

Hertfordshire Partnership University NHS Foundation Trust

Council of Governors

Public Meeting

The Colonnades | Beaconsfield Rd | Hatfield | AL10 8YEDa Vinci A&B

20 September 2018 13:00 - 20 September 2018 15:00

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Public Meeting of the Council of Governors

Thursday 20th September 2018

The Colonnades, Beaconsfield Road, Hatfield AL10 8YE

Da Vinci A&B

13:30 – 15:00pm

A G E N D A

Service User Presentation 13.00 -13.30

Janet Williams and partner David Stow. Janet will be talking about her experiences of Older People's Community Services in Watford.

| Item No. | BY | SUBJECT | REPORT | ACTION | |
|----------------------------------|------------------------------|---|----------------------------------|--|--|
| PART 1 - PUBLIC | | | | | |
| 1 | Chairman | Welcome and Apologies for absence | | Note | |
| 2 | Chairman | Declarations of Interest | | Note | |
| 3 | Chairman | Minutes of the public meeting held: 16 May 2018 | Attached | Approve | |
| 4 | Chairman | Matters Arising Schedule | Attached | Review/ Update | |
| 5 | Tom Cahill | CEO's Report | Attached | Receive | |
| 6 | Chairman | Chair's Report | Verbal | To Note | |
| 7 | Non-Exec Director | Work of Board Sub-committee | Verbal | To Note | |
| 8 | Jess Lievesley | Headline Performance Report | Presentation | Receive | |
| 9 | Karen Taylor | Annual Plan (Q1) 2018/19 | Attached | Receive | |
| 10 | | <u>Reports from Council of Governors' Groups:</u> | | | |
| | Fran D Ilana R Barry C | a) Quality & Service User Experience b) Performance c) Membership & Engagement | Attached Attached Attached | Receive Receive Receive | |
| 11 | Jon Walmsley | Report of the Appointments and Remuneration Committee | Verbal | Note | |
| 12 | Jill Hall | Governor Election Update | Attached | Note | |
| 13 | Jill Hall | Governor Visit Protocol | Attached | Approve | |
| 14 | Jill Hall | Company Secretary's Report | Attached | To Note | |
| 15 | Chairman | Approved Minutes of the Public Board meetings: 24th May 2018 | Attached | Receive | |
| 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"

MINUTES OF THE PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
Thursday May 16th 2018 at 13:30-16:30hrs

The Colonnades, Beaconsfield Road, Hatfield, Hertfordshire AL10 8YE
Part I - Public

Attendance: Please see end of minutes

| Item No | Subject | Action |
|---------|--|--------|
| | <p>Welcome & Apologies Chris Lawrence welcomed all to the meeting and apologies were noted.</p> | |
| 1. | <p>Service User Experience presentation: CL welcomed the Service User Pipa to the meeting. As a parent and carer, Pipa described her initial experience with the care co-ordinator process as challenging, coupled with what she felt was not a significant support for parents. Following a Good Samaritans Support course, which helped her to understand and support others with mental health issues, she is now involved in HPFT's Peer Listening Group. Pipa spoke about her challenging times that eventually led to the positive outcome of her journey.</p> <p>CL Thanked Pipa for sharing her experiences with The Board and Council of Governors.</p> | |
| 2. | <p>Declarations of Interest None Identified</p> | |
| 3. | <p>Minutes of previous public meeting held 8th of February 2018 The minutes were approved as an accurate record of the meeting.</p> | |
| 4. | <p>Matters Arising There were no further matters arising</p> | |
| 5. | <p>CEO'S REPORT TC updated the members on a number of issues, and points of note from the report included;</p> <p>NHSI and NHSE are discussing a merger which would mean that some changes will take place within the Trust and in particular the role of Foundation Trust would no doubt change going forward.</p> <p>Nationally, pressure continues.</p> <p>Relating to the STP, national restructuring has taken place. David Law, Chief Executive of Herts Community Trust has stepped down and Claire Hawkins would continue in this role. Katie Fisher, Chief Executive of West Herts Hospitals has stepped down and her deputy, Helen Brown would commence in this role.</p> <p>The final report from the CQC has now been received with an overall</p> | |

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| | <p>rating of 'Good'. The Well-Led program was very close to receiving an 'outstanding'. Of note, is that two core services, Forensic Patient Services and Wards for people with learning disabilities have been rated as 'Outstanding'.</p> <p>Marlowe's Health and Wellbeing Centre's official opening was Friday May 11th, which highlighted a state of the art health and well-being centre in Hemel Hempstead. The newly refurbished centre will contain community mental health services for adults and children, together with physical health services provided by HCT.</p> <p>Performance – There has been a flood of referrals to Older Adults service with a 28 day response deadline. The Trust is working with GP's to try and manage this. CAMHS has had an increase in referrals of 27%.</p> <p>Finally, TC advised members that Robbie Burns, Non-Executive Director, is stepping down at the end of July. The reappointment process is now underway. Also, that Jinjer Kandola Deputy CEO/ Director of Workforce & Organisational Development will be leaving to become the Chief Executive Officer for Barnet, Enfield and Haringey Mental Health Trust and her last working day would be 29th June.</p> <p>Governor, Tap Bali, asked a question relating to the drama group "May Contain Nuts", requesting that they be invited to attend and perform at the start of a future Council of Governors Meeting. This request was noted and the possibility of this would be looked in to at a future meeting.</p> <p>The CEO Report was noted.</p> | |
| <p>6.</p> | <p>HEADLINE PERFORMANCE REPORT</p> <p>JL advised members of the significant growth year on year, as well as the continued growth in service demand. Points of note from the report focused on three main areas;</p> <p><u>Access to Services</u></p> <ul style="list-style-type: none"> • SPA referrals (at 99%) • CATT referrals meeting 4 hour wait (at 100%) • Urgent referrals to Community Teams (at 100%) • Routine Referrals to Community LD teams (at 100%) • Routine (28 day) referrals to Adult Community (at 92% in Q4, 95% in March - target of 98%) <p>Underperforming indicators</p> <p><u>Safe and Effective Services</u></p> <ul style="list-style-type: none"> • Number of People entering IAPT treatment – Herts Valley, West Essex & Mid Essex • CAMHS access performance (Access indicators) • Inpatients reporting feeling safe (achieving target of 80%) • CPA reviews (Exceeding Target) • Delayed transfers of care rates (above target and strongest performance for over a year) • Staff recommending Trust services to family and friends if they need them (Exceeding Target) | |

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| | <p><u>Workforce</u> Areas of Positive Improvement</p> <ul style="list-style-type: none"> • Results of National Staff Survey • Staff recommending HPFT as a place to work (at 63% - target of 61%) • Mandatory Training (at 87% - target of 90%) <p>Underperforming indicators</p> <ul style="list-style-type: none"> • Turnover rates (at 13.3%) • Appraisal rates (at 87.2% - target of 90%) • Sickness rates (at 4.5% - target of below 4%) <p>Following discussion, the Governors noted and received the headline performance report.</p> | |
| 7. | <p>REPORTS FROM COUNCIL OF GOVERNOR'S</p> <p>Quality and Service User Group – Chair Fran Deschampsneufs TC presented on behalf of FD noting an updated CAMHS paper was received with the new SLL. An update on the CAMHS Tier 2 tender update would be made available in due course.</p> <p>The Hemel Hub opening was discussed, the next meeting to occur on that site.</p> <p>MD for LD & F, Mike Barrett attended the meeting and provided a very informative update on Broadlands outlining staff issues, CQC visits, restraint process, seclusion rooms and assault on staff.</p> <p>The group reviewed the Operational Report, Patient Safety Report, Safe Staffing Report and the CQC Provider Action Statements.</p> <p>Performance – Chair Ilana Rinkoff The meeting was chaired by Ilana Rinkoff. Five governors attended along with Jill Hall, Interim Company Secretary and Jackie Vincent, Deputy Director of Nursing & Quality</p> <p>The committee received a presentation from Jackie Vincent on Student Nurse Loans and the impact on the Trust.</p> <p>The Quarter 3 Performance report was discussed with various points raised which included reviewing the colours of chart diagrams for people who suffer with colour blindness, a request for an update on the Trust CQUIN targets and CAMHS waiting times.</p> <p>The committee also discussed the Audit Committee minutes from the February 2018 meeting.</p> <p>Governors were also informed of the change to KPMG as external auditors.</p> <p>Engagement – Chair Barry Canterford TC presented on behalf of Barry. Barry Canterford and five governors attended along with Company Secretary Jill Hall and members of the Comms team.</p> | |

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| | <p>The committee received updates on the Comms data cleanse, the Trust magazine in particular the introduction of the 'young persons' section and an overview of the PR Engagement Plan for the Trust.</p> <p>NHS 70 was discussed and committee members advised of the various events planned across Trust sites.</p> <p>Governor Elections - it was noted the tender process is underway and the committee were updated on the current vacancies</p> <p>A request was made for an update on the Suicide Prevention Strategy at a future meeting.</p> <p>Chairs Group – Jon Walmsley was not in attendance</p> <p>Governors have requested to receive calendar invites along with the minutes to all the governor subgroup meetings.</p> <p>CAMHS Tier 4 paper to be circulated to all governors. TC noted a 'well done' to PALS who have received ten times the amount of compliments compared to complaints.</p> <p>Governors received and noted the reports</p> | |
| 8. | <p>CARE QUALITY COMMISSION (CQC) REPORT</p> <p>JP advised the members that although the Trust rating had not changed there have been significant improvements made. There were fewer 'should do's' and 'must do's' in 2018 in comparison to the 2015 report, services within the Trust have improved. The culture and values of the Trust show evidence of staff practising Trust values as a matter of course.</p> <p>JP added that many areas of good and outstanding practice were highlighted in the report as well as areas that require improvement. It was also noted that improvements were needed primarily within safety and effectiveness.</p> <p>The Council of Governors received the report and noted the comparisons with the outcomes of the 2015 CQC report along with the briefing of the final report.</p> | |
| 9. | <p>ANNUAL PLAN</p> <p>KT advised that the Annual Plan had been reviewed and informed by Council of Governors, the Trust Board and senior leaders. It had also been shaped by feedback over the last year from service users, carers as well as other external stakeholders and by HPFT staff.</p> <p>KT added that the Annual Plan supports the delivery of the overall Trust Strategic Objectives as set out;</p> <ol style="list-style-type: none"> 1. We will provide safe services, so that people feel safe and are protected from avoidable harm 2. We will deliver a great experience of our services, so that those who need to receive our support feel positively about their | |

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| | <p>experience</p> <ol style="list-style-type: none"> 3. We will improve the health of our service users through the delivery of effective evidence based practice 4. We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment 5. We will improve, innovate and transform our services to provide the most effective, productive and high quality care 6. We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners 7. We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) <p>KT advised that the annual plan had been approved at the end of March and would go to the May Public Board for noting and final sign off.</p> <p>The Council of Governors noted and received the presentation and approved the Annual Plan.</p> | |
| 10. | <p>MINUTES OF THE PUBLIC BOARD: MARCH 22ND The draft Minutes, that were still awaiting Board approval, were noted.</p> | |
| 14. | <p>Any Other Business – Chair There were no further matters of business for discussion.</p> | |
| | <p>Meeting closed: 16:00hrs</p> | |
| 8. | <p>Date/Time of Next Meeting: Wednesday 20th September 2018, 13:30hrs to 16:30hrs The Colonnades - Da Vinci A&B</p> | |

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| Attendance: | |
| CHAIR | |
| Chris Lawrence | Confirmed |
| PUBLIC GOVERNORS | |
| Jon Walmsley | Apologies |
| Angelina Sclafani-Murphy | Confirmed |
| Barry Canterford | Apologies |
| Bob Taylor | Confirmed |
| Caroline Bowes-Lyon | Confirmed |
| Dr Colin Egan | Apologies |
| Emma Paisley | Confirmed |
| Eve Atkins | Confirmed |
| Harinder Singh Pattar | Apologies |
| Ilana Rinkoff | Confirmed |
| Meredith Griffiths | Confirmed |
| Richard Pleydel-Bouverie | Confirmed |
| Tap Bali | Confirmed |
| William Say | Confirmed |
| Mark Edgar | Apologies |
| Verity Masters | Apologies |
| Kwasi Opoku | Apologies |
| Mathew Kuneda | Apologies |
| STAFF GOVERNORS | |
| Beke Tshuma | Apologies |
| Dr Michael Shortt | Confirmed |
| Grahame Wright | Confirmed |
| Herbie Nyathi | Apologies |
| Tara Gouldthorpe | Confirmed |
| APPOINTED GOVERNORS | |
| David Andrews – Herts CC | Confirmed |
| Leslie Billy – Viewpoint | Confirmed |
| Fran Deschampsneufs – MIND | Apologies |
| Eve Atkins | Confirmed |
| BOARD OF DIRECTORS | |
| Tom Cahill | Confirmed |
| Dr Jane Padmore | Confirmed |
| Dr Asif Zia | Confirmed |
| Jess Lievesley | Confirmed |
| Jinjer Kandola | Confirmed |

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| Karen Taylor | Confirmed |
| Keith Loveman | Confirmed |
| Ronke Akerele | Confirmed |
| Loyola Weeks | Apologies |
| Michelle Maynard | Apologies |
| Robbie Burns | Confirmed |
| Sarah Betteley | Confirmed |
| Simon Barter | Confirmed |
| Tanya Barron | confirmed |
| Catherine Dugmore | confirmed |
| Sue Darker | Apologies |
| IN ATTENDANCE | |
| Gill Stevens | Confirmed |
| Allison Lerner | Confirmed |
| Lisa Gazeley | Confirmed |
| MEMBERS OF THE PUBLIC | |
| No members of the public were present | |

DRAFT



**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
THURSDAY May 16th 2018**

MATTERS ARISING SCHEDULE

| Date on Log | Agenda Item | Subject | Action | Update | Lead | Due date | RAG |
|-------------|-------------|--------------------|---|---------------------------------------|------|----------|-----|
| 16/05/18 | Item 7 | Sub-Group Feedback | Governor's to receive Invites and Minutes for all the Governor sub-group meetings | Minutes to be sent after each meeting | KW | 20/09/18 | G |
| 16/05/18 | Item 7.2 | Performance | AGM dates to be sent out the Governor's | Email sent on 30 Jan 2018 | AL | 20/09/18 | G |
| 16/05/18 | Item 7.2 | Performance | Email details to governors regarding the HPFT Windrush Walk being held Friday 13 th July | AL sent email on 25 May | AL | 20/09/18 | G |



COUNCIL OF GOVERNORS MEETING

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|----------------------|---------------------------------|-----------------------------|
| Meeting Date: | 20 th September 2018 | Agenda Item: 5 |
| Subject: | CEO Brief | For Publication: yes |
| Presented by: | Tom Cahill, CEO | |

Purpose of the report:

To update the Council of Governors on National, Regional and Trust wide issues.

Action required:

For noting.

Relationship with the Annual Plan & Assurance Framework (Risks, Controls & Assurance):

NA

Summary of Financial, IT, Staffing & Legal Implications:

NA

Equality & Diversity (has an Equality Impact Assessment been completed?) and Public & Patient Involvement Implications:

NA

Evidence for S4BH; NHSLA Standards; Information Governance Standards, Social Care PAF:

NA

Seen by the following committee(s) on date:

Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit

NA

National update

New Health & Social Care Minister has championed mental health

Matt Hancock the new Secretary of State for Health and Social Care has voiced progressive views on issues such as mental health, homelessness, prison services and loneliness, as well as championing mental health support. He is a supporter of digital technology and used social media to support Mental Health Awareness Week. He has also spoken of the need for social media platforms to do more to protect users from bullying and harassment online.

NHS England Chief sets out priorities for the NHS

Simon Stevens has set out five key priorities for the NHS in the upcoming 10 year NHS plan. The first of the five is mental health – especially services for children and young people, and potentially ‘core crisis care’. The other four include cancer screening and three new areas that were not in the Five Year Forward Plan: cardiovascular disease (including strokes and heart attacks); prevention and inequality in children’s services and reducing national health inequalities. Mr Stevens has been meeting with leaders of NHS organisations, STPs partnerships and integrated care systems in the coming weeks to discuss the plan and its priorities. Mr Stevens said the ‘care redesign agenda’ set out in the Five Year Forward View, aimed at integrating services, remains with new milestones to accelerate its spread.

Over the summer, along with other NHS providers, HPFT has responded to a NHS England consultation on the 10 Year Plan.

NHS England announces £75mill boost for the Transforming Care Programme

NHS England has announced that it is investing £76.6mill into the Transforming Care Programme to move people with learning disabilities (LD) out of hospital. £23.6m is new cash, while £53m is being released through decommissioning specialist inpatient beds. The programme aims to close 35 to 50% of inpatient beds for people with learning difficulties and autism and provide alternative care in the community by March 2019. £23.6m from the NHSE transformation fund will be invested in new community services for local areas, including strengthening specialist and crisis response teams. It will also be used to set up teams to support children and young people in the community. NHS England said it has decommissioned 430 beds since 2015. Recent figures from NHS Digital show that there were 2,400 LD patients in inpatient beds in May 2018. This means to hit the minimum target of a 35% cut in bed numbers to 1,869, NHS England and clinical commissioning groups will have to decommission 531 beds in the next nine months.

NHS launches national recruitment drive

The biggest recruitment drive in the history of the NHS was launched in early July, jointly funded by NHS England and the Department for Health and Social Care. The aim of the recruitment drive is to increase job applications across all areas of the health service by 22,000, as well as doubling the number of nurses returning to practice. NHS Providers has cited recruitment and retention as the biggest issue for NHS trusts.

Within HPFT, we are implementing a number of NHS Improvement initiatives to improve staff retention including opportunities for retired staff to return to employment and making it easier for staff to transfer within the Trust.

HSIB publishes national investigation into CAMHS transitions

The Healthcare Safety Investigation Branch (HSIB) has published its second national investigation report which looks at the transition from CAMHS to adult services. It follows their investigation into a teenager who committed suicide within months of being transferred from CAMHS to adult services. The report sets out a series of recommendations, including:

- Moving from age-based transition criteria to more flexible needs based criteria;
- NHS England working with partners to meet the needs of young adults that require support but do not meet current criteria for adult services; and
- The Care Quality Commission extending its inspection remit to examine the whole care pathway from CAMHS to adult services.

The report said the requirements to move to needs-based transition criteria and fill the gap for young adults not eligible for adult services should be part of the 10 year plan (expected this autumn), in the wake of the new funding pledged by the Prime Minister last month. It is estimated that more than 25,000 young people transition from CAMHS to adult services each year, with one study reporting only 4% of young people received an 'ideal' transition.

NHS workforce to deliver digital transformation in health and care

Health Education England (HEE) has published the interim report of the Topol Review – 'Preparing the healthcare workforce to deliver the digital future'. The review is exploring how to prepare the healthcare workforce, through education and training, to work effectively with new technology, such as genomics, digital medicine, artificial intelligence (AI) and robotics. The findings highlight the importance of upskilling the current workforce, and the skills and attributes clinicians will need to retain alongside digital transformation.

Regional update

East and North Hertfordshire NHS Trust receives CQC rating

On 17 July the CQC published its report on the inspection of East and North Hertfordshire Trust's hospitals, which took place back in March 2018. The key findings were that overall, the Trust was rated as 'Requires improvement'. This was the anticipated outcome and is the rating received by around two thirds of acute trusts inspected by the CQC to date.

Over 70% of the services reviewed by the CQC thus far have been rated 'good' or better; urgent and emergency services at the Lister received an improved rating going from 'Inadequate' in 2016 to 'Good' in this latest inspection. Maternity services are now rated 'Good' overall, with services at the Mount Vernon Cancer Centre also showing real improvements. The CQC report identified that changes need to be made to the Trust's surgery services and the urgent care centre at the new QEII.

CCGs receive annual NHSE ratings

Both Hertfordshire CCGs have received ratings from NHSE, published in mid-July. Herts Valleys CCG saw a rise in its national standings, receiving a 'Good' rating by NHS England (after previous 2 years' ratings of 'Requires improvement'). The CCG was congratulated on its continued progress over the last year, particularly on financial delivery. Financial performance is now regarded as 'solid' after the CCG met its statutory financial duties in 2017/18 and planning requirements for 2018/19. NHSE also praised the CCG for strong engagement and partnership working which has led to the CCG being nominated for a best practice case study nationally.

East and North Hertfordshire CCG was rated 'Outstanding'. The CCG was awarded the top rating for the second year in a row, one of only 13 CCGs across the country to achieve this. NHSE praised East and North Herts for supporting people with the right care in their own homes and communities, reducing the need for patients to be admitted to hospital. The CCG was also commended for the way it works with partner organisations and local patient groups.

Recruitment underway for a new chief executive at West Hertfordshire NHS Hospitals Trust

In mid-July, interviews were held for a new chief executive for West Hertfordshire Hospitals NHS Trust. Unfortunately no appointment was made and the Trust will be advertising. We will keep colleagues informed about the outcome.

Trustwide update

CQC's informal visit to The Marlowes Health and Wellbeing Centre

In July our CQC Inspection Manager Tracy Newton and Inspector Jo Weston visited The Marlowes Health and Wellbeing Centre. They were shown round by John Lavelle, Senior Service Line Lead. CQC colleagues were impressed with the attention to detail in all areas, the signage and the space and the thought given not only to service users but to staff as well. They recognised the synergies between teams and how we had created clinical and team space that supported integration. Furthermore, they were assured by the discussions about risk assessment, in relation to the restricted access to the children's services and escorted areas for service users.

The Essex Learning Disabilities Partnership

As reported previously, we are improving LD services for people in Essex by taking on the delivery of Southend, Essex and Thurrock Specialist Learning Disability Services. A new service model has been co-designed. The underpinning contracts and partnership agreements to support delivery will be concluded during September and the new service will begin on 1 October. We will deliver the service in partnership with Anglian Community Enterprise and Essex Partnership University NHS Foundation Trust.

Performance

Performance remained relatively stable in the face of increased demand and staff turnover. Our performance regarding people with a first episode of psychosis, SPA referrals and IAPT clients moving towards recovery was above target.

Access to Community Eating Disorders Service was below target due to the complex nature of the MTD referrals. Routine referrals for Adult Community Services were also below target and it is anticipated that the roll-out of primary mental health care across Hertfordshire will improve performance in this area.

Earlier this year we saw significant pressures on our acute services and particularly the need for out of area placements in PICU and Tier 4 CAMHS. In the case of CAMHS Tier 4 the impact of new services has been slower than anticipated due to delays in recruitment.

However, the new home treatment team is now taking effect and the number of placements is reducing – as are those in PICU. Vacancies have also impacted on access to IAPT services within Mid and East Essex. A programme of ongoing recruitment is underway. Within workforce, staff turnover increased by 2% to just over 16%. New retention initiatives are now being implemented. Performance on statutory and mandatory training has increased slightly. Discovery, our new online learning management system, was launched at the end of June, and will make e-learning much quicker and easier over the coming months.

Quality and safety

The Trust has joined the ‘Closing the Gap’ collaborative, led by NHSI and aimed at closing the mortality gap for people with mental health problems. Focused pieces of work will target obesity through diet and exercise. NHSE are developing a new Minimum Mental Health Data Set relating to restrictive practices. The Trust has been chosen to sit on the task and finish group which aims is to test out the definitions and ensure that they are able to foresee any issues of interpretation and to clarify these before going live in April 2019. Through involvement in these initiatives we will be early adopters of best practice and be able to inform developments.

We continue to work to improve services, particularly regarding being a responsive and safe service. The patient safety report gives further details but of note is the collaboration with other Trusts in sharing good practice in relation to seclusion and restrictive practices. We continue to have a number of non-anchor ligature incidents. We have also seen a quarter on quarter rise in restricted items being found through the implementation of the reviewed search policy. Safety huddles have been found to be effective in some of our wards and these are being rolled out to all services.

There are changes in the CQC relationship team for our Trust. Our CQC Inspection Manager, Tracy Newton, and Jo Weston, Inspector, will hand over to the new team in August.

Financial update

The financial position remains challenging in June with an overall deficit reported of £73k for the year to date, just £1k ahead of plan. The overall NHSI Use of Resources Rating, remains as a 2. Pressures continue around pay. There was an improvement in agency expenditure during June, but it remains above the planned performance and the NHSI cap. Secondary commissioning also shows some improvement with a significant reduction in our use of external PICU beds. However, overall our spend on placements remains above plan. Whilst the position has improved since May, this has required a level of non-recurrent financial support and therefore is not sustainable. We are implementing the following key actions to address this: reducing agency spend; managing within current levels of placement spend and managing vacancies. A full report is on the main agenda.

Recruitment of Non-executive Director

In July interviews were held for the appointment of a non-executive director to replace Robbie Burns. Dame Janet Paraskeva has been appointed subject to ratification at the Council of Governors on 20 September.

Freedom to Speak Up Guardian appointed

Kevin Hallahan, Team Leader in SPA, has been appointed as HPFT’s new Freedom to Speak Up (FSU) Guardian. His role is vital in delivering safer patient care by supporting staff who ‘blow the whistle’. Kevin will be supported by a number of FSU ambassadors to encourage people to share their concerns. We will be recruiting FSU representatives from all our localities including Norfolk.

**Tom Cahill,
Chief Executive**



Council of Governors

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|----------------------|---|--|
| Meeting Date: | 20 September 2018 | Agenda Item: 9 |
| Subject: | Annual Plan 2018/19 - Quarter 1 Report | For Publication: Yes |
| Author: | Karen Taylor, Executive Director Strategy & Integration (with contributions from all Directors) | Approved by: Karen Taylor Executive Director Strategy & Integration |
| Presented by: | Karen Taylor, Executive Director, Strategy & Integration | |

Purpose of the report:

To present the Trust's Quarter 1 performance against the Annual Plan 2018/19

Action required:

To receive the Quarter 1 report

Summary and recommendations:

The Annual Plan comprises of seven objectives across the four themes of the Trust's 'Good to Great' strategy. It 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. At the end of each quarter each objective receives two RAG ratings which indicate:

- An assessment of whether the Trust is on track to achieve the stated outcome(s) by the end of the year
- An assessment of whether the milestones/actions planned for that quarter were achieved.

Significant work has taken place during Quarter 1 to support the Trust to achieve the year end outcomes (Appendix 2). Good progress has been made at the end of Quarter 1 with six out of seven objectives fully meeting the milestones set. Objective 5 (Organisation) has been rated Amber due the CRES plans not being fully delivered as planned.

With regards to year end outcomes, at the end of Quarter 1 four (out of seven) objectives are on track to deliver the planned end of year outcomes (RAG rated Green). Three objectives have been RAG rated Amber reflecting the current performance and significant challenges remaining to achieve the outcomes across those three objectives. The Amber rated objectives are as follows:

Objective 1 – Safety Good progress has been made against the key milestones during Quarter 1, with a positive impact on outcomes including a reduction in falls, and improved percentage of people reporting feeling safe in acute services since last quarter, Suicides, violent incidents and feeling safe across all inpatient units remain priority areas for focus to achieve the end of year outcomes.

Objective 4 – Workforce The Amber rating at this stage reflects current performance against key workforce metrics (turnover and vacancies). Quarter 2 will see further NHSI retention activities embedded and is a critical period for the Trust to see the improvement in key workforce indicators.

Objective 5 – Organisation (Innovation & Productivity) All key enabler actions have been delivered during this quarter. Amber rating reflects the Trust's current financial performance and CRES delivery which are both behind plan.

It is important to highlight that at this stage in the year, the annual plan milestones and actions are being reviewed and reshaped where required to support delivery of the Annual Plan outcomes by the end of the year.

Conclusion

This report has demonstrated the extensive activity undertaken during Quarter 1 to deliver the priorities outlined in the Annual Plan. Significant progress has been made, and continued focus to overcome the known challenges and improve performance is required to enable the ambitions outlined in the Plan to be fully realised.

The attached paper summarises progress against the Annual Plan. It provides a detailed commentary, by objective, against the milestones delivered during Quarter 1. It also provides a detailed commentary, by objective, against the required outcomes by objective and a projected end of year position (RAG).

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

Seen by the following committee(s) on date:

Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit

Executive Committee 18 July 2018, Board of Directors 26 July.



TRUST ANNUAL PLAN 2018/19 – QUARTER 1 REPORT

1. Summary

The Annual plan comprises of seven strategic objectives across the four themes of the Trust’s ‘Good to Great’ strategy. It describes the actions the Trust will take and the milestones to be reached, by quarter, to deliver the Trust’s agreed outcomes for the year.

At the end of each quarter each objective receives two RAG ratings providing:

- An assessment of whether the Trust is on track to achieve the stated outcome(s) by the end of the year
- An assessment of whether the milestones/actions planned for that quarter were achieved.

2. Progress against Outcomes

Significant work has taken place during the Quarter to support the Trust to achieve the year end outcomes and the detail in Appendix 2 demonstrates this. At the end of Quarter 1 four (out of seven) objectives are on track to deliver the planned end of year outcomes (RAG rated Green). Three objectives have been RAG rated Amber reflecting the current performance and significant challenges remaining to achieve the outcomes across those objectives.

Table 1 End of Year RAG projection

| Objective | | End of Year Projection |
|-----------|---|------------------------|
| 1 | We will provide safe services, so that people feel safe and are protected from avoidable harm | Amber |
| 2 | We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience | Green |
| 3 | We will improve the health of our service users through the delivery of effective evidence based practice | Green |
| 4 | We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment | Amber |
| 5 | We will improve, innovate and transform our services to provide the most effective, productive and high quality care | Amber |
| 6 | We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners | Green |
| 7 | We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) | Green |

Appendix 1 provides a commentary against the end of year projection for each objective. The Amber rated objectives are as follows:

Objective 1 – Safety Good progress has been made against the key milestones during Quarter 1, with a positive impact on outcomes including a reduction in falls, and improved percentage of people reporting feeling safe in acute services since last quarter. Suicides, violent incidents and feeling safe across all inpatient units remain priority areas for focus to achieve the end of year outcomes.

Objective 4 – Workforce The Amber rating at this stage reflects current performance against key workforce metrics (turnover and vacancies). Quarter 2 is will see further NHSI retention activities embedded and is a critical period for the Trust to see the improvement in key workforce indicators.

Objective 5 – Organisation (Innovation & Productivity) All key enabler actions have been delivered during this quarter. Amber rating reflects the Trust's current financial performance and CRES delivery which are both behind plan.

3. Progress against Milestones

A considerable programme of work and activities have taken place across the Trust during Quarter 1. (Appendix 2) Good progress has been made with six out of seven objectives fully meeting the milestones set. Objective 5 (Organisation) was rated Amber due the CRES plans not being fully delivered as planned.

It is important to highlight that at this stage in the year, the annual plan milestones and actions are being reviewed and reshaped where required to support delivery of the full Annual Plan Outcomes by the end of the year.

4. Conclusion

This report has demonstrated the extensive activity undertaken during Quarter 1 to deliver the priorities outlined in the Annual Plan. Significant progress has been made, and continued focus to overcome the known challenges and improve performance is required to enable the ambitions outlined in the Plan to be fully realised.

Appendix 1 – Annual Plan End of Year (EOY) Projection

| | Objective | EOY Projection at | | | EOY Actual | Year End Outcomes Commentary |
|---|---|---|----|----|------------|---|
| | | Q1 | Q2 | Q3 | Q4 | |
| 1 | We will provide safe services, so that people feel safe and are protected from avoidable harm |  | | | | Good progress has been made against the key actions/milestones for Q1, with a positive impact on outcomes including a reduction in falls, and improved percentage of people reporting feeling safe in acute services since last quarter. Suicides, violent incidents and feeling safe across all inpatient units remain priority areas for focus to achieve end of year outcomes. |
| 2 | We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience |  | | | | Positive progress made across all areas during the quarter. CAMHS Tier 4 has been slower than anticipated to implement due to recruitment, resulting in more placements than planned. However the new home treatment team is now taking effect and this is beginning to stabilise. Out of area placements have been maintained for adults. Pressure remains on Adult Community Services Access. |
| 3 | We will improve the health of our service users through the delivery of effective evidence based practice |  | | | | All Q1 milestones were met, with the clinical outcome framework progressed, baseline data collated against effectiveness measures, and changes made to the audit approach taken by the Trust. Research strategy is in the early phases of development. Effectiveness measures agreed and trajectories set. |
| 4 | We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment |  | | | | Quarter 2 is will see further NHSI retention activities embedded and is a critical period for the Trust to see the improvement in key workforce indicators. Amber rating at this stage reflects current performance levels and the significant challenges we have to achieve the end of year outcomes. |
| 5 | We will improve, innovate and transform our services to provide the most effective, productive and high quality care |  | | | | All key enabler actions have been delivered during this quarter. Amber rating reflects the financial performance and the challenge regarding the Trust's CRES programme |
| 6 | We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners |  | | | | Good progress during Q1 with a number of key initiatives underway. Older people's services continue to be a key area of focus; both at STP level through the frailty pathway and at GP locality level to explore new models of working to improve dementia diagnosis and care. Essex LD services have been successfully designed; contracts being developed and finalised |
| 7 | We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) |  | | | | Positioning of Mental Health and Learning Disability services achieved during the quarter across the STP. All key actions and milestones achieved, and outcomes delivered. Revised STP MH&LD plan (expanding beyond MH5YFV) under review. |

Appendix 2 – Annual Plan 2018/19 - Quarter 1

Commentary against Milestones and Outcomes

Great Care, Great Outcomes

| Strategic Objective 1 (Owner JP/AZ) | Q1 Key Actions / Milestones | Q1 Milestones Rating |
|---|--|---|
| We will provide safe services, so that people feel safe and are protected from avoidable harm | <ul style="list-style-type: none"> • Undertake a review of serious incidents and local and national trends in 2017/18 • Put in place an enhanced approach for service users aligned to specific care • Ensure all ligature audits are in place across the Trust • Review seclusion practice and facilities • Review restrictive practice training in line with evidence and best practice • Review approach to risk assessments & agree an enhanced approach across services • Review feedback from service users in relation to 'feeling safe' beyond inpatient services to all inpatient services |  |
| Key Priorities | Commentary: | |
| <p>We will continue our drive to reduce suicides and prevent avoidable harm</p> <p>We will ensure restrictive practices across the Trust are in line with best practice</p> <p>We will target activities to reduce violence against service users and staff</p> | <ul style="list-style-type: none"> • Themes from Serious Incidents during 2017/18 identified and a new SI learning process is in development which adopts facilitated, in-team exploration of events leading to SI so as to capture bottom-up learning. • A review of themes & learning from unexpected deaths commenced (report September to allow for national data) • All inpatient wards/units have in place a weekly ligature audit which is now held centrally. A programme of ligature 'walk rounds' has been implemented, and have recently expanded to include all 'safety' related issues • The baseline for all inpatient services 'feeling safe' was taken in quarter one, very poor response rate. Targeted work taking place in Q2 to improve return rate and address issues raised. <p><u>Restrictive practice</u></p> <ul style="list-style-type: none"> • Enhanced approach to restrictive practice training and practice is underway. • Desk top review of seclusion (policies and records) took place in Q1 with site visits planned during Q2 • Architects have been engaged to work with Trust clinical staff and management in developing design and programme for refurbishment/new build seclusion facilities. <p><u>Reduce violence</u></p> <ul style="list-style-type: none"> • The model for Positive Practice Forums was developed in Q1 and is to be trialled in Community Teams Q2, which will enhance the learning environment and facilitate genuine adoption of meaningful new practice in the services. • Monthly Relational Security training for all staff within inpatient secure services and a Safety and Risk group is in place focusing on helping service users develop a better understanding of their risks and how to manage them. | |
| Summary: | Key Outcomes at Year End | Year End Outcomes Rating |
| Good progress has been made against the key actions/milestones for Q1, with a positive impact on outcomes including a reduction in falls, and improved percentage of people reporting feeling safe in acute services since last quarter. There have been 10 unexpected deaths, 5 suspected to be suicide and 5 have an unclear cause – it is too early to be able to comment on this key outcome. | <p>10% reduction in number of suspected suicides</p> <p>Increase % service users reporting feeling safe</p> <p>Reduction incidents service user to service user or service user to staff violence (10%)</p> |  |

| Strategic Objective 2 (Owner JL/KL) | Q1 Key Actions / Milestones | Q1 milestones Rating |
|--|---|--------------------------|
| We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience | <ul style="list-style-type: none"> • Implement a Welcome Pack for all New Adult Referrals • Commission the development of a 'Welcome App • Evaluate the primary mental health care models • Undertake a baseline assessment of all service user satisfaction with food across all Inpatient services. • Standard Operating Procedure to support individuals who Do Not Attend Initial Assessments to be implemented • Maintain Trajectory for inappropriate out of area placements for Adults • Implement CAMHS T4 Model | ● |
| Key Priorities | Commentary: | |
| <p>We will improve the timeliness and experience of accessing our services and subsequent treatment</p> <p>We will improve the quality and experience of the environment across our services (physical estate, standard of food, cleanliness).</p> | <p><u>Timeliness and experience</u></p> <ul style="list-style-type: none"> • Welcome pack introduced (3000 Issued by SPA. Feedback from 80% of respondents rating the pack as useful. • Welcome App has been commissioned and is being mocked up by developers for approval • Primary Mental Health evaluation undertaken with report due in July - sets out the core set of design principles that have proved to be most successful and will be applied to future models of service development • Carer involvement initiative being piloted at Albany Lodge • Strengthened approach to capturing feedback through the use of safer care iPads and design of new App in Q1, will be loaded onto iPads to trial in community hubs (and also for volunteers to use in gathering feedback). • Technical partner identified and scoping proof of concept for the development and use of real time experience feedback dashboards in community hubs <p><u>Quality and experience of the environment across our services</u></p> <ul style="list-style-type: none"> • Baseline Food Satisfaction completed. (c.70% satisfaction reported) • Contract variation agreed and implemented covering revised menus and cleaning SLA's, additional OOH staffing and increase above national living wage for all frontline FM staff. | |
| Summary: | Key Outcomes at Year End | Year End Outcomes Rating |
| Positive progress made across all areas during the quarter. CAMHS Tier 4 has been slower than anticipated to implement due to recruitment, resulting in more placements than planned. However the new home treatment team is now taking effect and this is beginning to stabilise. Out of area placements have been maintained for adults. Ongoing challenges regarding access relates to Adult Community Access & CAMHS predominantly | <ul style="list-style-type: none"> • Improve service user experience with Adult Community Services • Adult community services access improved throughout the year (98% target) • Reduce DNA rates for initial Assessments by 20% • Reduce out of area placements • Improve service user satisfaction with food | ● |

| Strategic Objective 3 (Owner AZ/JP) | Q1 Key Actions / Milestones | Q1 Milestones Rating |
|---|--|--------------------------|
| We will improve the health of our service users through the delivery of effective evidence based practice | <ul style="list-style-type: none"> • Baseline measures and targets to be agreed across range of effectiveness outcomes • Finalise the national benchmarks against which all outcomes will be measured • Strengthen and develop a more targeted approach to audit and service evaluation activities • Clinical Outcome Framework to be finalised to support implementation of all new clinical pathways | ● |
| Key Priorities | Commentary: | |
| <p>We will improve the effectiveness of our interventions through the implementation of evidence based pathways</p> <p>We will develop our approach to research to strengthen the relationship between practice, research and audit</p> | <p><u>Effectiveness & Evidence based pathways</u></p> <ul style="list-style-type: none"> • Baseline data collected for a number of effectiveness measures including readmission rates, did not attend, re-referral rates in the community, rates of people employed at the time of their referral. • Clinical Outcomes framework finalised;. Patient Outcome measures include, Clinical related Outcomes (CROMS), Patient related outcome measures (PROMS) and Patient experience Measures (PERM). • Work commenced to use HONOS information as an effectiveness measure across all services. • Clinical pathways being aligned with the framework, with First Episode of psychosis pathway using the clinical outcomes framework for recording and monitoring of patient outcomes. • Personality Disorder pathway has been developed during Quarter1, and will be implemented during Q2. • The Trust has joined the existing Cavendish group from London for benchmarking. • PACE annual audit plan has been agreed and SBUs have appointed audit leads for each of the SBUs. Audit leads will lead on strengthening the approach and engagement to audit a SBU level <p><u>Develop approach to research</u></p> <ul style="list-style-type: none"> • Leads for research with psychological services identified and collaborating with MHLDRG in conjunction with University of Hertfordshire, Clin Psy course. Closer affiliation between researches interests of UH and Trust being developed. Published doctoral theses conducted within the Trust now being publicised. Bid activity increasing. • LD services are holding a research strategy development session in July to agree areas of research focus • In forensic services – psychology leading on Forensic Research Network (UK) | |
| Summary | Key Outcomes at Year End | Year End Outcomes Rating |
| <p>All Q1 milestones were met, with the clinical outcome framework progressed, baseline data collated against effectiveness measures, and changes made to the audit approach taken by the Trust. The clinical outcomes steering group oversees the alignment of the clinical pathway and outcomes framework. The PACE team has themed their audits which has been helpful to identify the gaps and help to triangulate the information in a more meaningful way. Research strategy is in the early phases of development.</p> | <ul style="list-style-type: none"> • Clinical Outcomes Framework developed & implemented across three clinical pathways • Actions from audits fully implemented across Trust • Key outcomes achieved (e.g. readmission rates, DNAs, employment status, physical health status) • Research strategy developed & clinical research capability increased | ● |

Great People

| Strategic Objective 4 (Owner: MM) | Q1 Key Actions / Milestones | Q1 Milestones Rating |
|---|---|---|
| <p>We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment</p> | <ul style="list-style-type: none"> NHSI retention plan activities including: Review and launch retire and return programme; Undertake review of current leadership programmes; Review careers website & introduce an internal vacancy bulletin; Review and refresh social media used for recruitment; Produce apprenticeship plan for the year; Identify new roles being developed throughout the Trust Recruit to workforce of the future post Draft an implementation and communication plan for the AfC pay refresh Continue to offer unconscious bias training |  |
| Key Priorities | Commentary: | |
| <p>We will develop new roles across the organisation to ensure we have the right staff in the right place delivering the right care</p> <p>We will deliver the key high impact recruitment and retention activities (NHSI)</p> <p>We will continue to develop the culture of the organisation where staff feel empowered and engaged through collective leadership</p> | <p>Significant work has taken place to mobilise the Trust's NHSI retention plan; The retire and return programme has been re-launched, an electronic internal vacancy bulletin has been produced for all staff, a review of the current careers website has been undertaken and work to implement recommendations to improve the career site are commencing. An internal transfer process for nursing staff has been developed and will launch in Q2 along with the buddy process for new starters and 100 day and stay interviews in high turnover areas. An apprenticeship plan has been devised with a clear trajectory of the apprenticeships that will be offered and how many we expect to start each quarter. A review of how we use social media for recruitment is also underway.</p> <ul style="list-style-type: none"> The AfC pay refresh has been ratified as at the end of June. An implementation plan and communications plan has been drafted New roles such as Nursing Associates, Physician Associates, Associate Practitioners, and Pharmacy Prescribers have been identified. A further nine Trainee Nurse associates have commenced training in Q1. A review of the current leadership programmes is underway and a new programme is in the process of being developed for new managers. Unconscious bias training continues to be offered. Recruitment to the Workforce of the Future post is being reconsidered in line with the review of corporate services | |
| Summary | Key Outcomes at Year End | Year End Outcomes Rating |
| <p>Delivery against the key milestones have been delivered during Q1 in relation to the NHSI retention plan. Work to implement the AfC pay refresh is on target and the leadership programmes are being reviewed. Quarter 2 is will see further NHSI retention activities embedded and is a critical period for the Trust to see the improvement in key workforce indicators.</p> | <ul style="list-style-type: none"> Vacancy rate reduced to 10% against baseline establishment at 1 April 2018. Unplanned staff turnover reduced to 10% Maintain or improve staff feeling engaged and motivated Improved staff satisfaction results in pulse and staff surveys |  |

Great Organisation

| Strategic Objective 5 (Owner RA /KL) | Q1 Key Actions / Milestones | Q1 Milestone Rating | |
|---|--|---------------------|--------------------------|
| We will improve, innovate and transform our services to provide the most effective, productive and high quality care | <ul style="list-style-type: none"> • Deploy GoToMeeting licenses & retrain/redeploy those not used in 6 months • Deploy laptops with capacity for data SIM contracts • Implement NHSMail secure email service • Evaluate digital dictation (BigHand) phase 1 deployment • Achieve sign-up to medical interoperability gateway (MIG) contract • To be compliant with new data protection regulations • To deliver agreed CRES plans | ● | |
| Key Priorities | Commentary | | |
| <p>We will develop more effective ways of working that value service user, carer and staff time, enabled through the implementation of new technologies.</p> <p>We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently</p> <p>We will embed our approach to continuous improvement and innovation across the organisation</p> | <p><u>Effective ways of working</u></p> <ul style="list-style-type: none"> • Staff continue to be issued with laptops that have internal data SIM card capability which provides access to core clinical systems and other systems when working away from office base enabling productivity and agile working. • Phase 1 implementation of digital dictation / speech recognition using BigHand evaluated <p><u>Better access to information</u></p> <ul style="list-style-type: none"> • The Trust successfully migrated its ‘on premise’ email system to the NHSMail secure email service in May. The NHSMail system provides the foundations to implement Skype Business • Compliant with the general data protection regulations (GDPR) • The use of medical interoperability gateway (MIG) has been signed for early adopter in specific service areas. <p><u>Embed approach to Innovation and Improvement</u></p> <ul style="list-style-type: none"> • Work has progressed to align the Quality Improvement and innovation approach to the OD strategy at team level. Clear plan for Q2 with 3 teams identified for potential support in their improvement programmes during the period • Efficiency plans have not fully delivered against target during the quarter and underlying financial performance is significantly behind plan | | |
| Summary | Key Outcomes at Year End | | Year End Outcomes Rating |
| All key enabler actions have been delivered during this quarter. Amber rating reflects the financial performance and the need to deliver the CRES programme | <ul style="list-style-type: none"> • Measurable increase in direct contact time • Real time access to information to improve decision making available • Quality Improvement (QI) methodology adopted, cohort of staff trained and methodology embedded • Improvement initiatives across operational and corporate services • CRES programme delivered (net £4.7m) with no quality impact based on recurrent and clinically sustainable schemes | | ● |

Great Networks and Partnerships

| Strategic Objective 6 (Owner: KT /JL) | Q1 Key Actions / Milestones | Q1 Milestone Rating |
|---|---|---------------------------------|
| We will deliver joined up care to meet the needs of our service users across mental, physical and social care services in conjunction with our partners | <ul style="list-style-type: none"> • Test and develop new models of primary mental health care • Identify key projects to deliver joined up care during 2018/19 • Develop older people's future locality delivery model • Develop a new Learning Disability Model for Essex in conjunction with EPUT and ACE • Further develop our focus on prevention & wellbeing across the Trust • Evaluation of Long Term Condition (LTC) pathways | ● |
| Key Priorities | Commentary: | |
| <p>We will develop and deliver new models of care to achieve improved outcomes for our service users</p> <p>We will mainstream our physical health practices across the Trust</p> | <ul style="list-style-type: none"> • GP plus model in Stevenage and Hertford underway. Watford model also progressed; seeking to secure Big Lottery funding in partnership with the Innovation Unit. Evaluation report due July. • Older People's services; GPsi Dementia Diagnosis Clinic is up and running in Lower Lea Valley with positive early feedback from service users and carers; • Dacorum locality – a model is under development with aim to increase identification of those people with dementia/mild – moderate cognitive impairment in order to increase the level of support to this group. • A new service model for Learning Disabilities across Essex has been co-designed and the underpinning contracts and partnership agreements to support delivery will be concluded during quarter two. • NHSi 90 day project commenced to improve activity and quality of diet for SUs suffering from first episode of psychosis. Target 70% having improved activity and/ or quality of diet within 6 months • Work ongoing on shared decision making and medication, considering physical health side effects. • Evaluation of Integrated Diabetes service has demonstrated 33% drop physical health appointments; NHSe have adopted the Herts Diabetes model as a national exemplar of best practice • Physical activities linked with Hertfordshire Year of Physical Activity (YOPA) themes, e.g. May was walking month, OTs focussed on walking groups and benefits of activity on mental wellbeing. | |
| Summary | Key Outcomes at Year End | Year End Outcomes Rating |
| Good progress during Q1 with a number of key initiatives underway. Older people's services continue to be a key area of focus; both at STP level through the frailty pathway and at locality level to explore new models of working to improve dementia diagnosis and care. Essex LD services have been successfully designed; contracts being developed and finalised during Q2. | <ul style="list-style-type: none"> • GPs & service users reporting satisfaction with primary care model • Increased conversion rate Initial Assessment to treatment • 24/7 access Core 24 - A&E and acute hospital settings • Coproduced LD model in place across Essex • Physical health indicators and outcomes for service users met • Increased number of service users reporting care is joined up • Service users report being supported to achieve weight loss | ● |

| Strategic Objective 7 (Owner KT/JL) | Q1 Key Actions / Milestones | Q1 Milestone Rating |
|--|--|--------------------------------|
| We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s) | <ul style="list-style-type: none"> • Lead and support development of the ICA/S across the STP footprint • Continue to lead and shape the development of place based care across Hertfordshire • Develop a scalable model of integrated physical and mental health services across Herts Valleys CCG in conjunction with partners • Ensure director / deputy director alignment with key STP workstreams & stakeholders • Commence the development of our estates strategy • Identify the workplan for MH/LD across the STP • Develop an integrated pathway for dementia (STP Frailty Work stream) | ● |
| Key Priorities | Commentary: (to include update on outcome trajectory) | |
| <p>We will continue to drive and support the improvement of care and outcomes across the system</p> <p>We will ensure the needs of those with a mental health illness and/or learning disability are included in the future design of services</p> | <ul style="list-style-type: none"> • HPFT participated in all ICS and ICA development workshops, and in doing so shaped the input of MH & LD into the proposed population segmentation; and geographical ICA proposals. Also raised profile of 'specialist MH' ICA across system • Informal feedback continues to be mainly positive about HPFT engagement and relationships; E&NH CCG has been a priority for engagement in Quarter 1 • HPFT continue to lead or participate across the STP workstreams; and continue to lead the Workforce, Finance and Mental Health workstream, Also leading the Place Based Care workstream in HVCCG. • Integrated physical and mental health model developed in conjunction with partners • Led the integration of MH&LD within the new frailty model for the STP ensuring included in the newly developed pathways | |
| Summary | Key Outcomes at Year End | Year End Outcomes Rating |
| <p>Positioning of MH and visibility of MH/LD achieved during the quarter across the STP. All key actions and milestones achieved, and outcomes delivered.</p> <p>Revised STP MH&LD plan (expanding beyond MH5YFV) under review.</p> | <ul style="list-style-type: none"> • Mental Health & LD continues to prioritised for investment (Parity of Esteem funding secured 2019/20) • STP leaders report engagement and delivery from HPFT • HPFT has an understood role/position within the future health and social care system • HPFT Estates strategy approved • Improved focus on dementia care across the system • MH & LD role in locality working and links in place • Accommodation, housing and employment form a key part of STP work and focus over the course of 2018/19. | ● |

Trust Council of Governors

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|----------------------|--|----------------------------|
| Meeting Date: | September 20 th 2018 | Agenda Item: 10a |
| Subject: | Governor Report – Quality & Service User Experience | For Publication: no |
| Author: | Fran Deschampsneufs | Approved by: N/A |
| Presented by: | Fran Deschampsneufs | |

Purpose of the resolution:

To update the Council of Governors

Action required:

To note

Summary and recommendations:

Notes on Quality and Service User Experience Group meeting held on 17th July 2018

Five Governors attended plus Jill Hall and Loyola Weeks by telecom. Jess Lievesley and Mike Shortt attended. The meeting was held in the Marlowe’s Health and Wellbeing Centre. Key comments on the centre were about accessibility, parking and room sizes and it was noted that work was being carried out to improve and expand the reception area.

Fran raised her concerns over personal budgets with Jess. Jess explained that the County Council had taken a considerable efficiency saving from the Trust which has required the Trust to match the personal budget criteria to that of the council threshold. Therefore some service users who may have been eligible to receive a personal budget may no longer be. Although now understanding the issue Fran felt this to be of concern for service users as a personal budget had the potential to make a difference.

There followed a discussion with JL on care co-ordinators and how the role has changed over recent years in that they may now spend 50% of their time carrying out assessments. The trust is therefore looking at initial assessments and working with primary care. They are looking at models of care in Stevenage, Watford and Hertford. There is the will and the requirement to make changes for the better.

Dr Mike Shortt then provided an update on HMP the Mount. Health services are contracted by HCT with HPFT providing mental health in reach services. He explained the current issues at the prison which include recent riots, low prison officer numbers, the smoking ban and increase in substance misuse. Currently recorded are 173 prisoners with depression, 18 with a learning disability, and 48 with bi polar diagnoses. Emma Tomlinson is writing a Service Improvement Strategy. It was a very informative and useful presentation with the in reach team having to work in a difficult and stressful environment.

Loyola updated the group on the Learning from Deaths Report. This is the framework for learning from deaths in care but unfortunately currently there is no bench mark data available.

We also looked at the Patient Safety Report, the Safe Staffing report and the CQC Provider Action statements.



Trust Council of Governors

| | | |
|----------------------|--------------------------------------|----------------------------|
| Meeting Date: | September 20 th 2018 | Agenda Item: 10b |
| Subject: | Governor Report – Performance | For Publication: no |
| Author: | Ilana Rinkoff | Approved by: N/A |
| Presented by: | Ilana Rinkoff | |

Purpose of the resolution:

To update the Council of Governors

Action required:

To note

Summary and recommendations:

COG Performance Meeting Chair's update report to COG 20 Sept 18

Last meeting held on 4th September 2018

Q1 Performance Report

Paul Ronald (PR), Deputy Director of Finance and Performance provided an overview for the Governors.

Catherine Dugmore (CD) acknowledged that it was very much recognised that the CAMHS model required change and a draft plan was due to come to FIC (Finance & Investment committee) on the 10th September.

A discussion was held around workforce and CD commented that a paper had gone to the July Public Board around workforce and KPIs and the work undertaken by the recruitment and retention group. Jill Hall (JH) confirmed that a paper on workforce would be coming to the 20th September Council meeting so discussion could arise from this.

IR raised the transition between CAMHS and Adult services. PR commented that there was currently no measure for this. Following a brief discussion it was agreed to have an update on service transitions for a future meeting to include CAMHS to Adult and Adult to Older.

Annual Accounts auditors report

PR presented slides which had previously been presented to the Audit Committee on the 24th May 2018. PR confirmed there were no major issues and therefore a positive year end. The Trust was currently in the transition process of the external auditors.

IR noted the observations from the IT audit (overall page 103 of 118 from the pack or page 11 of the report) stating that when attending a recent Governor Focus group they had indicated IT should be on governors' radar. PR responded explaining that since the Trust IT had moved over to HBLICT creating a new operational site there were more robust systems in place. JH further added that until recently IT had been on the Trust Risk Register however this had now been removed. It was agreed to arrange for the new Head of IM&T to attend a future Performance meeting to update on IT and also the new SPIKE II.



Trust Council of Governors

| | | |
|----------------------|--|----------------------------|
| Meeting Date: | September 20 th 2018 | Agenda Item: 10c |
| Subject: | Governor Report – Membership and Engagement | For Publication: no |
| Author: | Barry Canterford | Approved by: N/A |
| Presented by: | Barry Canterford | |

Purpose of the resolution:

To update the Council of Governors

Action required:

To note

Summary and recommendations:

Membership and Engagement Group High lights from the meeting 11.09.2018

Staff Awards

Nominations are open for 2018 Staff Awards. Some new awards have been added so the Trust can recognise even more people.

JH is encouraging Governors to start thinking about staff who need to be nominated.

Closing date for nominations is 3rd October. More info at hpft.comms@nhs.net

Welcome Pack and App

The pack is being launched at the end of September and is aimed at New Service Users. It's going to be available as hard copy, online and App. The Artwork for the pack has been produced by a service user.

Website

The **Career** site is being updated.

The **Cams** changes have been a co-production with the Young Peoples Council and its hoped to launch in October.

Partnership Matters

Next issue is set for publication in October.

Responsible Reporting Charter

This is part of the Herts Suicide Prevention Network. Various organisations including the Trust, local Broadcaster, local Newspapers have signed up to report Suicide very carefully.

Unfortunately, the Mercury Group has not become a signatory.

Suicide Prevention Event Friday 7th September 2018

The Trust held an event on the 7th September and it was covered by local radio. On Sunday 9th September Emma Paisley was on Local Radio. A podcast has been produced www.bbc.co.uk/radioplay/p06hr8sh Emma is 18 mins in.

Community Engagement

The group is looking at new ways to engage with membership and community. We are having a brainstorming session at our next meeting 15th November and welcome any Governor and NED to attend. If you cannot attend, please send your ideas.



Council of Governors

| | | |
|----------------------|-----------------------------------|-------------------------|
| Meeting Date: | 20 September 2018 | Agenda Item: 12 |
| Subject: | Governor Election Update | For Publication: |
| Author: | J Hall, Interim Company Secretary | Approved by: N/A |
| Presented by: | J Hall | |

Purpose of the report:

To update the Council of Governors following the recent Governor elections

Action required:

The Council of Governors is asked to Note the report.

Summary and recommendations

As a Foundation Trust the organisation must have a Council of Governors elected by its Membership. As set out in the constitution the Trust should have 39 Governors in post:

| Constituency | Number |
|----------------------------------|---------------|
| Public Governors – Hertfordshire | 20 |
| Public – Rest of England & Wales | 1 |
| Staff Governors | 5 |
| Appointed Governors | 13 |
| Total | 39 |

This year we identified the following vacancies:

| | |
|---------------------------|---|
| Hertfordshire Public | 3 |
| Rest of England and Wales | 1 |
| Staff Governors | 2 |

Eight nominations were received for the public constituency, 1 for the Rest of England and Wales and no nominations for the staff governor vacancies. The Rest of England and Wales was elected uncontested.

A targeted campaign to fill the staff vacancies has begun and the election process will take place at the end of September.

Following the election a further three vacancies in the public constituency were identified, under the rules of the constitution; the vacancies can be filled by the next three highest polling candidates.

Relationship with the Business Plan & Assurance Framework (Risks, Controls & Assurance):

N/A

Summary of Financial, IT, Staffing & Legal Implications:

N/A

Equality & Diversity (has an Equality Impact Assessment been completed?) and Public & Patient Involvement Implications:

The Election for Governors run in accordance with the Model Election Rules as set out in the Trusts Constitution.

Evidence for S4BH; NHSLA Standards; Information Governance Standards, Social Care PAF:

N/A

Seen by the following committee(s) on date:

Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit

Executive Team

Background

As set out in the constitution the Trust should have 39 Governors in post, the current status is as follows, following the election:

| Constituency | Number | In-post | Vacancies |
|----------------------------------|-----------|-----------|-----------|
| Public Governors – Hertfordshire | 20 | 20 | 0 |
| Public – Rest of England & Wales | 1 | 1 | 0 |
| Staff Governors | 5 | 3 | 2 |
| Appointed Governors | 13 | 7 | 6 |
| Total | 39 | 28 | 11 |

1. Public Governors – Hertfordshire

In this year's election 3 vacancies were identified. We received eight nominations for Hertfordshire, the three top polling candidates elected were:

Mia De Wolf
Emma Paisley – re-elected
Emily Burke

Since the election we recognised that we were still carrying three vacancies and in fact the election should have been for six Hertfordshire Governors. A review to identify how this occurred has been carried out.

Under the rules of the Constitution (15.1.2) extract below) any vacancies the Trust holds following an election can be filled by the next highest polling candidate(s), in this case the candidates are:

Catherine Adedoyine Akanbi
Tap Bali – re-elected
Eni Bankole-Race

This has also been clarified with the Returning Officer at the Electoral Reform Service (ERS).

2. Rest of England and Wales

Matthew Kunyeda was elected uncontested

3. Staff Governors

In this year's election for two staff governors no nominations were received. We plan to run elections in September following a targeted campaign.

4. Appointed Governors

The constitution states that the Trust can have 13 Appointed Governors under three categories:

Local Authority Governors (2)
University of Hertfordshire (1)
Partner Organisation Governors (10)

Currently there are 7 appointed governors:

1. Lesley Billy – Viewpoint, resigned, replaced by Ray Gibbins with effect from 4 September 2018
2. Fan Deschampneufs - MIND
3. David Andrews – Herts CC (Adults)
4. Graham McAndrew – Herts CC (Children)
5. Amy Wilcox-Smith – Housing Associations
6. Charles Allen – HVCCG
7. Rosemary Farmer (St Albans City and District Council)

There are 6 vacancies:

1. Alzheimer's Society
2. University of Hertfordshire
3. Chamber of Commerce
4. East and North Herts CCG
5. MENCAP
6. Carers in Herts

We are writing to these organisations in relation to appointments to represent them on the Council of Governors.

Healthwatch are represented at the Council by Eve Atkins but the organisation is not identified in the Constitution. This will form part of the review of the Constitution.

2018 Election notification

The successful candidates have been notified and accepted.

Extract from the Constitution:

Section 15

15.1.2 *When a vacancy arises for one or more Elected Governors, the Council of Governors shall have the option to take from the list of Members who stood for election at the most recent election of Governors from the class or constituency in question the next highest polling candidate. This procedure, which shall be an uncontested election for the purposes of the Model Rules for Election as they apply to the Trust and shall be available to the Governors on two occasions within twelve months of the previous election. Governors appointed in this way shall hold office for a minimum of six months from their appointment but, subject thereto, shall hold office until the earlier of the conclusion of the next election of Governors and (except where the vacancy arose through expiry of a term of office) the date on which would have expired the term of office of the Governor whose cessation of office gave rise to the vacancy.*



Council of Governors

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|----------------------|--------------------------------------|--------------------------------|
| Meeting Date: | 20 September 2018 | Agenda Item: 13 |
| Subject: | Governor Visit Protocol | For Publication: YES |
| Author: | Jill Hall, Interim Company Secretary | Approved by: N/A |
| Presented by: | Jill Hall | |

Purpose of the report:

To inform Governors of a revised protocol for Governor visits to service areas.

Action required:

To approve the revised protocol for Governor visits to service areas.

Summary and recommendations

Governor visits at Hertfordshire Partnership NHS University Foundation Trust (HPFT) are seen as important in order to help facilitate Governors to fulfil their role to assure their constituents of the quality and extent of services provided by HPFT.

Visits to the service areas should add value to both the Governors and to the organisation with an opportunity to feed into the quality review process and gain assurance through triangulation of information and to feedback their findings to the Quality sub-group and Council of Governors (CoG).

The attached protocol recognises the valuable input Governors can provide to the Quality Assurance Visits to service areas but also that there will be times when Governors may wish to visit service areas that do not form part of the quality review programme of visits.

Relationship with the Business Plan & Assurance Framework (Risks, Controls & Assurance):

Governors represent the interests of the local community in the stewardship of the Trust.

Summary of Financial, IT, Staffing & Legal Implications:

N/A

Equality & Diversity (has an Equality Impact Assessment been completed?) and Public & Patient Involvement Implications:

N/A

Evidence for S4BH; NHSLA Standards; Information Governance Standards, Social Care PAF:

N/A

Seen by the following committee(s) on date:

Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit

N/A

Governor Visit Protocol

The overriding role of the council of governors is to hold the Non-Executive Directors (NED), both individually and collectively, to account for the performance of the board and ensure member and public interests are being taken into account.

Visits to the service areas should add value to both the Governors and to the organisation and give governors an opportunity to feed into the review process and gain assurance through triangulation of information and to feedback their findings to the Quality sub-group and Council of Governors (CoG).

1. Before Governors can visit service areas they must hold a standard DBS and completed Safeguarding training (online).
'Quality Assurance Visits and Governor Involvement', will be delivered via a Governor Development session, initially on 20 September facilitated by Jacky Vincent, Deputy Director of Nursing and Quality.
2. Visits will be facilitated by the Deputy Director of Nursing and Quality and linked to the Quality Assurance Visits held regularly within HPFT. A programme of planned visits will be circulated to Governors. Governors will need to opt onto visits on a first come first served basis which will be managed to ensure all governors have an opportunity to participate.
3. Governors will have an opportunity to work alongside NEDs and build their relationships as well as observe NEDs during the visits.
4. Visits will be structured and a report template completed. The pro-forma will be linked to the Key Lines of Enquiry (KLOE) with a free text box and also include any specific lines of enquiry identified by the Quality sub-group. There will be an opportunity to raise concerns and provide positive feedback. Governors will report to the quarterly CoG Quality Sub-Group and in turn to the CoG. The Deputy Director of Nursing and Quality will attend the sub-group for that item.
5. Themes will be reported to HPFT's Quality & Risk Management Committee (QRMC) and triangulated with other Quality Assurance Visits which will feed up to HPFT's Integrated Governance Committee (IGC) and Board of Directors meetings.
6. There will be times when Governors wish to visit service areas that do not form part of the quality review programme of visits. In this instance the Governor should contact the Company Secretary's office who will make arrangements on behalf of the Governor.



Council of Governors

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|----------------------|--------------------------------------|--------------------------------|
| Meeting Date: | 20 September 2018 | Agenda Item: 14 |
| Subject: | Company Secretary's Report | For Publication: |
| Author: | Jill Hall, Interim Company Secretary | Approved by: Tom Cahill |
| Presented by: | Jill Hall, Interim Company Secretary | |

Purpose of the resolution:

To update the Council of Governors on a range of matters.

Action required:

To note and consider the report

Summary and recommendations:

- Recent changes to the composition of the CoG including elections and Governor induction
- Update on the Constitution
- Governor visit protocol
- To provide an update on NHS.net email accounts
- The Calendar of meetings
- Governor effectiveness review

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

N/A

Summary of Financial, Staffing, and IT & Legal Implications (please show £/No's associated):

N/A

Equality & Diversity /Service User & Carer Involvement implications:

N/A

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

N/A

Seen by the following committee(s) on date:

Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit

N/A

Council of Governors 20 September 2018

Company Secretary's Report

Purpose

1. The purpose of this report is to highlight a number of key issues:
 - an update on the outcome of recent governor elections
 - an update on revising the Constitution
 - an update on the revised Governor visit protocol
 - to provide an update on NHS.net email
 - the Calendar of meetings 2019/20
 - council of governors effectiveness review

Public and Staff Governor Elections

2. Recently we held Governor Elections to find three Hertfordshire Public Governors, one Rest of England and Wales Governor and two Staff Governors. There were eight nominations for the public constituency and one for Rest of England and Wales. Following the election three further vacancies for public governors were identified, therefore, following the election rules set out in the constitution the next three highest polling candidates were duly elected. The new Governors took up post on 1 September 2018.

There were no nominations for staff governors so a targeted plan has been put in place during September, with an election in late September. Managers in SBU's have been asked to cascade information on staff governor elections within their teams.

A Governor Induction session is being held on 25 October at 1.30pm, I'd like to extend the invitation to all governors.

Constitution

3. The Constitution is reviewed every three years unless there is a requirement to review it sooner. The Constitution was last reviewed and updated in 2015. Amendments to the Constitution will require approval by the Board of Directors and Council of Governors.

Governor visit protocol

4. The Chair, Lead Governor and Company Secretary have discussed Governor visits to service areas as we recognise these are seen as important in order to help facilitate Governors to fulfil their role. Visits to the service areas should add value to both the Governors and to the organisation. They will be linked to the Quality Assurance Visits held regularly within HPFT. A programme of planned visits will be circulated to Governors. We recognise that there will be times when governors may want to visit an area not on the planned programme. We can facilitate this for you if you contact the Company Secretariat.
5. Before Governors can visit service areas they must hold a standard DBS and completed Safeguarding training (online). The topic for the Governor Development

session held before the CoG meeting looked in more detail at the Quality Assurance Visits and governor involvement.

NHS.net email accounts for Governors

6. We introduced nhs.net email accounts for all governors as this is now the standard way in which we stay in contact with you. If you haven't yet authorised your account and need help please contact Allison Lerner.

CoG annual review of effectiveness

7. Good governance and good practice suggests that committees should review their effectiveness annually. This week Governors will receive the CoG effectiveness review questionnaire to complete, the feedback we receive from Governors will be reviewed by the Chair and the Company Secretary and will help to identify whether any improvements can be made. A detailed report will be brought back to the CoG in December.

CoG Meeting dates 2019/20 and programme of business

8. The CoG meeting dates for 2019/20 are set out below and follow the same pattern as previous years:
 - Thursday 9 February 2019
 - Thursday 18 May 2019
 - Thursday 21 September 2019
 - Thursday 14 December 2019
9. An indicative programme of business is presented at appendix A, this will be supplemented by exceptional items and new issues and developments as they emerge.

Council of Governors programme of business 2019/20

| Standard agenda for formal meetings | Meeting |
|--|--|
| <ol style="list-style-type: none"> 1. Chair’s welcome and introductions 2. Chief Executives Report 3. Chair’s Report 4. Headline Performance Report 5. NED report on Board Sub-Committee 6. Statutory duties (where required): <ul style="list-style-type: none"> • NED appointments, re-appointments, removal, appraisal and remuneration • appointment/reappointment of external auditors • approval of changes to the Trust Constitution • approval of significant transactions, mergers and acquisitions • approval of any increase of more than 5% of private income in any financial year 7. Reports of the Appointments and Remuneration Committee (summary), Membership and Engagement sub-group, Performance sub-group, Quality sub-group 8. Company Secretaries Report | <p>December 2018</p> <ul style="list-style-type: none"> • Standard agenda • Trust Constitution <p>February 2019</p> <ul style="list-style-type: none"> • Standard agenda • Quality Accounts/Priorities and selection of governor local clinical indicator <p>May 2019</p> <ul style="list-style-type: none"> • Standard agenda • Governor elections <p>September 2019</p> <ul style="list-style-type: none"> • Standard agenda • TBC <p>December 2019</p> <ul style="list-style-type: none"> • Standard agenda • TBC |

MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING
Held on Thursday May 24th, 2018
Da Vinci B – Colonnades

PRESENT:

| NON-EXECUTIVE DIRECTORS | |
|--------------------------------|--|
| Christopher Lawrence | Chair |
| Catherine Dugmore | Non-Executive Director |
| Sarah Betteley | Non-Executive Director |
| Michelle Maynard | Non-Executive Director |
| Robbie Burns | Non-Executive Director |
| Loyola Weeks | Non-Executive Director |
| Tanya Barron | Non-Executive Director |
| Simon Barter | Non-Executive Director |
| EXECUTIVE DIRECTORS | |
| Tom Cahill | Chief Executive Officer |
| Asif Zia | Director Quality & Medical Leadership |
| Jinjer Kandola | Deputy CEO & Director Workforce & Organisational Development |
| Jane Padmore | Director Quality and Safety |
| Ronke Akerele | Director of Innovation and Transformation |
| Jess Lievesley | Director Service Delivery & Customer Experience |
| Karen Taylor | Director Strategy and Integration |
| Keith Loveman | Director Finance |
| IN ATTENDANCE | |
| Allison Lerner | Board Secretary PA to Company Secretary (Minute Taker) |
| Jane Twelves | Minutes (Audit section) |
| Lisa Gazeley | Communications |
| MEMBERS OF THE PUBLIC | |
| | |
| | |
| APOLOGIES | |
| Sue Darker | Herts County Council |

| Item | Subject | Action |
|-------|--|--------|
| 52/18 | WELCOME AND APOLOGIES FOR ABSENCE Chris Lawrence welcomed all present to the meeting. Apologies received from Sue Darker, Herts County Council. | |
| 53/18 | DECLARATIONS OF INTEREST None declared. | |
| 54/18 | MINUTES OF THE MEETING DATED The Minutes of the meeting held 22 nd March 2018 were approved as an accurate record. | |
| 55/18 | MATTERS ARISING There were no further matters arising. | |
| 56/18 | Draft Annual Accounts 2017/18 KL presented the Annual Accounts for 2017/18. The final position is £3.5m surplus before STF and impairment. This is £2.7M above plan and in line with the expectations set out in February 2018. The statement of financial position shows | |

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| | <p>strong income and cash flow. The Trust assets are strong at £150M and cash levels are high at £56M; KL suggested a further discussion at Board to think through how to use this to best effect. The agency cap has been met.</p> <p>A large movement around provisions was noted with a number of significant Continuing Healthcare claims being settled although some provision has been retained. This has enabled the Trust to make a refund back to the CCG in Hertfordshire.</p> <p>For 2018/19 the position will be more challenging with consideration being given to different ways of working in order to field further efficiencies.</p> <p>Audit Committee endorsed the accounts and recommended their adoption by the Board.</p> <p>RESOLVED That the Board received and ADOPTED the Annual Accounts 2017/18.</p> | |
| 57/18 | <p>Internal Audit Annual Report including:</p> <ul style="list-style-type: none"> • Head of Internal Audit Opinion • Final Progress Report <p>Board received the Internal Audit Report. This is an important statement together with an overview of the work completed through the year and a key part of the Governance Framework. No issues around internal controls were found however there were 4 areas of partial assurance during the year. CD advised that Audit had asked for the Lead to attend to provide assurance to the Board. HPFT have been given the second highest opinion.</p> <p>KL advised that Audit had discussed progress and implementation of the actions arising from the reports. Areas in red were those areas not implemented which is less than in other organisations. Audit Committee would expect this to be zero in terms of our Good to Great journey.</p> <p>Audit Committee endorsed the report and recommend approval by the Board.</p> <p>RESOLVED That the Board received and APPROVED the Internal Audit Annual Report which included the Head of Internal Audit Opinion and Final Progress Report.</p> | |
| 58/18 | <p>External Audit – Annual Governance Report</p> <p>The findings and recommendations from the 2017/18 External Audit – Annual Governance Report were presented by the Chair of the Audit Committee. The work undertaken was summarised including the work on the significant risks and finalisation of the review process. The key risks in the audit process on the financial statement relate to;</p> <ul style="list-style-type: none"> • Capitalisation of expenditure • The assumptions used in the revaluation of Trust property. <p>Deloitte made comment on the information provided from our property value and were comfortable with the assessment and judgment made. A clean opinion was given on the controls. During the audit no issues were escalated through the Director of Finance.</p> <p>CD advised that no issues had been round the audit progress well; the transition of the general ledger was acknowledged by the Audit Committee and Deloitte had no</p> | |

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| | <p>issues. Audit Committee had expressed congratulations to Paul Ronald and his team.</p> <p>The letter of representation was considered by Audit Committee; it is a standard letter and Audit noted the content related to the property valuation. Audit Committee recommended that Board accepts the letter.</p> <p>Audit Committee endorsed the report and recommended approval to the Board.</p> <p>RESOLVED That the Board Received and APPROVED the External Audit Annual Governance Statement.</p> | |
| 59/18 | <p>Draft Annual Report including Annual Governance Statement</p> <p>KL presented the Draft Annual Report including the Governance Statement which had been discussed at Audit Committee. Feedback from Deloitte had stated that the report was significantly improved with very little adjustment required. KL advised that the Board of Directors are collectively and individually responsible for the preparation of the Annual Report and Quality Report.</p> <p>Board noted the Annual Governance Statement which identifies the governance structure across the organisation.</p> <p>Audit Committee endorsed the draft Annual Report including the Annual Governance Statement and recommended its approval to the Board.</p> <p>RESOLVED That the Board received and APPROVED the Annual Report and Annual Governance Statement.</p> | |
| 60/18 | <p>Draft Quality Account (Included in Annual Report)</p> <p>AZ presented the draft Quality Report including Quality Accounts for 2017/18 which had been discussed at Audit Committee. The Quality report sets out the scope of the work undertaken including sample testing of 3 Indicators – two chosen by Deloitte and one chosen by the Council of Governors. Indicators selected are;</p> <ul style="list-style-type: none"> • Early Intervention in Psychosis (EIP) • Inappropriate Out of Area Placements • Carers Question in the “Have Your Say” survey <p>The scope of the testing including an evaluation of the key processes and controls for managing and reporting the indicators. The overall conclusion found an Unmodified Opinion for Inappropriate Out of Area Placements and a Modified Opinion for EIP. No issues were found for the Carers question.</p> <p>The findings are disappointing. KL advised that this will be addressed as part of the wider data quality plans. Following discussion it was agreed that a data quality Deep Dive will be included on the agenda for the Audit Committee meeting in September with a more robust follow-up process through Integrated Governance Committee.</p> <p>Audit Committee endorsed the report and recommended approval at Board.</p> <p>RESOLVED That the Board received and APPROVED the Quality Account.</p> | |

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| 61/18 | <p>Annual Report of the Audit Committee</p> <p>CD summarised the work of the Audit Committee during the year. The Annual Report outlines how the Audit Committee has complied during the financial year 2017/18 with the duties delegated to it by the Trust Board. The Committee has an annual work plan with meetings timed to consider and act on regular and special items within the plan. There have been a number of deep dives during the year and two sessions on GDPR and Cyber Security.</p> <p>As part of the process Audit Committee had endorsed both the Annual Report and Quality Accounts and recommended approval to the Board.</p> <p>The Chair thanked members of the Audit Committee for all the work undertaken and the work with the other Committees.</p> <p>RESOLVED That the Board received and noted the Annual Report of the Audit Committee.</p> | |
| 62/18 | <p>NHSI Declarations</p> <ul style="list-style-type: none"> • Compliance with Provider License <p>Board received the report which provides evidence of compliance with the Trust's provider licence. Audit Committee is required to review the report and satisfy itself that the evidence of assurance provided are true, sound and accurate.</p> <p>Audit Committee endorsed the report and recommend it approval to the Board.</p> <p>RESOLVED That the Board received and APPROVED the NHSI Declarations Compliance with the Provider Licence.</p> | |
| 63/18 | <p>Use of Waivers – 2017-18</p> <p>The use of Waivers is reported quarterly. During the period 1st April 2017 to 31st March 2018 there were 36 Waivers. Board were asked to note the increase and value of the Waivers. All requests for Waivers are required to be authorised by either the Director of Finance or Chief Executive.</p> <p>Audit Committee endorsed the report and recommended approval to the Board.</p> <p>RESOLVED That the Board received and APPROVED the use of waivers for 2017/18.</p> | |
| 64/18 | <p>Use of Corporate Seal</p> <p>During the reporting period of 1st April 2017 to 31st March 2018, the Corporate Seal had been used for 15 transactions with no exceptions to report.</p> <p>Audit Committee endorsed the report and recommended approval to the Board.</p> <p>RESOLVED That the Board received and APPROVED the Use of the Corporate Seal.</p> | |
| 65/18 | <p>Losses and Compensation Report 2017-18</p> <p>KL reported financial losses/compensation reimbursements related to payments outside of normal NHS expenditure for the period 1st April 2017 to 31st March 2018. A number relate to the loss of service user property. There is a piece of working being taken forward around improving process and consideration is being given to the use of barcoding. In the meantime, this continues to be an area of focus.</p> <p>Audit Committee endorsed the report and recommended approval to the Board.</p> | |

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| | <p>RESOLVED That the Board received and APPROVED the Losses and Compensation Report 2017/18.</p> | |
| 66/18 | <p>Treasury Management Report The Treasury Management activity was presented as part of the final accounts process and in accordance with the Treasury Management Policy. A total of £142K of interest was received during the financial year on surplus balances held. PR advised Public Dividend Capital funding had been received to fund some estates and cyber security costs.</p> <p>KL advised that the Trust regularly reviews its cash and loan requirements so that it can maximise the interest received on cash held and minimise the amount of interest paid on loans.</p> <p>Audit Committee suggested that the report is also shared with the Finance and Investment Committee.</p> <p>Audit Committee endorsed the report and recommended approval to the Board.</p> <p>RESOLVED That the Board received and APPROVED the Treasury Management Report.</p> | |
| 67/18 | <p>CEO BRIEF TC updated the Board on a range of issues both externally and internally. Highlights from the report included;</p> <p>The Government may put in place a "multi-year" funding plan for the NHS in England. NHS national bodies have broadly welcomed the announcement.</p> <p>NHS England (NHSE) and NHS Improvement (NHSI) have announced that they are to work more closely together. This will include creating seven single integrated regional teams to replace the five existing regions.</p> <p>Ian Trenholm has been appointed as CQC's new Chief Executive. He will take over the role from Sir David Behan when he leaves in July. Ian has been Chief Executive of NHS Blood and Transplant Service since 2014.</p> <p>Jackie Smith has announced her decision to step down as Chief Executive and Registrar of the Nursing and Midwifery Council (NMC) after six years in the role.</p> <p>John Wood, Chief Executive at Hertfordshire County Council had announced he will be retiring by the end of the financial year 2019.</p> <p>TC announced that Jinjer Kandola, Deputy CEO & Director of Workforce & OD has been appointed to the role of CEO for Barnet Enfield and Haringey Mental Health Trust, and will be leaving on 29th June. The recruitment process will be advised in due course.</p> <p>The process of recruiting a NED to replace Robbie Burns whose tenure expires on 31 July is under way with interviews scheduled for late July.</p> <p>The Board were made aware of the significant amount of work undertaken relating to GDPR and a full report would be brought to the next Public Board. JP informed The Board that this is now on the Trust Risk Register.</p> <p>RESOLVED</p> | RA |

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| | That the Board NOTED the CEO Brief. | |
| 68/18 | <p>REPORT FROM INTEGRATED GOVERNANCE COMMITTEE</p> <p>The Board received the report of the Chair of the Integrated Governance Committee which met on the 10 May 2018. SBe reported that the committee had reviewed the CQC action plan noting the many areas of good and outstanding practice, together with areas that required improvement particularly in safety and effectiveness. The action plan would now be reported through QRMC to IGC and Board going forward.</p> <p>NHS Improvement had carried out a survey on nutrition and hydration and the trust had met two of the six highlighted best practice indicators for governance. Loyola Weeks agreed to be the Non-Executive Director champion.</p> <p>Bullying and harassment was raised and discussed, noting the Trust was not an outlier and levels of reporting were in line with the national average which was backed up with feedback from the Big Listen. However data from operational service surveys highlighted bullying and harassment as an issue for further discussion by the Executive.</p> <p>RESOLVED That the Board received and noted the report for assurance.</p> | |
| 69/18 | <p>CARE QUALITY COMISSION REPORT</p> <p>The Director of Quality and Safety presented the report which highlighted the high level comparisons with the 2015 CQC report. It was noted that there was an overall improving picture with improvements in two service lines, one improving by two bandings. It was noted that both safety and effectiveness were areas highlighted for further improvement. An action plan had been developed and would be audited by the Trusts Internal Auditors to ensure all actions had been captured. The Board noted that significant progress had already been made against the actions.</p> <p>Discussing the report LW welcomed the news that Broadlands had received an outstanding rating but noting that the unit was still on a regulation Section 29 with continued weekly reporting. She felt that this could leave staff feeling confused.</p> <p>CL asked about plans for a briefing pack for Governors, staff and the media, noting that a press release would go out. JK responded that staff were being written to and there would be local celebrations.</p> <p>The Board noted that the CQC would be attending its meeting in June.</p> <p>The Chairman, on behalf of the Board, thanked the Director of Quality and Safety and all staff for their hard work.</p> <p>RESOLVED That the Board discussed and noted this report.</p> | |
| 70/18 | <p>REPORT OF THE FINANCE & INVESTMENT COMMITTEE</p> <p>The Board received the report of the Chair of the Finance and Investment Committee which outlined the work of the committee at its meeting held on 15 May 2018. In particular SBa highlighted the Committee's deep dive on placements, a major element of the CRES program, Andrew Godfrey, Service Line Lead, provided an update. The Committee had requested a further report for its meeting in July to monitor progress.</p> <p>The Committee had also received reports on performance noting that the backlog in CAMHS was expected to have improved by June.</p> | |

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| | <p>A report recommending the option to remain with CIVICA to host PARIS, at a cost of £1.5m for a five year period, and to upgrade the relevant infrastructure had been received. The Committee agreed to endorse the recommendation for approval by the Board.</p> <p>SBa reported that the Committee had a detailed discussion on a contract variation for Interserve and had endorsed the proposal for recommendation to the Board for approval.</p> <p>SBa reported that the Committee had received an update on progress with the estates transformation program particularly highlighting Prospect House and Elizabeth Court. An Estates Strategy was being developed and the draft would be brought to the Committee's meeting in July 2018.</p> <p>CL thanked SBa.</p> <p>RESOLVED That the Board RECEIVED and NOTED the report.</p> | |
| 71/18 | <p>PERFORMANCE REPORT; QUARTER 4 2017/18</p> <p>The Director of Innovation and Improvement introduced the regular performance report which set out performance for Quarter 4. It was noted that overall Q4 performance had been strong across five indicators including improvements in CPA reviews. Single access into adult community had improved to over 90% against target. CATT referrals performance was sustained during April achieving 100%. DTOC performance had improved throughout the year ending Q4 at 4.7%.</p> <p>Workforce performance indicators had improved during the quarter with statutory and mandatory training at 85.5% against Q3 performance of 80% and sickness absence rate reducing to 4.5%, however the turnover rate had increased to 14.2% against 13.3% in Q3.</p> <p>RA highlighted areas where performance had underachieved included CAMHS which had seen a decline following strong Q3 performance. Key issues affecting performance were around urgent referrals, staff vacancies and delays in SPA.</p> <p>During the discussion TB referred to workforce targets and asked if more achievable targets could be set, in response JK explained that the turnover rate target for next year was 11% as indicated in the NHSI Recruitment and Retention plan.</p> <p>RESOLVED That the Board REVIEWED and ASSESSED the Trust's performance against both the NHS Improvement and Single Oversight Framework targets and Trusts KPIs for Quarter 4 2017/18.</p> | |
| 72/18 | <p>FINANCE REPORT; REVENUE SUMMARY TO 30 APRIL 2018</p> <p>For 2017/18, the Trust is reporting an overall surplus of £9.0m. This represents a c. £1m underlying surplus with £2.5m non-recurring provision reversals and £5.5m STF. KL advised The Board April's financial position had been challenging, with an overall Trust position reported a deficit of (£240k), which is behind Plan by (£222k) (before STF).</p> <p>Key areas affecting financial performance are Placements particularly CAMHS Tier 4 and PICU along with significant bed pressures. Total pay was</p> | |

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| | <p>above plan by £118k partly due to agency spend which was £42k above cap. The Board was reminded of the CRES program and noted the CRES program was behind plan The CRES level assumed within the Plan is £4.7m, and the NHSI Agency Ceiling is £7.3m, which is £1.4m below last year's actual spending. Further details on pay are provided in Item 16 - Finance Report.</p> <p>KL commented on additional measures to strengthen the overall growth approach including streamlining regular finance meetings with Managing Directors and Jess Lievesley to set a new tone and discuss rules and policy's to fit with this context taking steps now so that risks around operational performance are not undermined by finances.</p> <p>TC indicated he is looking for clear improvement by Q2. The detailed finance report goes to FIC end of Q1 for review. TC raised the issue that this position opened up the question of whether we are funded appropriately. Action: To be discussed at FIC, CL indicated he is looking forward to an update after Q1.</p> <p>RESOLVED That the Board received and noted the report.</p> | |
| 73/18 | <p>ANNUAL PLAN 2018/19 The Director of Strategy and Innovation presented the report which set out the Trust's year end performance against the 2017/18 annual plan.</p> <p>Following discussion the Chair noted the report and advised the Board to not lose sight of the outstanding year that the Trust has had and that it was widely acknowledged that it is a high performing organisation with much to be proud of.</p> <p>KT reminded the Board that the Annual Plan 2018/19 had been approved at the last Board meeting and submitted to the Council of Governors at its meeting in May. A copy of the Plan would be available to the public via the Trust website.</p> <p>RESOLVED That the Board noted and approved the end of year report.</p> | |
| 74/18 | <p>SUSTAINABILITY AND TRANSFORMATION PLAN The Chief Executive presented the report which provided an update on recent and on-going developments within the Herts & West Essex STP (H&WESTP) since the last report to the Board. In particular the appointment of Deborah Fielding, as full time officer to lead the H&WESTP.</p> <p>A number of priorities going forward have been identified which include developing a sustainable financial framework for the STP, developing a coherent estates strategy, developing a coherent workforce strategy and a technology and digital strategy. This was in addition to developing an integrated care system that supported a population based health commissioning and population based health and social care provision.</p> <p>In recent months the Chief Executives Steering Group together with the Chairs Oversight Group had commissioned an external consultant, Carnall Farrah, to support the design and development of an integrated care structure. This system is designed to enhance the opportunities for further integrated working to achieve the three outcomes for the STP.</p> <p>Following discussion it was agreed that Ms Fielding be invited to attend a future</p> | |

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| | <p>meeting of the Board.</p> <p>RESOLVED That the Board received, discussed the update on recent developments.</p> | |
| 75/18 | <p>HERTFORDSHIRE HEALTH CONCORDAT The Board received the report of the Company Secretary which set out the arrangements for joint working between the Hertfordshire County Council and Health Partners in Hertfordshire. The Board were reminded that this was a long standing agreement that had been in existence for about 12 years and was updated every four years in line with the new council. The Board noted the key changes to this iteration were that it now reflected the STP and the inclusion of the Princess Alexandra as a new partner.</p> <p>The Board approved the document for adoption and that the Chief Executive sign it on behalf of the Board of Directors.</p> <p>RESOLVED The Board reviewed and agreed that the Chief Executive Officer sign the Hertfordshire Health Concordat on behalf of the Board of Directors</p> | |
| 76/18 | <p>ANY OTHER BUSINESS LW queried the absence of a Q4 patient Safety report on the agenda, JP advised that Q4 reports would be coming to the next meeting of the Board.</p> | |
| 77/18 | <p>QUESTIONS FROM THE PUBLIC There were no further questions raised from the Public.</p> | |
| 78/18 | <p>Any Other Business No further business was noted</p> | |
| 79/18 | <p>Date and Time of Next Public Meeting: Thursday 26th July 2018 11:00 – 13.30 Da Vinci B&C, Colonnades</p> | |
| 80/18 | <p>The resolution to hold remainder of meeting in private</p> <p>Approved by the Board.</p> | |