved:</b> The Council <b>approved</b> the minutes.</p>
4 4.1	<p><b>Matters Arising</b> TC stated he had invited David Law, Chief Executive of Herts Community Trust to the next Council meeting on the 20<sup>th</sup> September 2017.</p> <p><b>Resolved:</b> The Council <b>noted</b> the above.</p>
5	<p><b>CEO Report – Update from Tom Cahill</b> TC delivered the following headlines.</p> <p><b>National</b> General Election – Governor elections were on hold due to Purdah, these would hopefully be reinstated after the 8<sup>th</sup> June.</p> <p>Financially the year had ended better for the NHS than originally expected, however TC advised he felt some of this was due to perhaps clever accounting and therefore provided a better picture than was actually given.</p> <p>TC noted the report from the HSJ: HSJ reports more providers will be placed in financial special measures as a result of deteriorations in their position, once the official figures are published. Around 4p</p>

trusts have reported significant deteriorations compared to their quarter two forecast, with 12 of these each coming to more than £10m. Although improvements secured through additional income will help the provider sector reduce its deficit, it will have the opposite effect on clinical commissioning groups. The projected overspend by CCGs has almost doubled in the last three months. Extra income for trusts is neutral in terms of the DHs revenue position as this includes the performance of both trusts and CCGs. The DH is likely to come close to breaching its spending limit again in 2016-17, especially if the provider deficit is larger than £800.

*(Source: Health Service Journal)*

### **Regional**

Herts Valley CCG were in turnaround and looking to work with partners to decide how to move forward. A turnaround Director had been appointed.

Services being looked at were RAID and early Intervention Psychosis. TC stated the Governors may be called upon for public representation.

### **Sustainability and Transformation Plans (STP)**

Hertfordshire and West Essex had a stocktake meeting in March with a further update to be undertaken by NHSE/I in May. £90m overspend which may worsen. Plan is to achieve £40m.

### **HCT Alliance**

The Trust Board approved the Memorandum of Understanding and the Terms of Reference at the last Board (26<sup>TH</sup> April). Karen Taylor was leading the Alliance.

### **Locally**

#### **Cyber-Attack**

KL provided a 'latest update' to Governors on the Cyber-Attack, reporting it has affected several NHS trusts as well as a number of organisations outside the NHS. The Trust had been doing a lot of work behind the scenes to ensure our systems remained robust and remain unaffected by the ransomware issues which emerged on Friday. The protection that was available had already been applied by our shared service provider, HBL ICT, and we are clear we remain up to date in that respect.

Locally East & North Herts Trust was severely affected and we were providing ongoing operational and admin support as appropriate and currently 'housing' their payroll function.

Whilst we did not experience any significant issues and our systems are stable there is always the risk of a further attack and staff have received a number of reminders to be conscious of the potential issues with e-mails, attachments and links they do not recognise.

The situation is now one of 'watching brief' but should anything change in relation to the position I will of course provide a further update.

### **End of Year**

The Trust had a good overall performance and all targets achieved. Financially the underlying position sat at £1m surplus which had been driven by:

- Additional income for services above plan of £4.5m and the timing of recruitment against new post
- Improvement in delivery of CQUIN outcomes to c.95%
- Downward revision of property valuations leading to reduced financing costs
- Non-recurrent benefit of successful VAT claims (£1.5m)

TC noted the initial STP incentive which couldn't be achieved. This had been replaced with 'pound for pound' indicating HPFT would receive in the region of £8.8/£8.9m based on their current position of £4.5m, however noted the underlying position was close to 'break even'. The Board had been consulted on re-investment for the monies with the following sites considered:

- Kingfisher Court
- The Colonnades
- Victoria Court
- Prospect House

TC also stated we would work with the acute sector A&E to support children and young people.

Pressures:

Beds – currently 6 out of area placements

Demand continues to increase

SPA waiting times – issues - this was being addressed

Recruitment and Retention

Retention for staff in their first two years of service was a challenge with a quarter leaving in the first two years. Looking at ways to address this.

Recruitment

TC welcomed Jonathan Elwood our new Company Secretary who would commence post on the 5<sup>th</sup> June.

Director of Quality & Medical Leadership – the Stop/Go interviews had taken place on the 16<sup>th</sup> May with 3 candidates taken forward. Two external and one internal.

Director of Innovation and Transformation – Stop/Go to take place on the 18<sup>th</sup> May and interviews on the 26<sup>th</sup> May.

CL acknowledged the Trusts financial outcome and recorded thanks to the Executive Team and Trust staff in achieving this.

Questions were invited from Governors:

Referring to an HSJ article a question was asked about the cohort of GPs aged 55 and above who would be retiring and asked if we would be affected. KT responded stating there were a number of GPs in Hertfordshire who would be retiring this year. The issue was with the current pattern of behaviour of GP employment where the preference was to move to salaried or locum posts. This in turn provided less stability. In addition there were not enough GPs going through the training programme to fulfil the shortage.

A further question was asked around funding with TC confirming that MH Trusts were, as a rule the more stable sector.

Governors also discussed the increasing demand on services asking if this continued what would happen. TC confirmed that for this to be addressed the system would need to change and be re-modelled. There may be conversations in the future around what the NHS has to offer with people being more focused on looking after their own health.

CL thanked TC for the update.

**Resolved:** The Council **received** the report.

6	<b>Reports from Council of Governors' Groups:</b>	
6.1	<b>Performance</b> Apologies had been received from the Chair John Allan. The group had not met since the last Council on the 8 <sup>th</sup> March; therefore there no update was provided.	
6.2	<b>Quality &amp; Service User Experience</b> FD stated the group had met on the 11 <sup>th</sup> May and provided a brief overview of the meeting: The group had a very interesting and insightful presentation from Host families A request had been made for a workshop on the STP to Governors SPA – FD noted the group would like to reiterate the importance of an Executive Director being present or a senior team member to answer questions raised at the meeting. TC acknowledged and agreed to address. The group had also discussed CAMHS and the on-going issues and noted JL had agreed to attend their next meeting to provide an update.  <b>Action Point 1: An STP workshop to be arranged for the Council of Governors</b>  <b>Action Point 2: TC/Company Secretary to discuss Executive Director attendance at sub group meetings</b>	Company Secretary TC/Company Secretary
6.3	<b>Membership &amp; Engagement</b> BC noted he had Chaired the last meeting virtually using GoToMeetings which had worked very well. The group discussed the following agenda items: Membership Election of new Governors Partnership Matters - the Trust magazine U3As BC concluded by asking the Governors present if they were agreeable in the sharing of their email addresses. All in attendance agreed.  <b>Action Point 3: KW to circulate a form to all Governors confirming their agreement for the sharing of Governor email address'</b>  <b>Resolved:</b> The Council received the updates.	KW
6.4	<b>Review of Terms of Reference: Appointments &amp; Remuneration Committee</b>	
6.5	<b>Review of Terms of Reference: Engagement</b>	
6.6	<b>Review of Terms of Reference: Performance</b>	
6.7	<b>Review of Terms of Reference: Quality &amp; Effectiveness</b>  RPB introduced items 6.4 through to 6.7 – annual review of Terms of Reference explaining each of the groups had reviewed and accepted the revised Terms of Reference and asked for ratification.  SB raised NED alignment to meetings with agreement for the Company Secretary to re-look at which NED attended which sub-committee.  Subject to NED attendance being clarified the revised Terms of Reference were ratified by the Council of Governors.	

	<p><b>Action Point 4: NED attendance at sub-committees to be revised by the Company Secretary</b></p> <p><b>Resolved:</b> The Council <b>approved</b> the revised Terms of Reference.</p>	Company Secretary
7	<p><b>Annual Plan 2017 – 18</b></p> <p>KT presented on the Annual Plan which had previously been given as a presentation to the Governors in March 2017 by Iain Eaves and Paul Ronald, noting feedback from that session was reflected in the current Plan. Key messages were:  Strategy developed in conjunction with feedback from Staff, SUs and key stakeholders and reflected the ambition of the 5 Year Forward View.  There were ten priorities for 2017/18 which were reflected under four domains – greater detail was provided within the presentation which would be circulated to Governors with the minutes.</p> <p><b>Great Care, Great Outcomes</b></p> <ol style="list-style-type: none"> <li>1. We will improve the safety of our services so that more people feel safe and are protected from avoidable harm</li> <li>2. We will deliver a better experience of services and improved outcomes by delivering on our Quality and Service Development Strategy</li> <li>3. We will improve the wellbeing and physical health of service users through better health monitoring and support to address health risk factors</li> </ol> <p><b>Great People</b></p> <ol style="list-style-type: none"> <li>4. We will continue to create a more empowered and engaged workforce through developing a <b>culture of collective leadership</b></li> <li>5. We will strengthen the capabilities and capacity required to deliver our plans by <b>developing our leadership base</b></li> <li>6. We will <b>reduce vacancy levels and reliance on temporary staffing</b> by developing new roles and reducing staff turnover</li> </ol> <p><b>Great Organisation</b></p> <ol style="list-style-type: none"> <li>7. We will provide staff and teams with better access to the right information and tools to do their jobs effectively and efficiently</li> <li>8. We will support and empower staff to improve, innovate and become more productive in delivering great care</li> </ol> <p><b>Great Networks and Partnerships</b></p> <ol style="list-style-type: none"> <li>9. We will deliver more joined up services across mental health, physical health and primary care</li> <li>10. We will be recognised as system leaders having successfully driven and delivered on key system priorities</li> </ol> <p>This means we will be able to say:</p> <p><b>The individuals we support and care for will:</b></p> <ul style="list-style-type: none"> <li>• Feel safer and be better protected from avoidable harm</li> <li>• Have improved mental health and physical health</li> <li>• Be better supported to achieve their own personal recovery goals</li> <li>• Have a better experience of care</li> </ul> <p><b>Our staff will:</b></p> <ul style="list-style-type: none"> <li>• Report an improved experience of work</li> <li>• Feel more empowered and engaged</li> <li>• Want to stay working for us - reducing our turnover and vacancy rates and reliance on agency staff</li> <li>• And we will have strengthened our leadership base</li> </ul> <p><b>As an organisation we will:</b></p> <ul style="list-style-type: none"> <li>• Be working in new, more productive ways and can evidence this</li> </ul>	

	<ul style="list-style-type: none"> <li>• Have started to embed a mind-set around ‘innovation and improvement’</li> <li>• Be using information more effectively to support improvement and decision making</li> <li>• Be providing staff with improved tools and to do their job and using technology more effectively to support new ways of working</li> </ul> <p><b>Across the system we will:</b></p> <ul style="list-style-type: none"> <li>• Be delivering more joined up services</li> <li>• Have further developed relationships with partners</li> <li>• Have placed the improvement of mental health and learning disability services firmly within the Sustainable Transformation Plans and Partnership</li> <li>• Be recognised as system leaders having successfully delivered on key system priorities</li> </ul> <p>Questions were invited:</p> <p>A question was raised on the Pilot of the primary mental health model asking what was different to our current support. KT responded explaining the aim was to work more closely for example having CPN in GP practices or a direct link to CPN services.</p> <p>It was noted some of the Governors had visited Kingfisher Court last week and raised their concern on SUs being escorted off the premises when they were refusing to be discharged and whether this was something becoming more frequent. JL responded explaining this was a very rare occurrence with 2 or 3 happening in the past year. TC acknowledged and agreed this would be looked at.</p> <p><b>Action Point 5: JL to report on numbers of SU escorted from Kingfisher Court against their will, and also whether there was an increase in these situations</b></p> <p><b>Financial Forward View 2017 – 18</b>  KL continued the presentation to update Governors on the Financial Forward View for 2017 – 18 clarifying the plan supported the Annual Plan.</p> <p>Headlines were:  Supporting Contracts  NHSI Targets - Control total &amp; STF  Financial Plan headlines  2017 Efficiency Requirement  Capital Programme  Key Financial Risks to Delivery</p> <p>More detailed information on the Headlines is provided in the presentation circulated with the minutes.</p> <p>Estimated efficiency requirement for 2017/18 was c. £5.7m (c. 2.7%) and for 2018/19 c. £4.2m (c. 2.1%).</p> <p><b>Resolved:</b> The Council <b>noted</b> the presentation.</p>	<p>JL</p>
<b>QUESTIONS FROM THE PUBLIC</b>		
<p>There were no members of the Public present.</p>		
<b>BREAK</b>		
7	<p><b>Minutes of the Public Board Meeting dated 26<sup>th</sup> January 2017</b>  The Minutes were taken as read.</p>	

	<p>No questions were put forward.</p> <p><b>Resolved:</b> The Council <b>noted</b> the minutes.</p>																			
8	<p><b>Appointment of a Lead Governor – Timetable</b>  CL introduced the item recording thanks to RPB for his contribution to the role as Lead Governor. The process noted below, had been agreed by ARC.</p> <p>Completed nomination forms (as outlined in the Council of Governors Pack) should be returned to the Company Secretary (Jonathan Elwood).</p> <p>An Interview Panel comprising of members of the ARC would undertake a shortlist of candidates and invite them for interview. The Council of Governors would meet in closed session to approve the recommendation given by the ARC interview panel. The successful candidate would be announced at the next full meeting of the Council of Governors following interview and selection of the Lead Governor for ratification.</p> <p>A note was made for a SU to be included on the interview panel.  Timetable:</p> <table border="1"> <tr> <td>1</td> <td>JD/Person Specification – Approval to ARC</td> <td>30 March 2017</td> </tr> <tr> <td>2</td> <td>Governors Self-nomination / nominate Governors</td> <td>w/c 29 May 2017</td> </tr> <tr> <td>3</td> <td>Completed forms returned to Company Secretary</td> <td>9 June 2017</td> </tr> <tr> <td>4</td> <td>Interview Panel (from ARC)</td> <td>To be confirmed</td> </tr> <tr> <td>5</td> <td>Panel recommends candidate to ARC</td> <td>To be confirmed</td> </tr> <tr> <td>6</td> <td>Specially convened ARC convenes to approve ARC's recommendation</td> <td>To be confirmed</td> </tr> </table> <p>CL noted the role had a critical relationship with the Chairman, and he would be taking a keen interest.</p> <p><b>Action Point 6: KW to book a SU for the interview panel</b></p> <p><b>Resolved:</b> The Council <b>approved</b> the Lead Governor process.</p>	1	JD/Person Specification – Approval to ARC	30 March 2017	2	Governors Self-nomination / nominate Governors	w/c 29 May 2017	3	Completed forms returned to Company Secretary	9 June 2017	4	Interview Panel (from ARC)	To be confirmed	5	Panel recommends candidate to ARC	To be confirmed	6	Specially convened ARC convenes to approve ARC's recommendation	To be confirmed	KW
1	JD/Person Specification – Approval to ARC	30 March 2017																		
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4	Interview Panel (from ARC)	To be confirmed																		
5	Panel recommends candidate to ARC	To be confirmed																		
6	Specially convened ARC convenes to approve ARC's recommendation	To be confirmed																		
9	<p><b>The General and Local Elections and their implications for the Trust</b>  AC informed Governors on the implications for the Trust during the general elections reporting the Election of Governors had been postponed due to Purdah. This had been discussed in more detail at the workshop prior to the meeting of the Council of Governors.</p> <p><b>Resolved:</b> The Council <b>noted</b> the report.</p>																			
10	<p><b>Any Other Business</b>  No further business was raised.</p>																			

## GOVERNOR ATTENDANCE

<b>PRESENT</b>	
<b>Appointed Governors</b>	
Rosemary Farmer	RF
Fran Deschampsneufs	FD
<b>Elected Public Governors</b>	
Mark Edgar	ME
Tap Bali	TB

Caroline Bowes-Lyon	CBL
Richard Pleydell-Bouverie	RPB
Barry Canterford	BC
Bob Taylor	BT
Jon Walmsley	JW
Ilana Rinkoff	IR
Kwasi Opoku	KO
Rosemary Farmer	RF
<b>Staff Governors</b>	
Dr Michael Shortt	MS
<b>APOLOGIES</b>	
John Allan	JA
Chris Brearley	CB
Emma Paisley	EP
Stuart Campbell	SC
Sarah Martinelli	SM
Verity Masters	VM
Eve Atkins	EA
Tara Gouldthorpe	TG
David Andrew	DA
Leslie Billy	LB
Jackie Knight	JK

## BOARD ATTENDANCE

<b>NON-EXECUTIVE DIRECTORS</b>	
Chris Lawrence – Chair	CL
Sarah Betteley NED	SB
Robbie Burns NED	RB
Simon Barter NED	SB
<b>EXECUTIVE DIRECTORS</b>	
Tom Cahill – Chief Executive	TC
Dr Jane Padmore – Director Quality & Safety	JP
Jess Lievesley – Director Service Delivery & Customer Experience	JL
Keith Loveman – Director Finance	KL
Karen Taylor – Executive Director Strategy & Integration and Lead Director for CAMHS	KT
<b>IN ATTENDANCE</b>	
Audley Charles – Interim Company Secretary	AC
Julie Hollings – Deputy Director for Marketing, Communications & Engagement	JH
Mariejke Mariejewski, Deputy Director of H.R.	MM
Jonathan Elwood, Company Secretary (commencing post 5 <sup>th</sup> June 2017)	JE
Kathryn Wickham – Minutes	KW
<b>APOLOGIES</b>	
Dr Kaushik Mukhopadhaya	
Jinjer Kandola	
Loyola Weeks	
Catherine Dugmore	
Manjeet Gill	
Michelle Maynard	



## Council of Governors – CEO’s Report

<b>Date:</b>	<b>20 September 2017</b>	<b>Agenda No:</b>	<b>5</b>
<b>Subject:</b>	<b>CEO Brief</b>	<b>Presented by:</b>	Tom Cahill, CEO

### National

#### CQC

A recent report from the CQC has revealed that more than a fifth of adult social care services are not up to standard and that over 4,000 services in England are rated as ‘Requires Improvement’ or ‘Inadequate’. Although the majority of services were found to be providing ‘Good’ or ‘Outstanding care’, the regulator has repeated warnings that there is considerable variation in care quality, as too many people were not receiving adequate care. Additional funding for the next three years has been welcomed but even more positive is the promise of a government consultation this year, which hopefully will lead to a long-term solution to support good quality, person-centred adult social care, both now and into the future.

The CQC have now published details of a new approach to inspection and HPFT are now “on notice” of a pending inspection. HPFT need to ensure the fundamentals of care are being delivered and this is not just used as an evidence collection exercise. The process will include an annual well-led inspection following unannounced core service inspections. The Trust is preparing for the inspection including collating the data for the annual data collection exercise and will be expected to set out examples of outstanding practice and areas we are particularly proud of.

#### NHSI

NHSI continue their search for a Chair and CEO. Ed Smith has already stepped down as Chair and is replaced on an interim basis by Richard Douglas. An announcement on his substantive replacement is due imminently. Jim Mackey steps down in October therefore recruitment to this post will commence once the Chair position has been finalised.

#### NHSI Q1 Performance Report

NHS trusts have reported a deficit of £736m for the first three months of 2017-18, £30m worse than planned. If this performance continued, trusts would significantly breach the full year deficit target.

But many providers have savings plans and one-off transactions which have yet to take effect, while most of the £1.8bn “sustainability and transformation fund” will not be received until the later quarters. Both these factors will significantly improve the position.

Official forecast figures published by NHS Improvement suggest a full year deficit of £523m - against a target of £496m. This compares to the final reported deficit for 2016-17 of £791m.

#### Winter Planning

There is increased pressure nationally to ensure that the NHS can respond to the challenges that occur during the winter months. This includes a national push to increase capacity during this period. NHSE & NHSI guidelines have been issued and we are developing plans aligned with these to ensure the Trust is in a strong position for the period December to April.

#### Public Sector Pay

There is significant focus on public sector pay and the 1% cap. It is by no means certain whether the Government will retain the cap for the next pay round or abide by the recommendations of the

pay review bodies. 1% cap has been removed for the Police and Prison service. The Trade Unions in the NHS are making moves in relation to setting out their position.

### **Mental Health Workforce**

The Health Secretary has announced a plan to expand the mental health workforce. The plan sets out measures to tackle a 'historic imbalance' in workforce capacity and fulfil ambitions to improve mental health services. I will provide an update on how this will impact on the Trust as it progresses.

### **Suicide Prevention**

You may be aware of the report on Suicide Prevention produced by the House of Commons Health Select Committee in March. The Government has now published their response to the recommendations in the report. Asif Zia and Jane Padmore are reviewing the response and will ensure that we take forward any learning and follow national guidance. They have been asked to identify any significant effect on the Trust which will be picked up with their findings.

### **Single Oversight Framework**

NHSI are proposing to make some changes to the SOF to reflect recent developments and learning from the first year of operation. NHSI have asked for comments on the proposals and we will respond accordingly. However as this is not a formal consultation the changes are likely to be implemented as early as October. Changes include:

- Improvements to structure and presentation of the framework
- Outlining the 5 key themes of the framework and identifying the trigger points
- Changes to metrics that NHSI use to assess performance
- Providing an overview of NHSI's support offer
- Clarity that other material concerns may trigger a support need
- Makes explicit the need to notify NHSI of significant changes in performance

### **STP Developments**

STP continues to develop momentum nationally. Eight Trusts have been selected to move forward into the development of Accountable Care Organisations. Additionally national metrics have been agreed across all STPs. Metrics are essentially a cumulative view of individual organisations' performance on a range of issues, for example; hospital special measures, A&E Performance and concerns. Overall the STP has four rankings;

1. Outstanding
2. Advanced
3. Making Progress
4. Needs most Improvement

Herts & West Essex STP has been rated 3.

## **Internal & Reputation**

### **Finance**

The overall Trust position reported in July is a surplus of £155k, which is better than the Plan of £28k by £127k (before Sustainability and Transformation Fund – 'STF'). The overall Trust position year to date is a surplus of £655k, which is ahead of the Plan of £339k by £315k. The overall NHS Improvement (NHSI) Use of Resources Framework Rating, the UOR, reports as a 1, the highest rating.

The key variances within this position:

1. Pay overall is better than Plan by £473k in the month (3.8%), and £1.6m year to date (3.2%). Within these figures, Agency spend has decreased marginally from previous months, though remains adverse to the NHSI Plan for the month and the year to date.

- Income is better than Plan by £176k, mainly due to additional Health Education England Income for IAPT Services, which was backdated.
- Secondary commissioning is adverse to Plan by £157k, which is a small improvement from Month 3 (by £21k). Change includes Acute placements improving by £57k, and PICU by £51k, but Social Care Placements increasing in spend by £100k.

### Fire Safety

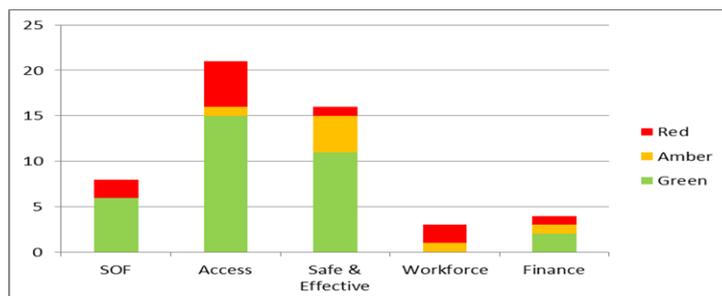
Following the recent sad events at Grenfell Tower, we can confirm that all our services have valid risk assessments. We have also an ongoing programme of fire safety work across our sites, investing £3.6. It remains important that we maintain our focus on staff training, what they should do if there is a fire and the evacuation procedures for their services and sites.

### Quality & Safety

The Trust has reviewed its quality visit framework, a revised framework provides a robust approach for quality assuring our services. This approach includes announced and unannounced visits which have provided a rich bed of data. During Q1 this approach has been rolled out to 12 of our inpatient wards.

### Performance

Overall performance remains generally strong and in line with averaged performance across Q1, however, access indicators show a small deterioration from the June figures. These relate to referrals into West and Mid Essex IAPT, one breach for eating disorder services (13 out of 14 achieved) and routine (28 day) referrals in adult community services 93.9% falling to 92.9%. CAMHS 28 day access improved significantly (48% up to 66%) but remains below target (95%). In a number of areas there is a downward trend within the green rating.



Indicators for the Single Oversight Framework remain at previous RAG performance, but with ongoing improvement in relation to MHSDS Priority Metrics, up by 4.7% in the month.

All workforce indicators are either amber or red and particular attention is required to ensure all staff are compliant with mandatory training and have up to date appraisals

### Operational Services Update

During the summer we have continued to deliver a strong performance although we have seen begun to see a slight dip in a number of key performance metrics, most notably regarding access, cluster reviews and in the west of the county CPA meetings.

SPA is performing strongly and the changes that are being made within that part of the service are becoming embedded, however demand for our adult acute services in particular has remained high during the summer from primary care. Undoubtedly the work that is being done to improve how we work with GPs will help us with this and particularly the challenge that we are experiencing with individuals who are not attending their initial or ongoing appointments with us.

Inpatient services are managing well with far fewer individuals being placed out of county than this time last year. That said our delayed transfers of care are a significant challenge across all our inpatient areas and for of these individuals these delays rest with ourselves to resolve, it is therefore imperative that we ensure we are all aware of the critical balance that needs to be achieved to

manage our inpatient capacity. This includes ensuring that on all occasions CATT are involved in gatekeeping decisions about an inpatient admission.

CAMHS have demonstrated significant improvements in their access performance, meaning that almost every young person now referred to their service is being seen within 28 days. CAMHS have a number of service developments planned for the coming months, the main one will hopefully see the responsibility for all inpatient admissions for young persons from Hertfordshire transfer from NHSE to ourselves, and this development will also enable us to release the funding for a speciality home treatment service to supplement our existing provision.

We were delighted to have performed so strongly and met all our CQUIN requirements for Q1 - not least because so many of these indicators relate to our commitment to improve the physical as well as mental wellbeing of our service users.

### **Exec Team**

I would like to take this opportunity to welcome Ronke Akerele to the Exec Team as Director of Transformation & Innovation. Ronke commenced with us on 4<sup>th</sup> September and is currently undertaking a full induction within the Trust.

**Tom Cahill**  
**Chief Executive**

**MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING**  
**Held on Wednesday 24<sup>th</sup> May 2017**  
**Da Vinci B&C – Colonnades**

**PRESENT:**

<b>NON-EXECUTIVE DIRECTORS</b>		
Mr Christopher Lawrence	Chair	CL
Mrs Catherine Dugmore	Non-Executive Director	CD
Ms Manjeet Gill	Non-Executive Director	MG
Ms Sarah Betteley	Non-Executive Director	SBe
Ms Loyola Weeks	Non-Executive Director	LW
Mr Simon Barter	Non-Executive Director	SBa
Mr Robbie Burns	Non-Executive Director	RB
Ms Michelle Maynard	Non-Executive Director	MM
<b>EXECUTIVE DIRECTORS</b>		
Mr Tom Cahill	Chief Executive Officer	TC
Mrs Jinjer Kandola	Deputy Chief Executive Officer / Executive Director Workforce & Organisational Development	JK
Mr Iain Eaves	Executive Director Strategy & Improvement	IE
Mr Keith Loveman	Executive Director Finance	KL
Mr Jess Lievesley	Director Service Delivery & Customer Experience	JL
Dr Kaushik Mukhopadhaya	Executive Director Quality & Medical Leadership	KM
Dr Jane Padmore	Executive Director Quality & Safety	JP
Ms Karen Taylor	Executive Director Integration & Partnerships	KT
<b>IN ATTENDANCE</b>		
Audley Charles	Interim Company Secretary	AC
Jonathan Elwood	Head of Corporate Affairs & Company Secretary	JE
Jane Twelves	PA to Directors (minute taker)	JT
<b>APOLOGIES</b>		
Ms Sue Darker	Assistant Director Herts County Council Health Care Services (Mental Health & Learning Disabilities)	SB

	<b>ACTION</b>
<p><b>Declarations of Interest</b></p> <p>SBe reported that CL had been re-appointed as Chair of HPFT following an appraisal process. The proposal will be taken to the Council of Governors to approve the re-appointment. CL confirmed he is looking forward to the next 3-years.</p> <p>Two Non-Executive Directors, SB and LW have been re-appointed. With recruitment for a replacement for MG ongoing. The final interviews are planned for 4<sup>th</sup> July 2017.</p> <p>CL reported the Trust will be also be recruiting a new Lead Governor following the decision by the current Lead Governor to stand down.</p> <p>Due to the snap general election, the Trust has received guidance to freeze the process of the appointment of Governors and therefore their current tenures have been extended until September/October.</p> <p>No Interests were declared as conflicting with any items on the agenda.</p>	

	<p><b>Minutes of meeting held on 27<sup>th</sup> October 2016</b>  After an amendment to item 24/17 related to Medical Agency Locums was made, the minutes were approved as an accurate record of the meeting.</p>	
	<p><b>Matters Arising Schedule</b>  The matters arising schedule was discussed, updated and agreed.</p>	
	<p><b>CEO Brief</b>  TC presented his brief. Highlights from the report included;</p> <ul style="list-style-type: none"> <li>• Cyber ‘Ransomware’ Attack – HPFT were unaffected however this was an international attack not just the NHS. The System entered into agreed Emergency Planning processes and HPFT worked across the system. HBLICT were outstanding and worked well to provide support during a critical time. Following the loss of systems previously HPFT were able to provide leadership, support and staff helped colleagues at a time of crisis – it was good to see everyone coming together. Recovery was formally signed off on Friday 19<sup>th</sup> May 2017. E&amp;N Herts Trust were most affected. KL advised Cyber Security was included within the Internal Audit plan and thought will be given to a fundamental review with HBLICT of the level of protection.</li> <li>• Performance - Pressure continues on beds, SPA and CAMHS with an increase of 27% against referrals. It is very busy and the Board will be kept informed.</li> <li>• Appointments to Directors – There are three candidates for the Director of Medical Leadership. Interviews for the Director of Innovation take place on Friday 26<sup>th</sup> May. Jonathan Elwood was welcomed as Head of Corporate Affairs and Company Secretary.</li> <li>• The snap election has resulted in Purdah; all candidates are making positive references to the provision of Mental Health services.</li> <li>• STP have prioritised 5 key elements one of which is the provision of Mental Health Services.</li> </ul> <p><b>RESOLVED:</b> The Board <b>noted</b> the CEO Brief.</p>	
	<p><b>Operational and Performance</b></p>	
	<p><b>Finance Report: Revenue Summary to 30<sup>th</sup> April 2017</b>  The report informs the Board of the current financial position, key highlights and the early indications of the likely financial position for the full year.</p> <p>The financial position for April reports a surplus of £223K, which is ahead of plan by £138K (£95K before STF monies). The overall NHS Improvement rating for the organisation reports as 1, the highest rating.</p> <p>Lots of work is taking place across Operational services to recruit to posts and identify any post that teams have not been able to fill in the longer term. Good progress has been made against the agency cap and the target was achieved in the first month of the year. Last year the organisation reduced the spend on agency by £2.5M.</p> <p>It was noted that there has been continued pressure for Secondary Commissioning.</p> <p>Another area to note is that whilst HPFT are in a positive position in Month 1 other organisations across the system are in financial challenge. Conversations are taking place with Herts Valley CCG in terms of what their position holds for</p>	

	<p>HPFT. In light of this, we need a robust plan for delivering the CRES programme.</p> <p>We have seen an ongoing increase in the demand for services with increased referrals into SPA and CAMHS and challenges with regard to DTOCs. It is anticipated that the demand will not cease.</p> <p>With good financial performance last year we still need to be sighted on areas of challenge. Work across STP is starting to develop and a regular Director of Finance meeting has been established – there is much more trust in sharing issues and greater recognition of areas that are impacting on others.</p>	
<b>Governance and Regulatory</b>		
	<p><b>Use of Waivers</b></p> <p>KL advised that the use of Waivers is reported quarterly at the Audit Committee. The number of Waivers used through the year had been small. KL reported that waivers were not easily approved; the organisation has robust procurement processes and team and therefore Managers should not need to seek a Waiver if they follow appropriate processes.</p> <p>CD confirmed this was reported regularly and the Internal Audit Partner stated that the use of Waivers was of genuinely low level and Audit Committee recommended the Board approved the report.</p> <p>The Board approved the report.</p>	
	<p><b>Use of Corporate Trust Seal 2016/17</b></p> <p>AC reported that there was an error in the table contained within the paper; there had been 19 transactions and no exceptions. Audit Committee had approved the report and recommended approval to the Board.</p> <p>The Board approved the report.</p>	
	<p><b>Losses and Compensation Report 2016/17</b></p> <p>KL reported financial losses/compensation reimbursements related to payments outside of normal NHS expenditure. There were 26 cases where Service Users and Staff had lost property or their property had been damaged. The majority of the Staff incidents related to assaults and were in the main payments for broken glasses.</p> <p>CD confirmed Audit Committee had approved the report and recommended the approval from the Board.</p> <p>The Board approved the report.</p>	
	<p><b>Treasury Management Report 2016/17</b></p> <p>KL reported the Treasury Management for the period. A total of £103K of interest was received during the financial year on surplus balances held. There has been limited opportunity for the organisation to invest the cash balance and transactions on investment have been low. Payment of bills takes place promptly; HPFT is a significant player in the local economy and seeks to follow good practice in making payments to suppliers promptly.</p> <p>The Board approved the report.</p>	
<b>Annual Accounts 2016/17</b>		

### **a) Draft Annual Accounts**

CD set out details of the report from the external auditors, Deloitte, and their review of the draft accounts, reporting their opinion of a “true and fair view” which is a key conclusion to our appropriate stewardship of public funds.

KL set out more detail from the accounts. Income and expenditure resulted in a £8.8M surplus and it is important to understand that there is a significant element of non-recurrent funding some related to financial performance, in particular the NHSI ‘£1 for £1’ STF incentive scheme, STF bonus and additional transactions. In total HPFT has received £6.7M STF money which will be used to invest in the capital programme and to support MH/LD related activity within the wider STP footprint.

The final position was impacted by impairments in relation to property valuation and vacancies. It was noted that after stripping out the STF monies and take out all the non-recurrent items, the underlying position is closer to £1M surplus.

Balance Sheet – Reduced capital charges see less pressure on Operational Services to make savings. There has been one-off benefits in the year e.g. successful negotiation of historic VAT claims. There has also been slippage on the capital programme. This leaves a strong cash balance.

Cash-flow – Despite some slippage on capital expenditure the organisation had still spent some £6M in the year.

TC reiterated that STF funding received by HPFT is not reflected across all organisations in Hertfordshire.

Audit Committee recommended the draft accounts to the Board.

### **b) Internal Audit Annual Report including Head of Internal Audit Opinion**

The governance framework has a process of internal controls that work across a range of areas. CD reported that the organisation has an adequate and effective framework for controls of governance, risk management and internal controls. The opinion of the Internal Auditors was that of the 2<sup>nd</sup> highest rating and in their experience the top assurance had never been given.

The Board accepted the report.

### **c) External Audit – Annual Governance Report**

CD advised that Deloitte had attended the Audit Committee to present the External Audit report. JG had outlined the report and highlighted 3 significant risks;

- Property valuations
- Continuing Health Care retrospective claims provision
- Management over-ride of controls

The Annual Accounts were considered very well prepared.

CD advised that Deloitte formally seek a letter of representation from management with respect to the preparation of the accounts. KL and TC had discussed assurance of the appropriateness of the property valuations with Deloitte since this had resulted in lower values. Overall the External Audit report was positive.

The Board accepted the report following recommendation from the Audit Committee.

**d) Draft Annual Report Including Annual Governance Statement**

JK presented the draft Annual Report for the period ending 31<sup>st</sup> March 2017. The report is slightly longer than had been targeted and will be further refined going forward. In preparing the report work had taken place with Service Users, Carers and staff and is aligned to our Good to Great ambition for the organisation. We have focussed on great care and great outcomes and the year has in the main been successful but also challenging. JK highlighted some key issues noted in the report:

- that the organisation has seen an increase in referrals of 11.5% and an increase in admissions of 14%.
- The Good to Great strategy is being addressed at all levels including service user safety.
- We continue to have recruitment and retention issues but despite this our staff survey results have shown we are best for the highest motivated staff for the 2<sup>nd</sup> year which is a credit to the Management team.
- During the year we have welcomed Bucks Learning Disability Services, continued with the Older People's transformation and have set up Street Triage.
- DTOC and record keeping remain a focus. Data quality will remain a focus for the coming year.

CD advised that the report was considered a fair commentary on performance and transparent on risks but could celebrate successes a little more.

CL acknowledged the pressure that staff are constantly under and their resilience to cope.

The Board accepted the report following recommendation from the Audit Committee.

Annual Governance Statement – No significant internal control issues were identified. Audit Committee had discussed the document and noted the strong position.

The Board accepted the statement following recommendation from the Audit Committee.

**e) Draft Quality Accounts (included in Annual Report)**

The Draft Quality Accounts gave an oversight of the quality of services HPFT provide. In the main the Trust had done generally well despite increasing demand, high acuity and increased pressure on beds. .

The report will be submitted to NHSI by 31<sup>st</sup> May 2017. CD advised that Audit Committee had discussed the report extensively and noted that the report was long and needs to be tidied up but there would be no material change to the content. Deloitte are also carrying out some work on the Quality Account; Service Users being treated with respect had no major issues and they were satisfied with CATT Gate-keeping. In respect of DTOC's there were exceptions; this area had been tested in the previous year and the opinion for 2016/17 will

	<p>be modified. Management and Audit had expressed disappointment. However it was noted that this did not impact of the quality of care provided and safety of service users, but did reflect that the position was not always fully recorded within the EPR. Audit Committee will seek ongoing assurance that management has taken the necessary steps to ensure we are not in the same position next year. TC confirmed the disappointment and advised that the work to resolve this will be taken forward urgently.</p> <p>CD advised that Audit Committee had approved the Quality Accounts on the basis of no material changes being made from the draft.</p> <p>Board also accepted the report on the recommendation of Audit Committee.</p> <p><b>f) External Audit – Draft Quality Accounts Report</b> The Board noted and approved the report.</p> <p><b>g) Annual Report of the Audit Committee</b> CD summarised the work of the Audit Committee during the year. There had been 5 meetings during the financial year and the Auditors and Local Counter Fraud Specialists were invited to attend. The Committee has an annual work plan with meetings timed to consider and act on regular and special items within the plan.</p> <p>The Board approved the report.</p>	
	<p><b>QUESTIONS FROM THE PUBLIC</b> <b>No questions were received from the Public.</b></p>	
	<p><b>NHSI Declarations: Compliance with Provider License</b> The NHSI’s regulatory framework requires that a submission of compliance with its provider licence is evidenced and submitted to it after it has been approved and a self-certification signed by the Board.</p> <p>Audit Committee were asked to review the report and make recommendations to the Board. The report provides evidence of compliance with the NHSI provider licence. AC advised that the self-assessment was less rigid than previous requirements but that the Trust continued to follow best practice. The report shows that the Trust is compliant and does not highlight any additional actions.</p> <p>Audit Committee recommended that the self-certification was signed and the Board accepted the proposal.</p>	
	<p><b>Chairs Action:</b> <b>Appointment of Michelle Maynard as Speak Up Champion for the Trust (Whistleblowing Champion)</b> The Board was asked to ratify the appointment of Michelle Maynard a Non Executive Director as Speak Up Champion (formerly Whistle-blowing Champion) for the Trust. Michelle Maynard is currently the Trust’s Bullying and Harrassment Champion a role which covers Speak Up disclosures.</p> <p>The Board approved the appointment.</p> <p><b>Appointment of Hattie Llewelyn-Davis as MHA Manager</b> The paper informed the Board of the action taken by the Chair and sought agreement of the appointment of Hattie Llewelyn-Davis as Mental Health Act Manager for HPFT.</p>	

	The Board approved the appointment.	
	<p><b>Any Other Business</b> No other matters were discussed.</p> <p>CL closed the meeting and thanked the Audit Committee for the hardwork undertaken.</p>	
	<p><b>QUESTIONS FROM THE PUBLIC</b> No questions were received from the Public.</p>	
	<p><b>Date and Time of Next Public Meeting:</b></p> <p><b>Thursday 27<sup>th</sup> July 2017</b> <b>9.30 – 13.30 Da Vinci A&amp;B, Colonnades</b></p>	

***There being no further business the meeting was closed.***





## Council of Governors

# Performance Update to End July 2017

**20 September 2017**

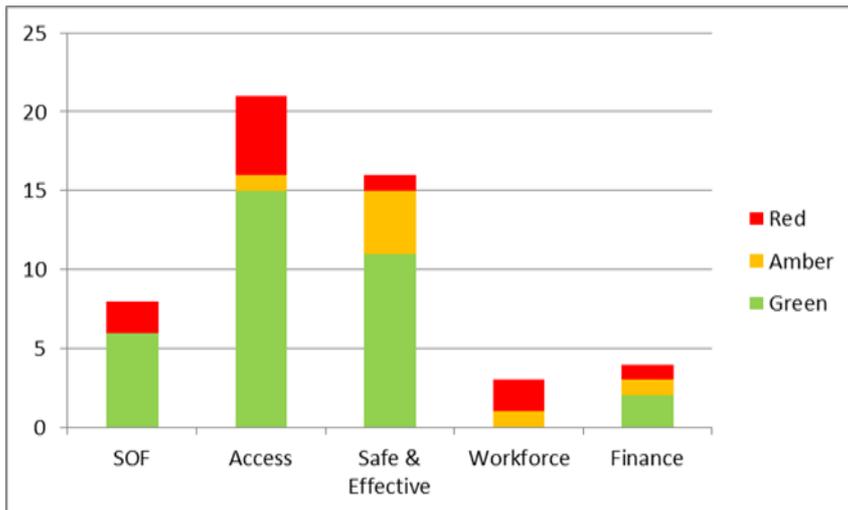


# Content:

- Performance at a Glance
  - Access to Services
  - Safe & Effective Services
  - Workforce
  
- Financial Position at a Glance
  - Pay
  - Efficiency Programme

# Performance at a Glance

## Overall Performance – end of July



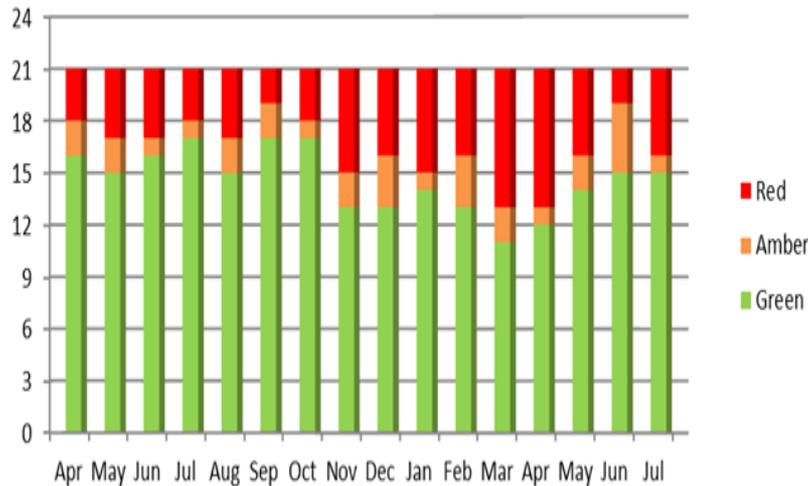
- Overall performance remains generally strong
- Strategic Oversight Framework metrics positive with MH service Data Set improving although still below target
- Workforce metrics disappointing – Sickness, Mandatory Training, Appraisals

# Access to Services

**Headlines: 15 Green - 1 Amber - 5 Red**

Red or amber:-

Access KPI Performance Since 15/16



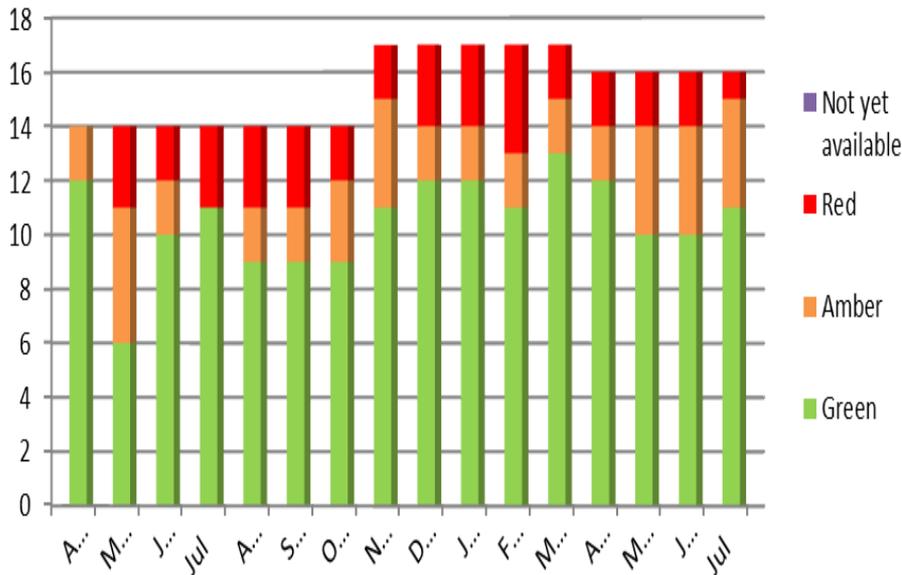
- Routine (28 day) referrals
  - Eating Disorder Services 92.9% (equates to one person)
  - Adult Community Services 92.9% (95% target)
  - CAMHS 65.9% (+17.8% improvement in month)

• C-CATT 4 hour wait 94.9% (95% target)

• Number of People entering IAPT treatment – West Essex & Mid Essex behind plan

# Safe & Effective Services

Safe & Effective KPI Performance Since 15/16



**Headlines: 11 Green - 4 Amber - 1 Red**

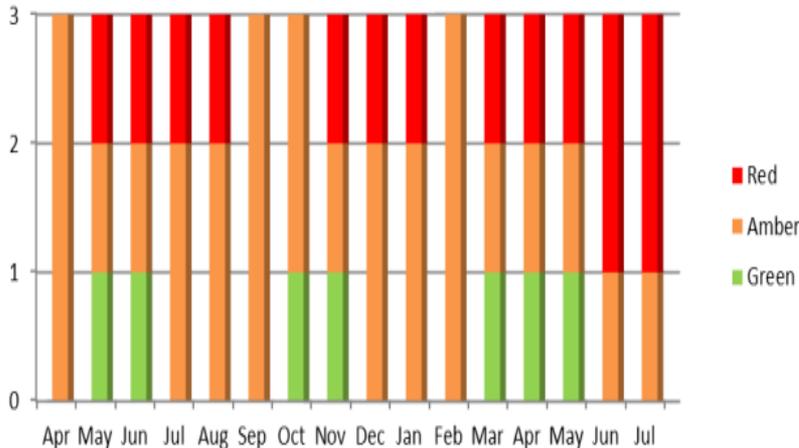
Red or amber:-

- Risk assessments – 94.8% (95% target)
- IAPT recover rate – E&NCCG – 47.9% (50% target)
- Inpatients feeling safe - 58.5% (80% target)
- PBR Cluster Reviews – 94% (95% target)
- Ethnicity recording – 89.1% (90% target)



# Workforce

Workforce KPI Performance Since 15/16



## Headlines: 1 Amber - 2 Red

- Statutory & Mandatory Training 83% (90% target)
- PDP (Appraisals) 87% (90% target)
- Sickness Absence 4.65% (4% target)



# Financial Position at a Glance

## Headlines for the month:-

- Pay below plan by £473k
- Sec comm £157k overspent
- Agency £42k above NHSI cap

## Key Financial Metrics:-

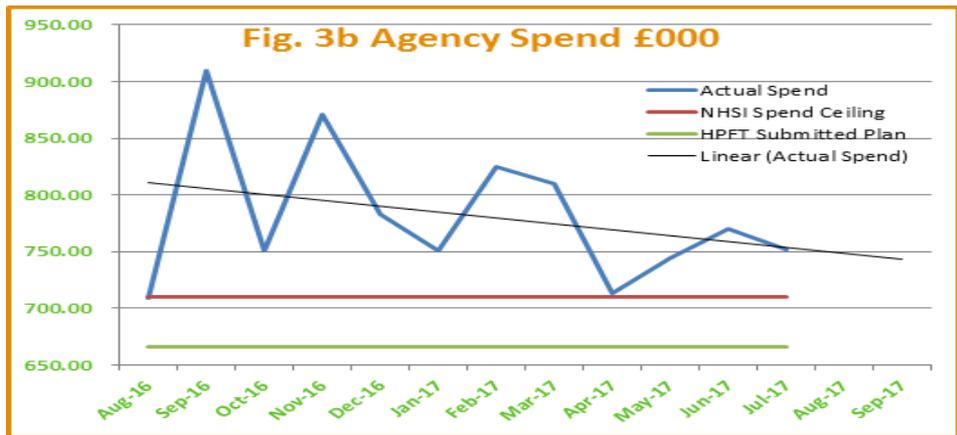
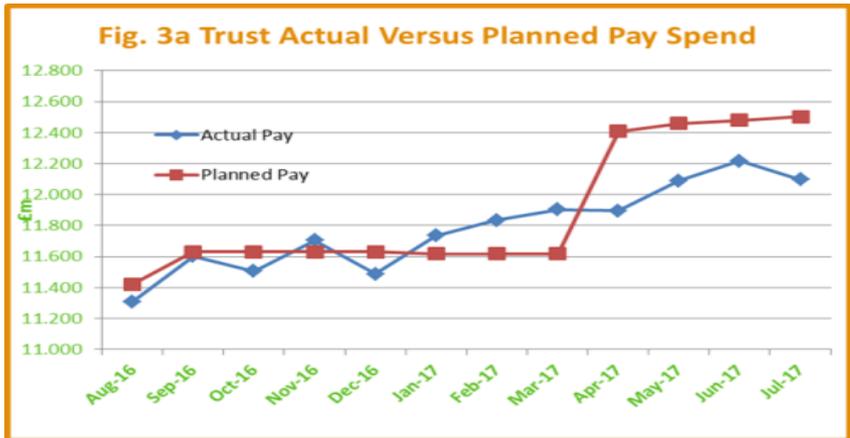
UOR	1	In Month Plan £000	In Month Actual £000	YTD Plan £000	YTD Actual £000
Surplus (Deficit) excluding STF		28	155	339	655
Total Pay (including Agency)		12,503	12,030	49,893	48,295
Agency		710*	752	2,842*	2,980
Secondary Commissioning		2,165	2,322	8,525	9,320

to end July 2017	£k year to date (M5)	£k in the month
Plan	339	155
Actual	<u>655</u>	<u>28</u>
Ahead/(Behind) Plan (Before STF)	<u>316</u>	<u>127</u>

## Forward Risks:-

- Pay position tightens as posts recruited
- Secondary commissioning demand pressures
- HVCCG financial deficit
- Non-recurrent investment
- Delivery of efficiencies
- Headline strong but underlying long term pressures

# Pay



- Agency improved but marginally above cap
- Trendline positive
- c.100 'regular' agency staff (15 improvement)
- Weekly agency sign-off by Managing Directors and for Medical Locums by Clinical Directors

Service	Additional fte	In post fte	Not started fte	Vacancies fte	Within Current Underspend
First Episode Psychosis	36.0	24.0	11.0	1.0	12.0
Community Perinatal	12.0	8.0	2.0	2.0	4.0
North Essex Forensic	7.5	4.0	0.2	3.3	3.5
Bucks Year 2	5.5	0.0	1.0	4.5	5.5
Herts Expanded IAPT	31.0	19.0	0.0	12.0	12.0
	92.0	55.0	14.2	22.8	37.0

- 21 post improvement in recruitment to new teams





# Efficiency Programme

Summary to date	£k
Original CRES Requirement 2017/18	5,700
less: General Health £1m requirement met recurrently from Reserves	- 1,000
CRES Requirement 2017/18	4,700
postponed reduction in Social Care funding	-200
<b>Target</b>	<b>4,497</b>
Forecast:	
Pay	1,494
Non Pay	789
Placements	728
Other	907
<b>Total forecast</b>	<b>3,918</b>
Current forecast shortfall	<b>579</b>

Key areas behind plan:

- Reduction in agency utilisation
- Ongoing reliance on social care placements and lack of access to general needs housing
- Review of social care personal budgets

Offset by:

- Level of vacancies
- Tight management of discretionary spend



**Council of Governors**

<b>Meeting Date:</b>	20 September 2017	<b>Agenda Item: 8 (b)</b>
<b>Subject:</b>	Annual Plan Report (Q1) 2017/18	<b>For Publication: Yes</b>
<b>Author:</b>	Ian Love, Deputy Director Commercial Development / Karen Taylor, Executive Director Strategy & Integration	<b>Approved by:</b> Karen Taylor Executive Director Strategy & Integration
<b>Presented by:</b>	Karen Taylor Executive Director Strategy & Integration	

**Purpose of the report:**

Present the Trust's performance against the Annual Plan for the 1<sup>st</sup> quarter of 2017/18

**Action required:**

To note the report and its contents

**Summary and recommendations:**

The Annual plan comprises of 10 objectives across the four themes of the Trust's 'Good to Great' strategy. Each objective has been assessed against planned progress at the end of Quarter 1, and each objective RAG rated accordingly.

The attached paper was the formal report provided to the Trust Board. At the end of Quarter 1 good progress has been made against the milestones contained within the Annual Plan overall, with two objectives showing full delivery and rag rated Green, five Amber/Green and three rated Amber. The three Amber rated objectives are:

- Objective 2 - Deliver better access to our services (Amber rating reflects improvement made but ongoing challenges within CAMHS, SPA and Adult services)
- Objective 5 - Strengthening of our leadership base (Amber rating reflects slightly delayed procurement process for the innovation and cultural change programme now taking place in Quarter 2)
- Objective 8 – Supporting staff to be innovative and productive (Amber reflects the action required to develop measures, embed the Safe Care Tool and agree the Back Office Strategy)

An assessment has also been made against the end of year outcomes to be achieved which demonstrates that 5 out of 10 objectives are on track to deliver the stated outcomes, with 4 objectives rated green/amber or amber. Objective 6 (reducing vacancy levels and reducing staff turnover) has been RAG rated Amber/red.

At this stage in the year the Trust remains able to review and adjust plans to support the

achievement of those outcomes, and this was undertaken by the Senior Responsible Officer for each objective.

**Relationship with the Strategy (objective no.), Business Plan (priority) & Assurance Framework (Risks, Controls & Assurance):**

Summarises Progress against Annual Plan (all objectives)

**Summary of Financial, Staffing, and IT & Legal Implications:**

Financial & staffing implications of the annual plan have previously been considered; actions to support delivery of the Trusts financial, staffing, IT plans are contained within the Annual Plan

**Equality & Diversity and Public & Patient Involvement Implications:**

None noted

**Evidence for Registration; CNST/RPST; Information Governance Standards, other key targets/standards:**

Delivery of the Annual plan supports delivery of key targets and standards across the Trust



## Trust Annual Plan – Quarter 1 Report

### 1. Summary

The Annual plan comprises of 10 objectives across the four themes of the Trust's 'Good to Great' strategy. Each objective has been RAG rated against planned progress at the end of Quarter 1.

### 2. Progress against Milestones

At the end of Quarter 1 good progress has been made against the milestones contained within the Annual Plan overall, with two objectives rated Green with full delivery of the milestones, five Amber/Green and three rated Amber. The three Amber rated objectives are:

- Objective 2 - Deliver better access to our services (Amber rating reflects the majority of actions completed and improvement made, but ongoing challenges within CAMHS, SPA and Adult services)
- Objective 5 - Strengthening of our leadership base (Amber rating reflects the slightly delayed procurement process for the innovation and cultural change programme taking place)
- Objective 8 – Supporting staff to be innovative and productive (Amber rating the action required to develop overall measures, embed the Safe Care Tool and agree the Back Office Strategy)

### 3. Progress against Outcomes

The Annual Plan describes the actions the Trust needs to take and the milestones to be reached, by quarter, in order to deliver the Trust's agreed outcomes for the year.

It is therefore important to assess progress against the actions and milestones each quarter, and to also assess progress against the stated outcomes.

The assessment on Annual Plan outcomes made at the end of Quarter 1 shows:

- 5 out of 10 objectives are on track to deliver the stated outcomes.
- 2 objectives outcomes are rated Amber/Green.
- 2 objectives are rated Amber
- 1 objective is rated Amber/Red against the year end outcomes

At this stage in the year the Trust remains able to adjust plans and the actions/milestones are already under review by the Executive Team to support this.

#### 4. Progress against Objectives

The remainder of this paper summarises progress against each of the 10 objectives – Table 1 below.

**Table 1 – Objective Summary Quarter 1**

\* Q2 column provides a projection against the milestones for quarter 2

\*\* EOY column provides a projection against the outcomes to be achieved by the end of 2017/18.

	Objective	Owner	Q1	Q2*	EOY**	Summary Comments
<b>Great Care, Great Outcomes</b>						
1	We will improve the safety of our services so that more people feel safe and are protected from avoidable harm	JP				All milestones have been delivered in Quarter 1. The tasks set by the plan in relation to suicide prevention have been achieved and work has progressed. Clearly identified actions for Q2. EOY position reflects Q1 suicides reported; (10 against max 10). All other outcomes Green.
2	We will deliver a better experience of services and improved outcomes by delivering on our Quality and Service Development Strategy	JL & KT				Although progress has been made across the quarter consistent access to services remains under pressure. CAMHS and SPA recovery is well underway but not yet fully complete. Models for adult care are under development with primary care, and the new model for CAMHS is being developed during Quarter 2.
3	We will improve the wellbeing and physical health of service users through better health monitoring and support to address health risk factors	KT/ JP/ JL				Progress has been made against the prevention and well-being priorities and plan. Physical health milestones met, however clinical/operational delivery of the physical health strategy is not yet embedded and the role of the physical health committee is being reviewed and strengthened.
<b>Great People</b>						
4	<b>We will continue to create a more empowered and engaged workforce through developing a culture of collective leadership</b>	JK				Leadership Offering: Scoping has been completed at the end of Q1, there is a risk that a set of redesigned offerings may not be in place by the end of Q2  The clinical leadership programme that is underway is focused on band 7 nursing. There is further work to cover the full scope of clinical leadership across the Trust.
5	<b>We will strengthen the capabilities and capacity required to deliver our plans by</b>	JK				Work to tender for support in delivering innovation and continuous improvement cultural change programme has begun. Although the service specification remains

	developing our leadership base					to be completed, the work already in hand will see the procurement well underway if not complete by the end of Q2
6	We will reduce vacancy levels and reliance on temporary staffing by developing new roles and reducing staff turnover	JK				Local recruitment plans are in place and we are advanced in developing our apprenticeship programme  For the key targets for staff turnover (10%) and vacancy rate (10%) are to be achieved there is still significant work ahead.
<b>Great Organisation</b>						
7	We will provide staff and teams with better access to the right information and tools to do their jobs effectively and efficiently	KL				While there has been slippage in one of the identified Paris deliverables this was a planned and agreed reprioritisation to enable FEP and Physical Health to be fully delivered by the target date.  A base line of experience of PARIS and BI will need to be established, and also for data quality and progress on improving against this monitored so that year end outcomes can be assessed.
8	We will support and empower staff to improve, innovate and become more productive in delivering great care	KL/ JK/ JL				Elements of back office work progressing well although slight slippage on overall strategy . While the Safe Care Tool has been implemented, its use remains to be embedded. Work is underway to achieve this but is unlikely to be achieved before the end of Q2.  There some evidence of a growing number of quality improvement projects, but measurements that help understand if the Trust is improving its use of resources have not been developed. Without these the year end success will be difficult to demonstrate
<b>Great Networks and Partnerships</b>						
9	We will deliver more joined up services across mental health, physical health and primary care	KT / JL				Good progress has been made in Quarter 1 to develop an awareness across the organisation however there is some way to go to ensure this is 'mainstream'. Work has commenced on a primary mental health model, but further work required to shape this model. Key tasks and milestones within this objective require review and the outcomes further defined during Quarter 2 to reflect external changes
10	We will be recognised as system leaders having successfully driven and delivered on key system priorities	KT				During Quarter 1, HPFT have been fully engaged and leading a number of areas across the STP, and within individual CCGs. HPFT are also involved/ linked into STP work streams ensuring that mental health or learning disability needs can be represented and addressed.

