

Hertfordshire Partnership University NHS Foundation Trust Board of Directors PUBLIC Meeting March 2019

Da Vinci B

7 March 2019 11:00 - 7 March 2019 13:30

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BOARD OF DIRECTORS

A Public Meeting of the Board of Directors

Date: Thursday 7th March 2019

Venue: The Colonnades, Beaconsfield Road, Hatfield AL10 8YE, Da Vinci B+C

Time: 11:00 – 13:30

Service User Story
10:30 – 11:00am

A G E N D A

	SUBJECT	BY	ACTION	ENCLOSED
1	Welcome and Apologies for Absence:	Chair		
2	Declarations of Interest	Chair	Note/Action	Verbal
3	Minutes of Meeting held: 7 th February 2019	Chair	Approve	Attached
4	Matters Arising Schedule a) Annual Plan Year End Position b) IT Helpdesk update	Chair	Review & Update	Attached Attached Attached
5	CEO Brief	Tom Cahill	Receive	Attached
QUALITY & PATIENT SAFETY				
6	Patient Safety Safe Care Tool	Jacky Vincent	Receive	Attached & Presentation
7	Staff Survey 2018	Mariejke Maciejewski	Receive	Attached
8	Removing Dormitory Accommodation	Keith Loveman	Receive	Attached
OPERATIONAL AND PERFORMANCE				
9	Service Strategies	Jess Lievesley	Receive	Attached & Presentation
10	Finance Report: January 2019	Keith Loveman	Receive	Attached
11	Draft Annual Plan priorities 19/20	Karen Taylor	Receive	Attached
12	Financial Plan 19/20	Keith Loveman	Receive	Attached
GOVERNANCE AND REGULATORY				
13	Audit Committee Terms of Reference	Jill Hall	Receive	Attached

14	Any Other Business	Chair		
	QUESTIONS FROM THE PUBLIC	Chair		
Date and Time of Next Public Meeting: Thursday 9 th May 2019, 11.00 – 13.30, Da Vinci B/C,				

ACTIONS REQUIRED

Approve: To formally agree the receipt of a report and its recommendations OR a particular course of action

Receive: To discuss in depth a report, noting its implications for the Board or Trust without needing to formally approving it

Note: For the intelligence of the Board without the in-depth discussion as above

For Assurance: To apprise the Board that controls and assurances are in place

For Information: Literally, to inform the Board

Chair: Chris Lawrence

**Minutes of the PUBLIC Board of Directors Meeting
Held on Thursday 7th February 2019
Da Vinci B – Colonnades**

Present:

NON-EXECUTIVE DIRECTORS	DESIGNATION
Christopher Lawrence CL	Chair
Simon Barter SBa	Non-Executive Director
Sarah Betteley SBe	Non-Executive Director
Tanya Barron TBa	Non-Executive Director
Janet Paraskeva JPa	Non-Executive Director
EXECUTIVE DIRECTORS	
Tom Cahill TC	Chief Executive Officer
Mariejke Maciejewski MM	Interim Director, Workforce & Organisational Development
Dr Jane Padmore JPad	Director, Quality and Safety
Ronke Akerele RA	Director, Innovation and Transformation
Jess Lievesley JL	Director, Service Delivery & Customer Experience
Keith Loveman KL	Director, Finance
Dr Asif Zia AZ	Director, Quality & Medical Leadership
IN ATTENDANCE	
Kathryn Wickham KW	PA to Chairman and Company Secretary
Harper Brown HB (Item 006/19)	Director of Strategy STP
APOLOGIES	
Karen Taylor KT	Director, Strategy and Integration
Loyola Weeks LW	Non-Executive Director
Catherine Dugmore CD	Non-Executive Director
Sue Darker SD	Herts County Council
Jill Hall JH	Company Secretary

Item	Subject	Action
001/19	Service User Presentation CG presented on his experience of living with depression providing the Board with an account of his life and the services provided to him by HPFT. CL thanked CG for his inspiring presentation and Lara for accompanying.	
002/19	Welcome and Apologies for Absence CL welcomed all to the meeting and apologies for absence noted. A warm welcome was given to Harper Brown (HB) Director of Strategy STP.	
003/19	Declarations of Interest Nothing declared.	
004/19	Minutes of the meeting held on 29th November 2018 The minutes of the meeting held on the 29 th November 2018 were discussed and agreed as an accurate account of the meeting. APPROVED The Minutes of the 29th November 2018 were APPROVED	
005/19	Matters Arising The matters arising schedule was discussed and updates noted.	

006/19	<p>Health and Social Care Strategy</p> <p>HB, Director of Strategy for the STP presented the Herts & West Essex Integrated Health & Care Strategy to the Board. The paper outlined the strategy which is a blueprint for delivering a healthier future for the population of Hertfordshire and West Essex. The Strategy is designed to guide the health and care organisations, staff and voluntary sector working in partnership in serving our population.</p> <p>The Strategy commenced with 2019/20 being the transition year with the ambition that by 20/21 having the system control totals embedded.</p> <p>Questions were invited.</p> <p>TC asked how GP practices would play into delivery of the strategy as primary care is an important factor but GP's operate as independent businesses. As an example TC raised older people's services and that GP practices did not feel in a position to employ staff without guaranteed funding. In addition, GP practices were now having to merge with 95% of GPs working part time.</p> <p>A number of areas were discussed including, GP Federations, involvement with education and schools, and PCN's.</p> <p>HB noted to the Board a document published by NHS England on the 31st January 2019 - Universal Personalised Care: Implementing the Comprehensive Model. TC requested a copy be circulated to the Board.</p> <p><i>Action Point 1: KW to circulate Universal Personalised Care document to the Board</i></p> <p>HB concluded his update stating he felt the direction of travel was good and that the system was changing.</p> <p>CL thanked HB for the update and welcomed him back to a future Board.</p> <p>HB left the meeting.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	KW
007/19	<p>CEO Brief</p> <p>TC presented the report to the Board. The key headlines were discussed and noted as follows:</p> <p><u>National Update</u></p> <ul style="list-style-type: none"> <p>NHS England Long Term Plan</p> <p>NHS England had published the NHS long term plan which set out ambitious plans for the next ten years. Key to note was the additional investment of £2.3bn for mental health services which included £250m targeted for crisis services.</p> <p>Operating and Planning Guidance 2019/20</p> <p>TC explained that Provider organisations were required to make a draft submission of their Operational Plan to NHSI/E by the 12th February 2019 with STPs submitting a draft consolidated plan by the 19th February 2019. The Trust were currently developing their plans and priorities for the year and these would be shared with the Board and Council of Governors.</p> 	

NHS/E Structure

TC advised that the joint Directors of the new NHS England and Improvement regional teams had been confirmed with Ann Radmore being appointed as the East of England Regional Director. We would need to see how the new structure develops but it is likely that there will be a tighter central grip for a period of time.

- **NHS Workforce for the Future**

TC stated that NHS Improvement under the leadership of Dido Harding had been requested by the Secretary of State to develop a national workforce plan. Health Education England were also producing a plan.

- **WRES**

The national data report had been published which showed some improvement. The Trust were planning for 2019/20.

Regional Update

- **Hertfordshire and West Essex STP**

TC remarked that we are starting to see movement with Paul Burstow commencing as independent chair and the expectation that there would be an appointment of a joint leader by June 2019. Work was underway in defining the STP priorities for the coming year.

- **Mental Health Support in Schools – national trailblazer**

HPFT were playing an active and leading role in the development of a new initiative to help schoolchildren experiencing mental health difficulties in Hertfordshire. HPFT had two teams being trained each having ten schools.

- **West Herts Adult Community Services (Physical)**

Following the outcome of the Herts Valley CCGs tender process for adult community health services in West Hertfordshire it had been announced that Central London Community Healthcare NHS Trust (CLCH) would be the new provider. HPFT would continue to work alongside HCT to understand the impact on current joint working arrangements.

Internal Update

- **Performance**

Overall performance was generally good but with significant demand pressure impacting access waiting times.

Access to CAMHS – lots of good work but still issues.

Access to adult services – teams remain under pressure

Herts Valley CCG had announced an additional £650k to support the roll out of Primary Mental Health Pilots which we would expect to support demand management.

We continue to see pressures on workforce and on workforce retention. Sickness had increased to 4%

- **Care Quality Commission (CQC)**

The Trust had received the dates for the Well Led and Core service inspection which would be done jointly between the 4th and 8th March 2019. We have been advised there would be 6 core services inspected these were:

	<ul style="list-style-type: none"> • Adult acute and psychiatric intensive care units (PICU) • Community adult mental health service • Crisis services and places of safety • Inpatient CAMHS • Community CAMHS • Inpatient older adults <p>TC highlighted the visit provided an opportunity for the Trust to demonstrate the improvements that had been made since the February 2018 inspection and potentially change its overall rating.</p> <ul style="list-style-type: none"> • Finance General improvement had been seen and we were holding a 'steady ship' in terms of current run rate. TC recorded acknowledgement to the hard work undertaken to achieve this. • Executive and Non-Executive recruitment TC informed the Board that the shortlisting for the Non-Executive recruitment had taken place on the 6th February 2019. Recruitment for the Director of Delivery and Service User Experience was underway with interviews in mid-March. <p>TC invited questions:</p> <p>WRES SBe queried the WRES statistics which she noted were discussed at the Integrated Governance Committee meeting and stated that they showed we had a relatively high proportion of BME staff and asked if this was proportionate to the size of the Trust. JPad confirmed yes, it was proportionate.</p> <p>CAMHS SBe raised funding in terms of the potential move to services extending the age range to 25 years. TC responded stating this was complex and further work would be necessary to really understand how this would be shaped.</p> <p>RECEIVED The Board discussed and RECEIVED CEO report</p>	
008/19	<p>Planning for EU Exit - Update KL presented the report to the Board. The report provided assurance to the Board in terms of plans being undertaken to mitigate potential risks associated with a 'no deal' Brexit scenario. KL explained that the Trust had undertaken a self-assessment against major contracts and areas of potential risks which had been submitted to NHS England on the 28th November 2018. The key areas of risk identified were:</p> <ul style="list-style-type: none"> • Pharmaceuticals • Clinical Consumables & Medical Devices • Workforce • Procurement <p>KL invited questions:</p> <p>TBa queried the potential need to charge for services in terms of EU patrons receiving healthcare. KL confirmed that the Trust had systems in place for</p>	

	<p>charging overseas visitors but that this would need to be reviewed in relation to potential increases in the workload.</p> <p>RECEIVED The Board RECEIVED the report</p>	
009/19	<p>Report of the Integrated Governance Committee – 23rd January 2019</p> <p>SBe talked through the report to the Board and noted there were no issues for escalation. SBe explained that the CQC had been present at their last meeting which had seen robust discussion. Of particular note to the Board were:</p> <p>The agenda had been restructured to receive the Board Assurance Framework (BAF) and Risk Register at the start of the meeting. CL commented this may be a useful position to adopt for other committees.</p> <p>It had been noted the BAF was a work in progress with the meeting acknowledging the lines of assurance had been split out to give greater clarity.</p> <p>Three risks had been de-escalated from the Trust Risk Register:</p> <ul style="list-style-type: none"> • Fragility in the underlying IT infrastructure results in an IT failure • Statutory and Mandatory Training Compliance • Failure to comply with the new Data Protection Regulations (GDPR) <p>The Committee had received the revised Risk Management Strategy and following discussion supported the recommendation for approval by the Board.</p> <p>An update had been provided from the IMT & IG programme board which had appraised them on the DOCMAN system which securely transfers discharge letters electronically to GPs.</p> <p>Carers Plan 2019 – 2021 – SBe noted the committee had been complimentary on the work and effort undertaken by James Holland and his team.</p> <p>RECEIVED The Board RECEIVED and NOTED the report</p>	
010/19	<p>Integrated Safety Report: Quarter 3</p> <p>JPad confirmed the report had been to the Integrated Governance Committee where it had received full discussion. Key Points for the Board to note were:</p> <ul style="list-style-type: none"> • The number of reported incidents had decreased in quarter 3. Serious Incidents (SIs) had increased compared to the previous quarter and the same quarter last year. • Staff felt the Deep Dives across the services and in being pro-active in addressing incidents were making a difference. • Positive results had been observed from continuous improvement initiatives in older adult services with a reduction in slips, trips and falls. • There had been a reduction in the number of ligature incidents following continuous quality improvement initiatives on Robin Ward and Forest House Adolescent Unit and learning from these had been shared with other units. 	

	<p>RESOLVED The Board RECEIVED the report</p>	
012/19	<p>Safer Staffing Report: Quarter 3 JPad introduced the report which had been discussed in detail. The SafeCare Demonstration was deferred to a future meeting. JPad advised the board that for quarter 3 there had been adequate staffing and shift cover with no fill rate below 80%. The use of the SafeCare tool was well embedded within all in-patient services and was an important tool in ensuring staff levels remain safe and responsive to need and acuity. Vacancies and recruitment remained a challenge but was not impacting on maintaining safe staffing on the wards. KL remarked on the SafeCare work which had delivered the additional benefit of managing agency utilisation and reduction in expenditure whilst ensuring safety was not compromised.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
013/19	<p>Report of the Finance and Investment Committee – 22nd January 2019 SBa introduced the paper commenting to the Board that it had been a good meeting with a packed agenda. The below key messages were provided:</p> <ul style="list-style-type: none"> • Innovation and Improvement Deep Dive A presentation had been provided on the Innovation and Improvement work to date, seeking out some key examples of success and learning. • Performance Report Quarter 3 The Performance report for quarter 3 had been received by the committee which had highlighted issues with increased demand. The committee were pleased to see the positive performance for the 'out of area' placements. There was deteriorating performance for EMDASS referral to diagnosis with SBa confirming there was an action plan in place. • Key Financial summary The reported position for the quarter remained encouraging and ahead of plan. Agency spend was held below cap. The End of Year position was providing the ability to re-invest and improve. • New Models of Care The committee held a discussion on the new models of care following an update from the Director of Delivery and Service User Experience and noted their importance. • Contract Negotiation An update had been received on the renewal of the Trusts major contracts and had noted the pieces of work which needed to be progressed. • IT Business Cases Two Business Cases had been presented to the committee which had been discussed in detail and endorsed. 	

	<p>SBa concluded his update noting information on the Forward Strategic Investment programme would be provided on an ongoing basis.</p> <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
014/19	<p>Integrated Performance Report: Quarter 3</p> <p>RA presented the Performance Report for Quarter 3 stating that overall performance for the quarter was generally holding up against the pressure of increasing demands which had seen a 17% increase of referrals into SPA in comparison to the same period in 2017. This was also impacted by a small increase in turnover rate to 16.6%.</p> <p>Improvement had been seen on 4 key indicators:-</p> <ul style="list-style-type: none"> • Minimal use of 'inappropriate' out of area placements (achieved 9 against a target ceiling of 250) • First Episode Psychosis two week wait performance (achieved 89.29% against a target of 53%) • CPA reviews (achieved 96.85% against a target of 95%) • 3 day and 7 day follow-up after inpatient discharge at 92.7% and 97.81% respectively <p>Key areas of pressure were highlighted as:-</p> <ul style="list-style-type: none"> • CAMHS 28 day waiting times had achieved 83.2% against a target of 95%. This was a slight decline compared to quarter 2. • EMDASS diagnosis within 12 weeks had achieved 50.55% against a target of 80% which was a decline of 18% compared to quarter 2 performance. • IAPT – Mid Essex, West Essex and Herts Valley CCGs were behind target with IAPT services remaining an area of concern although HVCCG had seen strong recovery which would continue into quarter 4. • Workforce – There had been an increase in the turnover rate from quarter 2. Statutory and Mandatory Training had achieved 85.95% against a target of 92%. Sickness had increased for the quarter. <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
015/19	<p>Annual Plan 2018/19: Quarter 3</p> <p>RA introduced the Annual Plan 2018/19 Quarter 3 report to the Board. RA provided background explaining the Annual Plan comprises seven objectives across four themes of the Trusts 'Good to Great' strategy. RA summarised progress reporting that a considerable programme of work had been undertaken across the Trust in quarter 3. Significant work was still required to ensure the plan was fully delivered.</p> <p>Questions were invited.</p> <p>CL queried the three amber rated metrics with RA confirming she felt confident on one but not the other two. TC asked RA to provide a short report on the seven objectives for the March Board.</p> <p>Action Point 2: RA to provide a short report on position of the Annual Plan seven objectives for the March 2019 Board</p>	RA

	<p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
016/19	<p>Workforce and Organisational Development Report: Quarter 3 MM presented the below highlights from the report:</p> <ul style="list-style-type: none"> • The majority of the workforce key performance indicators had slightly declined this quarter. • Sickness absence rates had increased in the quarter to 4.61% against 3.45% in quarter 2. Work continued with the health and wellbeing activities. There were currently 114 short term sickness absence cases and 53 long term sickness absence cases. • Recruitment and Retention. Some changes had been made in quarter 3 with a significant amount of work being undertaken to reduce time to hire by outsourcing pre-employment checks and ID checks being completed at interview. The current time to hire was 8.5 weeks. Agreement had also been reached with staff side to implement changes to notice periods for new Band 5 staff and above, these changes were effective as of 1st January 2019. A new careers website had been launched in quarter 3. • A number of staff engagement events had taken place in quarter 3 including the Big Listen and the Good to Great Roadshows. In the East and North SBU and West SBU there had been several team development sessions. Twenty staff had graduated from the Trusts Leadership Academy with further staff participating in the Mary Seacole programme. The national staff survey had taken place during the quarter with the results being available in quarter 4. • Bullying and Harassment. In quarter 3 there had been more focused work with staff side colleagues, including joint sessions to support staff. Work was also underway to look at why staff were reluctant to report bullying. <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
017/19	<p>Finance Report: December 2018 KL introduced the Finance Report advising that the reported position remained encouraging and ahead of both the Published Plan and the Forecast Recovery Plan, however it was noted that the position had been supported by a non-recurrent provision reversal of £1.4m in quarter 1. KL recorded recognition to the teams who worked on the recovery plan and to the Board for giving them the time and space to see things through. The Board noted that the forecast for the year 18/19 was achievement of the financial targets. KL advised that looking forwards the position remained very tight but that the finance team had delivered tangible improvements in reporting against key activity metrics in a timely fashion.</p> <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
018/19	<p>Long Term Plan & Operating Plan 2019/20 KL explained the report brought together the key joint planning guidance from NHSI & E and summarised the 2019/20 Operating Framework which included</p>	

	<p>the operational and financial planning and provided an initial summary of the key Mental Health and Learning Disability elements with the NHS Long Term Plan.</p> <p>KL expanded explaining that, as an organisation we also set out separately our annual priorities for delivery against our strategic objectives and that these are developed with broad input including the Board and Governors.</p> <p>KL commented on the approach to financial planning which had been discussed in detail at the Finance & Investment committee (FIC). Headlines for the 10 year plan gave the introduction of more mental health targets and this would need investment. The plan was ambitious and the Trust would need to see this investment to support delivery.</p> <p>It was noted that the expected letter had been received from NHSI on the control total for 2019/20 which sets out a target of break even with the potential for additional PSF of £1.8m. This will require the Board to consider and sign off following FIC consideration and recommendation.</p> <p>Hertfordshire commissioners were committed to the mental health investment standard, however the full impact of 2018/19 and 2019/20 pay awards would limit the funding available for new investment.</p> <p>The annual CRES requirement had been initially calculated as between £6-7m to achieve efficiency requirements which was highlighted as a significant stretch, but that planning was well underway. KL advised FIC would undertake the detailed work for the financial plan which would then be shared with the Board.</p> <p>SBe questioned KL on how we ensured we were able to influence the objectives within the STP Operational Plan. KL confirmed we were working to influence the objectives that we wanted to see in the plan. SBe acknowledged stating that mental health needed to be an integral part of the STP plan. TC added that there would not necessarily be sufficient funding across the whole system so we would need to ensure we secured what was appropriate for mental health and learning disabilities, even if this was as a specialist MH ICA.</p> <p>TBa raised the issue of STP wide control totals and asked what wider impact we could play in support of acute Trust deficits. TC responded that RAID and Street Triage had played an important role however we needed to see ongoing investment through and that the Trust needed to secure the contract and then look at ways of working with partners.</p> <p>KL concluded the update confirming the Finance & Investment Committee would make a recommendation to the Board in terms of a contract.</p> <p>CL requested the board support him in working with TC to sign the contract. All in attendance agreed.</p> <p>RESOLVED The Board RECEIVED the update</p>	
019/19	<p>Report of the Audit Committee: 4th December 2018</p> <p>KL presented the report on behalf of the Audit Committee Chair Catherine Dugmore. KL noted the highlights from the meeting:</p> <p>A deep dive had been received on the Data Quality which highlighted the importance of correct data being entered into systems. The Audit committee</p>	

	<p>noted the significance of the introduction of SPIKEII which enabled real time reporting.</p> <p>The committee had received a paper setting out the planning to mitigate the possible risks associated with a 'no deal' Brexit.</p> <p>The Head of Internal Audit had presented to the committee on the Internal Audit Progress Report which outlined the position of the work programme providing confidence that the work was progressing well.</p> <p>Neil Hewittson from KPMG had presented the External Audit progress report which highlighted the work that had been undertaken along with the additional area of audit focus for 2018/19.</p> <p>The committee Terms of Reference had been reviewed and were to be presented in a later agenda item for Board approval</p> <p>RESOLVED The Board RECEIVED the report</p>	
020/19	<p>Board Assurance Framework</p> <p>KL presented the Board Assurance Framework (BAF) reporting that following discussion at the Integrated Governance Committee on the 23rd January a number of changes were made updating the BAF and separating out the three lines of assurance to provide greater clarity.</p> <p>CL acknowledged the work undertaken and asked for agreement that this was now a working document. All in attendance agreed.</p> <p>RESOLVED The Board RECEIVED the report</p>	
021/19	<p>Trust Risk Register</p> <p>JPad introduced the item noting from the report:</p> <p>There were currently 14 risks on the Trust Risk Register (TRR) of which the top 10 were reported to the board and contained within the report. All 14 risks were discussed in detail at each Integrated Governance Committee meeting (IGC).</p> <p>There were 3 risk downgraded from the register to local registers: Risk 625 Fragility in the underlying IT infrastructure results in an IT failure Risk 862 Statutory and Mandatory training compliance Risk 942 Failure to comply with the new Data Protection Regulations (GDPR) specifically SARS & information held with external suppliers</p> <p>There was 1 risk score decreased but remained on the register: Risk 116 The Trust is unable to ensure short term financial performance in current financial year; this risk remains on the TRR but not in the top ten.</p> <p>RESOLVED The Board received and noted the Trust Risk Register report</p>	
022/19	<p>Risk Management Strategy</p> <p>JPad introduced the item and noted that the Integrated Governance Committee had received the Risk Management Strategy at its meeting of the 23rd January 2019 and were recommending it to the Board for formal approval and adoption. KL highlighted to the Board the Strategy and Policy were now split and that</p>	

	subsequent to approval of the strategy, the policy would be updated. RESOLVED The Board APPROVED the Risk Management Strategy	
023/19	Board Committee Terms of Reference CL introduced the item and asked the Chair of the Finance & Investment Committee Simon Barter and the Chair of the Integrated Governance Committee Sarah Betteley for their comments on the terms of reference. <ul style="list-style-type: none"> Finance & Investment Committee SBa confirmed there were no changes Integrated Governance Committee SBe confirmed there were no changes As the Chair of the Audit Committee, Catherine Dugmore was not present it was agreed to defer the Audit Committee terms of reference to the next meeting. Action Point 3: Audit Committee terms of reference deferred until the next meeting RESOLVED The Board RECEIVED and NOTED the terms of reference for FIC and IGC	
024/19	Any Other Business IT Helpdesk issues TBa stated she had recently visited Dove ward where they had needed to contact the IT Helpdesk and expressed concern over the helpdesk waiting time. RA responded explaining that call volumes had increased from 4000 to 6000 pcm. To address this they had implemented a live chat link this month. TC asked RA to bring a robust plan to the Board to address the waiting time issue. Action Point 3: RA to pull together a robust plan around the IT Helpdesk wait times	RA
	QUESTIONS FROM THE PUBLIC CL invited questions from the public. None were put forward.	
Date and Time of Next Public Meeting: The next meeting is scheduled for Thursday 7 th March 2019 @ 10:30am in Da Vinci B, The Colonnades		

Close of Meeting

PUBLIC BOARD OF DIRECTORS' MATTERS ARISING SCHEDULE – 7th March 2019

Date on Log	Agenda Item	Subject	Action	Update	Lead	Due date	RAG
07/02/19	024/19	AOB	JPa raised call waiting times with the IT helpdesk. TC asked RA to pull together a robust action plan to address this and bring back to March board		RA		A
07/02/19	023/19	Audit Committee Terms of Reference	As the Chair of the Audit Committee had submitted her apologies to the meeting the Audit Committee Terms of Reference were deferred to the March Board meeting	This was added to the March Board agenda	KW		G
07/02/19	015/19	Annual Plan 2018/19: Quarter 3	RA to provide a short report on position of the Annual Plan seven objectives for the March 2019 Board		RA		A
07/02/19	006/19	Health & Social Care Strategy	Universal Personalised Care: Implementing the Comprehensive Model. KW to circulate Universal Personalised Care document to the Board	The document had been circulated	KW		G
29/11/18	153/18	Workforce & Organisational Development Report Quarter 2	Board Workshop to be held on Staff Engagement	It was agreed for this to be held in Quarter 1	JH	b/f	A
29/11/18	157/18	Review of the Constitution	JL noted that Viewpoint was now a subsidiary of Healthwatch Hertfordshire. CL and JH to meet and discuss whether Healthwatch Hertfordshire would still be contacted for an appointed Governor	Discussion to take place as to whether we had Appointed Governors from both Healthwatch and Viewpoint	CL/JH	b/f	A
22/03/18	32/18	Q3 Safe Staffing	JP to show the Safer Staff tool at a future Board Workshop. JP awaiting an appointment	This item was due to be presented to the February Board but has been deferred to a future Board	JP	7/3/19	A

TRUST BOARD

Meeting Date:	7 th March 2019	Agenda Item:
Subject:	2018/19 Annual Plan - End of Year Projection	For Publication: Yes
Author:	Ronke Akerele, Director of Innovation and Transformation	Approved by: Ronke Akerele, Director of Innovation and Improvement
Presented by:	Ronke Akerele, Director of Innovation and Transformation	

Purpose of the report:

Present the Trust's year end projection against the 2018/19 Annual Plan.

Action required:

To update the Board on anticipated end of year performance.

Summary and recommendations:

The Annual Plan comprises of seven objectives across the four themes of the Trust's 'Good to Great' strategy. This report provides an assessment of what is anticipated to be achieved as an overall end of year position.

At the end of Quarter 4, it is anticipated that four (out of seven) objectives will have been delivered with three rated as Amber. The objectives have been rated against the outcomes set out to be achieved in 2019/19.

Table 1 End of Year Projected RAG

Objective		End of Year Rating
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	Amber
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	Green
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

	Objective	Areas of Achievement	EOY Projection	Commentary on Rating
1	We will provide safe services, so that people feel safe and are protected from avoidable harm	<ul style="list-style-type: none"> Fewer repeated themes in incidents reported All serious incidents appropriately reported and audit trail of decision making in place Baseline Mortality data collated and analysis undertaken with key recommendations for 2019/20 Physical health early warning score and allergies alert on PARIS Improved seclusion environments in specific units There has been a decrease in the number of incidents of service user to staff violence 		<ul style="list-style-type: none"> The intention to reduce suspected suicides by a minimum of 10% will not be achieved; the creation of greater opportunities to identify those at risk of suicide and take early avoiding action is in place. More improvements to be done to all seclusion units across the Trust Further work to be done with service users to co-produce safety plans Work in progress to establish a place of safety via dedicated CAMHS suite – to be completed by Q3 2019/20 There has been an increase in the number of incidents of service user to service user violence
2	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"> Service users reporting satisfaction with primary care model There has been some improvement in rates of service users not attending appointments 1 hour crisis response supporting service users and their families scheduled for pilot Reduction out of area placements Reduced reliance placements, supporting individual recovery Improved adult community services survey responses Improved PLACE audit outcome scores to achieve national MH average in specific domains Increased Out of Hours support from TFM provider Achieved above 50% commissioning target of service users with carers assessments undertaken 		<ul style="list-style-type: none"> Further work to be done to strengthen our approach to capturing feedback and 'real time' satisfaction ratings from our service users and carers In the context of rising demand, it remains a challenge to achieve 98% target on access within 28 days.

3	We will improve the health of our service users through the delivery of effective evidence based practice	<ul style="list-style-type: none"> • Outcome and effectiveness measures agreed across Psychosis, Dementia and Personality Disorder pathways • Improved employment status of service users • Improved physical health for service users (CPA, Inpatient, FEP) • System in place to monitor audit recommendations to support with effective implementation • Improved processes for service users requiring transition from CAMHS to Adult services • Rehabilitation, inpatient acute and Community East team accreditation progressed • HPFT is the lead of Clinical Outcome Research Network which is aiding to increase research capability within the organisation • Increase in research publications 		<ul style="list-style-type: none"> • Ongoing work to fully implement refined Psychosis, Dementia and Personality Disorder pathways to enable: <ul style="list-style-type: none"> ○ Reduced readmission rates for service users (t.b.c Q1) ○ Reduced re-referral rates for service users (t.b.c Q1) ○ Appropriate Length of Stays achieved within pathways (t.b.c Q1) • Ongoing collaboration with University of Hertfordshire to develop new model of research and research strategy for the organisation, which is fully aligned to innovation and improvement.
4	We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	<ul style="list-style-type: none"> • New posts identified across the Trust • Increased number of staff who return to work in the Trust following retirement • More opportunities in place for greater flexible working offerings and contracts for staff • Staff feel engaged and motivated 		<ul style="list-style-type: none"> • Limited capacity to develop a detailed and costed workforce plan for the organisation • Ongoing improvement work to reduce vacancy rate to 10% • Ongoing improvement work to reduce staff turnover rate to 10% • Further work to be done on making it easy for staff to progress and develop within the Trust • To embed continuous quality improvement and adopt high performing team so staff can make improvements at work and feel able to contribute • Ongoing targeted support for BME staff with initiatives to improve WRES indicators

5	We will improve, innovate and transform our services to provide the most effective, productive and high quality care	<ul style="list-style-type: none"> • Implementation of a single integrated business intelligence platform for all clinical reporting needs (SPIKE) • Staff reporting improved functionality, improved access and ease of access to information • Achievement of GDPR compliance • Increased use of equipment to support flexible/mobile working. • Adoption of Continuous Quality Improvement approach • Established Innovation Hub within the Colonnades • Increase in staff trained in Quality Improvement (QI) methodology • Increase in innovative ways of working across the Trust • CRES programme delivered (£4.7m) with no quality impact 		<ul style="list-style-type: none"> • Ongoing effort to improve responsiveness on all staff having the equipment they need. • Progress with full adoption of 'productivity dashboard' to aid "Time to Care" approach with measurable increases in direct contact time.
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	<ul style="list-style-type: none"> • GPs and service users reporting satisfaction with primary care model • 24/7 access for service users to Mental health expertise within A&E and acute hospital settings • Coproduced model in place across Essex • Commissioners reporting improved confidence in service delivery • Service users report being supported to achieve their recovery goals in conjunction with partner organisations • Evaluation of Long term Condition (LTC) pathways in collaboration with other partners • Improved physical health for service users (CPA, Inpatient, FEP) • Increased capability plus clear training programme in place 		<ul style="list-style-type: none"> • Ongoing work to increase the conversion rate of service users requiring ongoing treatment post initial assessment • Further exploration to be done with the University of Hertfordshire on prioritisation of new approach to obesity management

7	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"> • West Essex & Hertfordshire STP leaders report engagement and delivery from HPFT • Providing strategic and senior leadership to support the development of the health and social care system across West Essex & Hertfordshire • Mental Health (MH) and Learning disabilities (LD) continues to be recognised and prioritised for investment and development across the STP • Improved focus on dementia care across the system • Identified and developed service models/offers to target specific commercial / funding opportunities • Proactively raising the profile of accommodation, housing and employment to ensure they form a key part of STP work • STP leaders report a place based approach strengthened across Hertfordshire • Stronger locality links made; with all localities reporting Mental Health & Learning Disability leadership and visibility 		<ul style="list-style-type: none"> • Ongoing development of HPFT Estates strategy which will reflect our integrated care ambitions and future service requirements • Spread the adoption of the use of stakeholder engagement plans throughout the organisation to help shape engagement & communication activities • Ongoing work to develop future locality model of care for older peoples services
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Conclusion

2018/19 has been a busy and successful year with demonstrable improvements made to the care we provide, the outcomes achieved and the overall experience for our service users and their families. We have seen good progress made against the objectives in our Annual Plan with outcomes that move us ahead on our 'Good to Great' delivered.

During 2019/20 we will continue our journey of 'Good to Great', this will include targeting those areas that were not fully delivered in the 2018/19 plan.

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

Summarises Progress against 2018/19 Annual Plan

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

TRUST BOARD

Meeting Date:	7 th March 2019	Agenda Item:
Subject:	ICT Service Improvement Update	For Publication: No
Author:	Ronke Akerele, Director of Innovation & Transformation	Approved by: Ronke Akerele, Director of Innovation & Transformation
Presented by:	Ronke Akerele, Director of Innovation & Transformation	

Purpose of the report:

This report summarises the improvement actions and progress to date on ICT service desk responsiveness and equipment deployment.

Summary and Recommendation to the Executive Team:

Hertfordshire Partnership University NHS Foundation Trust receives majority of its Information and Communications Technology (ICT) services from the Hertfordshire, Bedfordshire and Luton ICT Shared Service (HBL ICT), a partnership between the four CCGs, Hertfordshire Community NHS Trust and HPFT.

In recent months, HBL ICT Shared Service operations have not met desirable levels of performance in service desk responsiveness, which has resulted to poor user. In addition there has been significant delays in HPFT with providing ICT equipment to staff.

Following verbal update at recent Board meeting on proposed initiatives to improve ICT service desk responsiveness and improve timeliness of equipment deployment, this report provides an update on the planned improvement initiatives and corresponding timeframes.

The Trust Board is requested to note the contents of the report and the initiatives in place to address these issues.

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

N/A

Summary of Financial, IT, Staffing & Legal Implications:

The actions outlined in the report is expected to improve monitoring and performance of service desk support and equipment provision.

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

No

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 – 27th February 2019

1. Implementation Timescales for Improvement Initiatives

1.1. Initiatives to Improve Service Desk Performance

Initiative	Expected Impact	Current Status	Implementation Date
Robotic Process Automation for common manual processes in HBL ICT operation	<ul style="list-style-type: none"> Capacity release in HBL ICT due to removal of manual processes Common requests such as synchronising email accounts on mobile devices or new users accounts will be carried out almost instantly through self-serve forms 	<ul style="list-style-type: none"> RPA system has been implemented 4 processes have been automated and gone live 	22 nd February 2019
Live Web Chat Support	<ul style="list-style-type: none"> Service desk agents will be able to handle multiple calls at the same time improving response times 	<ul style="list-style-type: none"> The system is implemented and going through testing 	28 th February 2019
Updated Self-service Portal	<ul style="list-style-type: none"> Easier to navigate self-service portal 	<ul style="list-style-type: none"> The system is implemented and going through testing 	28 th February 2019
Proactive monitoring systems for end users	<ul style="list-style-type: none"> Service desk agents will be able to troubleshoot and resolve issues quicker releasing more capacity Over time, we will also be able to create automated processes that fix common problems when they are identified 	<ul style="list-style-type: none"> The system has been procured and being implemented Pilots scheduled for Mar 2019 Rollout scheduled for April 2019 	31 st May 2019
Online basic IT training	<ul style="list-style-type: none"> Reduction in the number of calls relating to basic IT literacy, releasing more capacity 	<ul style="list-style-type: none"> HBL ICT is going through requirements Provider will be commissioned in May 2019 Testing planned for July 2019 	Aug/Sep 2019
Staff communications on using alternative channels and self-service options	<ul style="list-style-type: none"> Reduction in number of calls to service desk through use of self service computer account and NHS mail password resets and account unlocks 	<ul style="list-style-type: none"> Regular messages sent to staff on alternative channels and self-serve with links to training videos List of staff who have not setup password reset facilities correctly on NHS mail received from NHS mail. Staff will be contacted individually 	<p>Ongoing</p> <p>4th March 2019</p>
HBL ICT will deploy additional resources to Service Desk to deal with NHS mail issues	<ul style="list-style-type: none"> Reduction in time to access service desk and resolve NHS mail issues 	<ul style="list-style-type: none"> Additional resource discussed and agreed at HBL ICT Steering Group HBL ICT identified the internal resource to allocate 	4 th March 2019

1.2. Initiatives to Improve Equipment Provision Performance

Initiative	Expected Impact	Current Status	Implementation Date
Create a buffer stock of ready to use equipment in Waverley Road	<ul style="list-style-type: none"> Significant reduction in waiting times for standard new equipment requests as these will be deployed from buffer stock, avoiding the delays in ordering and imaging. 	<ul style="list-style-type: none"> Awaiting funding for laptops and desktops Funding approved and orders placed for mobile phones 	1 st April 2019 (subject to funding and stock availability)
Introduction of “hot swap” stock in key sites across HPFT for laptops where staff can drop off broken laptops and pick up working ones on loan	<ul style="list-style-type: none"> Significant reduction in time waiting for a replacement equipment or waiting for equipment to be fixed 	<ul style="list-style-type: none"> Key sites to be identified from service desk calls planned for April 2019 Agreement with site managers and finance on asset control processes planned for May 2019 	1 st July 2019 (subject to funding)
Changes to starters process to ensure equipment and user accounts are ordered in time	<ul style="list-style-type: none"> Manager will order necessary equipment at the time of request to recruit, allowing more time to procure and deliver equipment New starters will receive equipment they need when they arrive 	<ul style="list-style-type: none"> IM&T started receiving list of staff with booked start dates and checking if the users accounts are setup Starters with no equipment are prioritised for existing stock HR & IM&T are currently exploring ways to identify and monitor if the managers have requested the required equipment to further improve monitoring 	1 st January 2019
Changes to order process to avoid “lost” calls	<ul style="list-style-type: none"> No equipment requests are lost due to human error Ability to monitor demand and supply of equipment 	<ul style="list-style-type: none"> New process has been implemented on 1st February 2019 Mailbox will be closed from 1st March 2019 	1 st March 2019
Changes to leaver process to ensure equipment is returned when staff leave	<ul style="list-style-type: none"> Improved asset control Improved re-deployment of equipment 	<ul style="list-style-type: none"> Ways to record equipment given to staff have been identified in ESR New process between HR and IM&T are being finalised 	1 st May 2019
2019-20 refresh project to replace aging equipment proactively as part of Windows 10 upgrade project	<ul style="list-style-type: none"> Move from reactive replacement to regular annual upgrade cycles, reducing the need for services to request replacement for old equipment 	<ul style="list-style-type: none"> Developing the implementation plan and associated costs with HBL ICT 	1 st May 2019

Board of Directors Public Meeting

Meeting Date:	7 th March 2019	Agenda Item: 5
Subject:	CEO Brief	
Presented by:	Tom Cahill, CEO	

National update

HEE launches report on staff wellbeing

This month saw the government set out new plans to improve staff wellbeing within the NHS, following a report by Health Education England. The [NHS Staff and Learners' Mental Wellbeing Commission report](#), produced for the consideration of the Secretary of State for Health and Social Care, makes a number of recommendations which will be considered as part of the development of the NHS Workforce Implementation Plan, due to be published in April. Read the report [here](#), the response from MHN Chair, Paul Jenkins OBE [here](#) and a statement on the report from NHS Employers [here](#)

CQC publishes 'Monitoring the Mental Health Act' report

The Care Quality Commission has published a report following its investigations into the quality of care for patients who have been subject to the Mental Health Act. The report found some improvement in the quality of care planning and patient involvement but also highlighted that the infrastructure of too many mental health wards was unsafe. The Mental Health Network has responded to the report with calls for the government to ensure the recommendations from the recent independent review of the Mental Health Act that address these issues are implemented in full. Read the CQC report [here](#).

Regional update

Hertfordshire and West Essex STP

The Chair of the STP, Paul Burstow, has now been in place since December and he is working closely with CEOs and Chairs in order to move the STP agenda forward.

The Health and Care Strategy has now been approved and was presented to last month's Public Board Meeting. The medium-term Finance Strategy has also been agreed in principle, which has incorporated a proposal for different payment mechanisms.

A more formal update on STP will take place at the next Public Board Meeting in May.

The STP leaders update is attached as an appendix to this report.

Trust-wide Update

Performance

In recent months, we have experienced a significant increase in the demand of our services with a 28% increase in referrals into SPA (5418 referrals) in January in comparison to previous month of December, with growth in areas of CAMHS showing referrals having increased by greater than 100%.

We have sustained our improved performance with 95% of our services users with CPA reviews within 12 months, ensuring we have minimal inappropriate out of area placements and increasing the proportion of people completing IAPT treatment who move to recovery.



As a result of system wide growth in demand in excess of 200% since September 2018 we are now experiencing significant challenges in achieving the 95% target on 28 day wait for CAMHS routine referrals. The demand for CAMHS has increased considerably with a reduction of capacity in the County Council's services which has resulted in long waiting times for Step 2 support and counselling services both of which are resulting in knock on pressures on the wider CAMHS pathways and ultimately our services. This has resulted in an increase in referrals to SPA from crisis presentations via A&E and C-CATT services due to young people being unable to be seen in other services. We are proactively engaging with the wider system to improve quality of early intervention offer in the community at T1 and T2 and support in the review of whole system CAMHS offer to include Education, Social Care, Voluntary Sector and Health.

Within the workforce, we continue to focus on recruitment and retention initiatives with the recent launch of our refreshed careers website and the launch of HPFT Careers Conversations which will provide support and guidance regarding career pathways and details of the various retention initiatives which the teams have developed.

Innovation

Trust wide training in continuous quality improvement will commence in April 2019 and support our commitment to developing our staff in the identification, design and delivery of great care and great outcomes. To support this we have launched our Innovation Hub on 4th March. Staff can sign up to the sessions on the Innovation Hub website: <https://improvements.hpft.nhs.uk/support-training/innovation-hub/>

The Hub will act as both a base for our newly formed Continuous Quality Improvement team and as specifically designed space for staff to review and develop their thinking about the improvement of their services.

The Digital strategy is being consulted on currently as we develop and shape our plans to support the development of our services through the use of improved technology, both in relation to the delivery of care using technology enabled pathways and supporting our staff with the right kit to enable them to work as productively as possible.— This will have a big influence on quality of services in the future.

Quality, Safety and Effectiveness

Staff having been working to improve the consistency in relation to seclusion and the importance of ensuring our service users are assessed promptly.

In September 2018 the CQC published a report on Sexual Safety on Mental Health Wards. https://www.cqc.org.uk/sites/default/files/20180911_sexualsafetymh_summary.pdf

The learning included:

- Patients don't always feel safe from unwanted sexual attention on mental health wards
- Lack of awareness around best practice for sexual safety
- Staff do not have the skills to promote sexual safety
- Ward environment does not always promote sexual safety
- Joint working with other agencies does not always work

A Task & Finish Group has been set up in HPFT to provide a response to these concerns. the work streams include:

- Guidance for staff in dealing with allegations and also supporting people who raise concerns
- Co-produced leaflet for adult service users
- Guidance around dealing with allegations against staff and support for staff who have allegations made against them
- Approaches for managing sexual safety and awareness for young people on Adolescent Unit
- Developing approaches and information for patients with learning disabilities

'Swarms', the Trust's reflective sessions are becoming embedded, and the vision is to ensure all staff following a serious or significant will be offered this in the future. The Trust needs more clinicians to be part of this group of facilitators, and guidance and support is available for those who want to be part of this team.

Our Carer Plan 2019-2021 has now been published. Following a six month period of co-productive working, this dynamic plan compliments our overall vision and goals as a Trust, whilst recognising the essential role that carers play in supporting this. The next stage is to identify Trust leads for each of the six areas for focus and to being planning actions. The plan can be viewed online at <https://www.hpft.nhs.uk/carers/hpft-carer-plan-2019-2021/>

Suicide prevention

The Trust has developed an action plan to support the zero tolerance to suicides in inpatient settings and the Trust action plan includes initiatives across the Trust's services. The trust work includes collaborative working with British Transport Police and a future project working with the Samaritans in relation to discharge. The trust suicide prevention group now has representation from primary care and CGL, and a joint conference is planned for later in the year.

Nursing Associates

The first cohort of Nursing Associates complete their training this April, and the trust is preparing for this exciting new role as a part of the workforce, where they will strengthen the skills within the teams and be a complimentary addition to the teams.

CQC

The Trust has been preparing for the Well Led and Core service inspection which is between the 4th- 8th March. Feedback from the focus groups showed a great engagement from our staff with the CQC interacting with nearly 400 staff. The CQC have also undertaken a deep dive into seclusion and long term segregation. The draft report for factual accuracy is due in early May.

Workforce & OD

The Trust has received the outcome of the National Staff Survey for 2018 and I am really pleased to say we have maintained our positive position with no significant difference between the 2017 and 2018 scores. In particular I am delighted that the Trust has achieved the best score for the theme of safety culture amongst mental health and learning disabilities trusts. The safety of everyone who uses our services is our top priority and it is great that this has been acknowledged in the staff survey results. As an organisation we want to continually improve and over the next year we will focus on rolling out the high performing teams model, embedding continuous quality improvement and improving the staff experience for BAME and disabled staff. Recruitment and retention remains a challenge, and there continues to be a focus on retaining staff within the Trust through the embedding of a number of retention initiatives, including the recently launched career conversations for staff.

Staff Survey

The results of the national staff survey for 2018 highlight that the Trust has maintained a positive position with no significant differences between the 2017 and 2018 scores. In comparison to 24 other MH & LD Trusts HPFT has scored above average for the themes of safety culture, quality of care, staff engagement, and quality of appraisals; average for equality, diversity and inclusion, health and wellbeing, morale and bullying and harassment; and just below average for immediate managers and violence. A detailed report is on the agenda.

Financial update

For January the financial position reported was a surplus of £74k for the month, ahead of the Plan of £69k and YTD the position is now £482k which is £300k above Plan. This continues the run of favourable surplus variances of the last few months although at a reduced level. The favourable variances continue to be due to some additional non contract income, pay savings and financing costs being below Plan. The improvement is due to the continued success in managing down agency costs and in managing overhead costs. This improvement since the position in Q1 has been very encouraging whilst recognising the stretch on our staff. The estates investment program

is now underway, improving a number of clinical and inpatient areas with a program of work to be completed in March. This can be completed whilst still ensuring the achievement of the annual Plan total of £360K which is essential in order to secure £1.8m of funding for further capital investment next year.

Executive and NED Appointments

Non-Executive Director Interviews have taken place for one post and an appointment has been made, subject to confirmation. A second post is due to take place next week.

Interviews for the Executive Director Service Delivery & Service User Experience are taking place on 21st March.

Awards

Congratulations to:

The Practice Audit Implementation Group (PAIG) chaired by Billy Boland, Deputy Medical Director, having been shortlisted in the Clinical Leadership Team of the Year category for the BMJ Awards 2019. Their entry 'Patient Partnership in Audit' involved the introduction of a service user and carer partnership approach to how we oversee clinical audit implementation in the Trust and the team will be asked to present to the judging panel on 24th April before finding out if they have been successful at an award ceremony later that evening.

Peggy Postma, Clinical Lead for the Hertfordshire Wellbeing Team, who was invited to deliver one of three workshops at a national conference in London in February celebrating 10 years of IAPT. The invitation to present at this prestigious event reflects how highly regarded HPFT IAPT services are by the national team.

Modern Matron Victoria Sharman who has been awarded a place on an NIHR programme 'to foster a culture of innovation with the ultimate goal of delivering high quality evidenced based nursing practice.' The project has been developed as part of the NHS 70th anniversary celebration and has been funded by the National Institute for Health Research (NIHR)

**Tom Cahill,
Chief Executive**

A Healthier Future

Hertfordshire and west Essex STP Deborah Fielding: Leader's Update

Hello,

It's a pleasure to introduce the first Leader's Update of 2019. Projects that commenced in 2018 are coming to fruition and new work programmes are already picking up pace.



Our integrated health and care strategy has been well received by our STP organisations' governing bodies and we now have a plan in place to bring our system as a whole into financial balance by 2021. I am delighted to have welcomed two new members to our central team, Paul Burstow and Dean Westcott, who are already working hard to increase our collective impact as a health and care system. You can read more about Paul and Dean and a host of other developments in this issue. Please help to keep your colleagues updated by **circulating this newsletter** to anyone who is interested in improving health and care in Hertfordshire or west Essex.

Integrated health and care strategy and 10-year financial plan

Our 'Integrated Health and Care Strategy for a Healthier Future' has been co-designed by health and care professionals from our STP's organisations and representatives of the area's community and voluntary organisations.

The strategy builds on the foundations laid in our 'Healthier Future' summary plan published in 2016. It takes into account local strategies already developed by our Health and Wellbeing Boards, county and district councils, clinical commissioning groups and community, hospital and mental health trusts.

The strategy will be supported by the STP's developing population health management plan, medium term financial plan and workforce strategy.

It will inform the development of local neighbourhood health and care services and place individuals at the heart of an improved, cohesive health and care system.



NHS

The principles and aims of the new national **NHS Long Term Plan** and our own local strategy are very much in alignment. We are

The NHS Long Term Plan



looking forward to the publication of the national Social Care Green Paper, expected later this year, as integration between health and social care is very much at the heart of our own strategy.

Population health management

‘Population health management’ is an approach which will enable our STP to target our collective resources where evidence shows that they will have the greatest impact. By working in this way, our STP’s social care and health organisations, supported by the community and voluntary sector, will work closely together to deliver joined-up services to defined groups of the population. We will prevent, reduce, or delay need before it escalates; and prevent people from reaching crisis points.

Using this model, the STP will:

Develop integrated, person-centred models of care, designed to meet the needs of our population, delivered in local neighbourhoods wherever possible.

Ensure that effective and efficient health and care is delivered in the right place, by the right person, at the right time.



Shift care from reactive to proactive when possible, and standardise our approach to treatments.

Agree the improvements we want to see and report back on their success.

Transform key pillars of our health and care system, to ensure they are sustainable, resilient, and deliver integrated care.

Put in place the skilled staff, culture and systems we need to support the transformation we need.

We’re currently in the early stages of building a project plan and approach, and that this will be set up as a new workstream for the STP.

Weathering winter together

Winter is proving to be predictably tough for our

acute, community and care services. Thank you to all those staff who are working around the clock, whether in gritting lorries, hospital wards, operational cells or patients’ homes, to ensure that we provide the essential services our residents rely on.

Our new Independent Chair



In December, our STP welcomed a new Independent Chair, Paul Burstow. Paul is a former Minister of State for Social Care. His appointment followed a competitive selection process and formal approval by NHS England. He has taken up the role on a part-time basis for two years. Paul said: “I’ve been following the progress of STPs up and down the country and have been impressed by the commitment of Hertfordshire and west Essex NHS and local government to work together, putting people and communities at heart of new ways of delivering care and keeping them well. It is that drive that really attracted me to the role.”

Pharmacy Integration Fund

Our STP is one of only seven nationally to be selected to take part in a pilot programme to explore how pharmacy and medicines optimisation can be embedded into the breadth of work across STPs. The pilot is called [‘Integrating NHS Pharmacy and Medicines Optimisation into STPs and Integrated Care Systems’](#). The programme aims to develop a model that will support the delivery of high quality, proactive and joined up pharmaceutical care, to deliver a healthier future for our frail elderly population. It also aims to deliver

system-wide pharmaceutical services by reducing the inappropriate use of medicines, and helping the pharmaceutical workforce across our STP's organisations to work together.

Pauline Walton, Assistant Director & Head of Pharmacy and Medicines Optimisation at East and North Hertfordshire Clinical Commissioning Group (CCG), and Anurita Rohilla, Chief Pharmacist at West Essex CCG will share the leadership of the integration programme for one year.

New talent boost

We have successfully bid for £150,000 from Health Education England for a new talent hub for Herts and west Essex. The hub will bring together and showcase career opportunities for young people in our social care, NHS and hospice organisations. Alongside this, work experience programmes, apprenticeships and career pathways will be developed.



This new talent hub will be central to our STP attraction and recruitment strategy and will supply the best and brightest to our organisations. The idea is based on a successful model implemented in Lincolnshire.

Working with the Voluntary Sector

The Community and Voluntary Sector across Hertfordshire and west Essex provides an almost incalculable amount of support and help to our residents – particularly those in need or

facing really tough mental and physical health challenges. These organisations are often able to advocate for patients and service users who might find it difficult to engage directly with social care and health organisations.

As an STP, we value the expertise and insight that our community and voluntary colleagues bring to our work to redesign services. That's why we are establishing a reference group, so ensure there are regular opportunities for them to feed into the development of our STP's plans and shape services around our residents. If you are interested in joining this group, please contact enquiries@healthierfuture.org and a member of the team will get in touch.

Welcome to the team

I'm delighted to welcome a new member to the STP team. Our Director of



Finance, **Dean Westcott** started in December and replaces Jonathan Wise who fulfilled the role on an interim basis. Dean is on a 12-month secondment from West Essex CCG, where he is Director of Finance, Contracting and Performance.

STP news and careers

Don't forget that you can keep up to date on STP matters, find out about events and career development opportunities and read up on developments in the STP's workstreams by visiting our website – www.healthierfuture.org If you have suggestions or questions, please don't hesitate to get in touch, I would love to hear from you – just drop me a line at enquiries@healthierfuture.org.uk

Deborah

Trust Board

Meeting Date:	7 th March 2019	Agenda Item: 6
Subject:	Quarter 3 Safe Staffing Report Safe Care demonstration	For Publication:
Author:	Jacky Vincent, Deputy Director of Nursing and Quality	Approved by: Dr Jane Padmore, Executive Director Quality and Safety
Presented by:	Jacky Vincent and Charity Chitauru, Interim Modern Matron, Forensic Services	

Purpose of the report:

The Quarter 3 Safe Staffing report that considers nurse staffing for the Trust was presented at the February Board. This Board, the Deputy Director of Nursing and Quality and a Modern Matron will demonstrate SafeCare to bring to life what the Board receives on a quarterly basis. The presentation will provide information and assurance of the governance processes for rostering and ensuring the appropriate level and skill mix of nursing staff.

Action required:

The Board is asked to consider the presentation and discuss any point of clarification. To also receive assurance of the governance process for rostering and safe staffing.

Summary and recommendations to the Board:

The direct care nurse staffing data was analysed according to total hours worked per ward for RN and HCA, divided into day and night time hours and includes additional duties. Quarter 3 showed adequate staffing and shift cover in response to unexpected demand and levels of acuity and dependency on the wards.

There was no service with a fill rate below 80%. There was also more actual hours than planned used for both RNs and HCAs across many services. The CHPPD analysis showed that small standalone units with high acuity had high CHPPD. This is reflected when comparing the Trust with the national data.

Relationship with the Business Plan & Assurance Framework:

Adequacy of a balanced skill mix for nursing workforce has an impact on clinical outcomes, service user safety and experience.

Summary of Implications for:

Staffing – there is a need for a regular review of staffing establishment

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

N/A

Evidence for Essential Standards of Quality and Safety; NHSLA Standards; Information Governance Standards, Social Care PAF:

Potentially all of the above

Seen by the following committee(s) on date:

Finance & Investment/Integrated

Governance/Executive/Remuneration/Board/Audit

Quarter 3 Safe Staffing report - Integrated Governance Committee 23rd January 2019 and Board of Directors 7th February 2019

Trust Board

Meeting Date:	7 th March 2019	Agenda Item: 7
Subject:	Staff Survey Report 2018	For Publication:
Author:	Sandy Hastilow, Organisational Development Manager	Approved by: Mariejke Maciejewski – Interim Director of Workforce and Organisational Development
Presented by:	Mariejke Maciejewski, Interim Director of Workforce and Organisational Development	

Purpose of the report:

To present to the Board the results and analysis of the national staff survey 2018 and recommended actions and next steps

Action required:

For noting and feedback on recommendations

Summary and recommendations to the Board:

The results of the national staff survey for 2018 demonstrate that the Trust has maintained a positive position. There were no significant differences between the 2017 and 2018 scores. In comparison to 24 other Mental Health and Learning Disability Trusts we scored above average for the themes of safety culture, quality of care, staff engagement, and quality of appraisals; average for equality, diversity and inclusion, health and wellbeing, morale and bullying and harassment; and below average (by just 0.1) for immediate managers and violence.

For the theme of safety culture the Trust achieved the best score of 7.0 and scored above average for every question within the theme and demonstrates the work that has been undertaken by staff over the last year to embed a culture of safety throughout the Trust. The overall staff engagement score has also remained above average.

The results show that the Trust needs to continue to focus on reducing bullying and harassment and the activities within the WRES plan to ensure equity in staff experience and satisfaction, in particular for BAME and disabled staff. In addition we also need to focus on embedding a culture of continuous quality improvement, implement the high performing team model and continue to focus on health and wellbeing offerings throughout the Trust.

The SBUs, professional leads and other heads of department are all reviewing the data and a collated action plan will be presented to WODG in May. The findings will inform the OD activity plan for 2019-20.

Relationship with the Business Plan & Assurance Framework:

Recruitment and retention, annual plan, OD Plan, National Staff Survey

Summary of Implications for:



Supports Staff Retention and Employee Satisfaction

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

**Evidence for Essential Standards of Quality and Safety; NHSLA Standards;
Information Governance Standards, Social Care PAF:**

CQC Well led domain

**Seen by the following committee(s) on date:
Finance & Investment / Integrated Governance / Executive / Remuneration
/Board / Audit**

Presentation seen by the Senior Leadership Team on the 20th February and JCNC on the 25th February

2018 NATIONAL STAFF SURVEY RESULTS

1.0 Introduction

The national staff survey has been in place since 2003. It is the most important metric of staff experience that is used by the CQC, potential employees and future business. The results of the national staff survey for 2018 demonstrate that the Trust has maintained a positive position particularly in comparison to the last two years where we had really positive staff survey results. There were no significant differences between the 2017 and 2018 scores. As a Trust we have been benchmarked against 24 other Mental Health and Learning Disabilities Trusts.

The survey was sent to all eligible Trust staff, between September and December 2018; with 1264 staff responding which is a response rate of 41%. This was lower than the response rate of 46.9% last year and below the national average of 54% for Mental Health and Learning Disability Trusts.

There are a number of changes to the benchmarked report that we have received this year in comparison to previous years. Most notably is that the 32 key findings have been replaced by 10 themes. A theme focussing on morale has also been introduced. Each theme is scored on a scale of 0-10 where a high score is a more positive score. It should be noted that the key findings cannot be directly compared to the themed results.

2.0 Key Highlights from the National Staff Survey

In comparison to Mental Health and Learning Disability Trust we scored as follows in each of the 10 themes:

Above Average for:

- Safety Culture
- Quality of Care
- Staff Engagement
- Quality of Appraisals

Average for:

- Equality, Diversity and Inclusion
- Health and Wellbeing
- Morale
- Bullying and Harassment



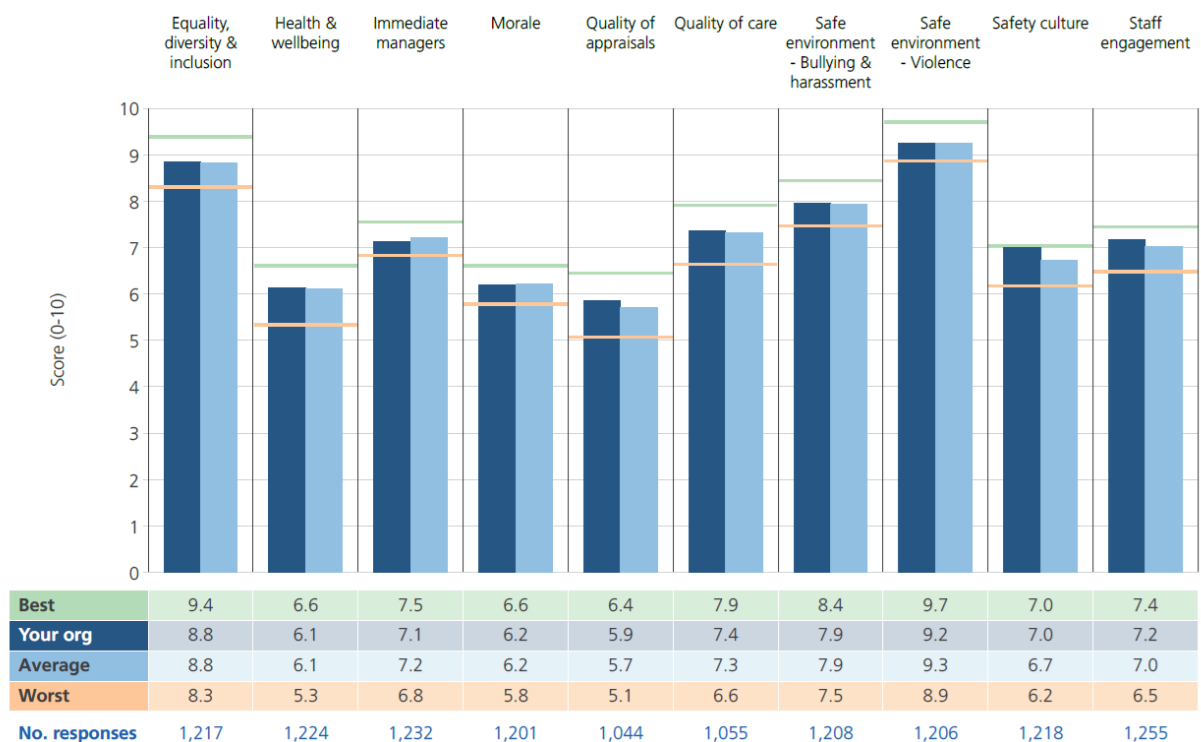
Below Average for:

- Immediate Managers
- Violence

It should be noted that both the below average scores were 0.1 away from being average.

Graph 1 below shows how HPFT have performed in comparison to other Mental Health and Learning Disability Trusts with regards to the 10 themed results.

Graph 1 - Overview of Themed Results



For the theme of safety culture the Trust achieved the best score of 7.0 and scored above average for every question within the theme. The work that has been undertaken by staff over the last year to embed a culture of safety throughout the Trust with the use of SWARMS, safety huddles, the introduction of the moderate harm panels and zonal observations has been positively recognised in the staff survey.

The overall staff engagement score has remained above average compared to other mental health and learning disability Trusts with a score of 7.2, being 0.2 away from the best score of 7.4. This theme focuses on staff motivation at work, staff recommending the Trust as a place to work or receive treatment, and being able to make improvements at work. The area where we need to make improvements to achieve an even better score is staff being able to make suggestions to improve the work of their teams, and being able to make improvements happen at work. The embedding of continuous quality improvement throughout the Trust, the opening of the innovation hub and the work on high performing teams should assist this.

66% of staff would recommend HPFT as a place to work. This has increased from 48% to 66% over the last five years. 69% of staff would recommend HPFT as a place to receive treatment.

We have seen one significant positive change since the last year in that 48.6% of staff say that the trust values are discussed as part of the appraisal process, which is an increase from 40.8% in 2017. We have also seen one significant negative change in that the response to the organisation taking positive action on Health and Wellbeing has decreased to 32.8% in 2018 compared to 42.8% in 2017. However, it should be noted that whilst this is a decline the Trust is still above the average.

3.0 Theme Results

The 52 question results are divided into 10 themes and the summary of the scores in these themes are detailed below.

3.1 Equality, Diversity & Inclusion – this has 4 questions

- The organisational acts fairly with regard to career progression/promotion scored 81.8% which is just below the national average but trend data shows a 3 year decline for the Trust. Where staff said they had experienced discrimination it was on the grounds of ethnicity. This also reflects the WRES data feedback and is disappointing.
- Staff personally experiencing discrimination from service users/relatives/public scored 10.3% which is below the national average of 9.2% (lower score is better)
- Staff personally experiencing discrimination from manager/team leader or other colleague was 8% which is slightly better than the national average and an improvement on the past 2 years
- Employer makes adequate adjustments to enable staff to carry out their work scored 70.2% which is 6% below the national average and shows a decline on the 2016 and 2017 results.

3.2 Health and Wellbeing – this has 5 questions

- Opportunities for flexible working patterns scored 65.5% and is above the national average. Trend data demonstrates a continual improvement in this score over the last 4 years.
- The organisation take positive action on health and wellbeing, although above the national average showed the most significant decline in the survey at 32.8% which is a 10% decrease on 2017 results.
- Staff experiencing MSK problems as result of work scored 23.1% which showed a negative increase on the Trust score in the previous 2 years.
- Staff feeling unwell as a result of work related stress scored 42.1% has negatively increased year on year over the past 3 years but is better than the national average.
- Staff coming to work in the last 3 months despite not feeling well enough to perform your duties scored 56.9% which is 0.1% below the national average and an improvement on 2017 results.

3.3 Immediate Managers – this has 6 questions

- The support I get from my immediate manager scored 74.4% and is just below national average. The 5 year trend data demonstrates a gradual consistent improvement.
- My immediate manager gives me clear feedback on my work scored 65.2% and is below national average and a decline on last year's results.
- My immediate manager asks for my opinion before making decisions that affect my work scored 61% and is a similar score to 2017 but below national average.
- My immediate manager takes a positive interest in my health and well-being scored 72.1% and is a decline on the 2017 score and below national average.
- My immediate manager values my work is 77.1% and demonstrates a year on year increase over the past 2 years although just below the national average.
- My manager supported me to receive training, learning and development scored 58.2% and is a 2.5% increase on 2017 but remains 2% below the national average.

3.4 Morale – this has 9 questions

- Involved in deciding on changes that affect my work, team or department scored 52.6% and is a decline on the 2016 and 2017 score

and below national average. This is the only question in this theme that has trend data as all other questions are new to the survey.

- Receive the respect I deserve from my colleagues is 77.7% and is above the national average
- Unrealistic time pressures scored 20.3% and is below national average by 2% and 10% below the national best score.
- Choice in deciding how to do my work is 62.2% which is above national average.
- Relationships at work are strained scored 52.5% and is 4% above national average.
- Immediate Manager encourages me at work is 74.7% but is below the national average.
- Staff often think about leaving this organisation scored 28.4% and scored better than national average (lower is better)
- Will probably look for a job at a new organisation in next 12 months scored 23.6% which is marginally worse than the national average of 23.3% (lower score is better)
- As soon as I can find another job I will leave the organisation scored 16% and is 0.1% worse than the national average (lower score is better)

3.5 Quality of Appraisals – this has 4 questions

- My appraisal helped me improve how I do my job scored 27.3% and is a decline compared to the previous 2 years results but is still 3% above the national average.
- My appraisal helped me agree clear objectives for my work scored 36.9% is 3% above the national average but trend data shows a decline from 2017 results
- Left feeling that my work is valued scored 34.2% and is an improvement on last year's score and is above national average.
- The values of my organisation were discussed as part of the appraisal process was 48.6% and shows the most significant positive increase compared to 40.8% in 2017.

3.6 Quality of Care – this has 3 questions

- I am satisfied with the quality of care I give to service users was 80.6% but is a 2 % decline on 2017 score but above the national average.
- I feel my role makes a difference to service users scored 88.8% and is above the national average and a slight improvement on 2017 score but lower than 2015 and 2016 scores.
- I am able to deliver the care I aspire to is 65.7% which is the same score as last year and above the national average, but a decline on the 2015 and 2016 scores.

3.7 Safe Environment Bullying and Harassment – this has 3 questions

- Personally experienced harassment, bullying or abuse from service users, carers, public was 30% and is a similar score to last year which was an improvement on the previous 3 years and below national average.
- Personally experienced harassment, bullying or abuse from managers scored 14.4% is a negative increase on the previous 2 years results and 2% worse than national average of 12.5%. This is an area of concern that will need to be focussed on.
- Personally experienced harassment, bullying or abuse from colleagues scored 17.1% and shows a negative year on year increase since 2016 and is 0.1 worse than national average.

3.8 Safe Environment Violence – this has 3 questions

- Personally experienced physical violence from service users, carers, and public scored 20.1% and shows a positive year on year improvement since 2016 and is 0.1% worse than the national average.
- Personally experienced physical violence from managers scored 1% which is a negative increase year on year since 2016 and worse than the national average of 0.6%.
- Personally experienced physical violence from colleagues scored 1.8% and is a positive improvement on the 2017 score but marginally worse than national average.

3.9 Safety Culture – this has 6 questions

- Organisation treats staff involved in errors, near misses or incidents fairly scored 57.7% and demonstrates a steady increase over a 5 year period
- When errors, near misses or incidents are reported the organisation takes action scored 76.6% and again the trend data shows a positive improvement year on year, increasing from 66.3% in 2015, and is only 0.4% below the national best score.
- Staff are given feedback about changes made in response to reported errors, near misses and incidents scored 67.3% and again the trend data demonstrates an average of 2% improvement year on year and an improvement from 60.1% in 2015.
- Staff feel secure to raise concerns about unsafe clinical practice scored 74.6% and is 3% above the national average.
- Confident my organisation would address my concerns scored 63.9% and is a negative decline on the 2017 score but is nearly 5% better than national average.

- The organisation acts on concerns raised by service users scored 81.3% and is consistent with the 2017 score and is 1% below the national best score.

3.10 Staff Engagement – this has 9 questions

- I look forward to going to work scored 62.9% and is a slight improvement on 2017 and above national average.
- I am enthusiastic about my job scored 76.6% and shows an improvement on 2017 and is above the national average.
- Time passes quickly when I am working scored 79.8% and again an improvement on 2017 and above the national average.
- Care of service users is my organisations top priority scored 80.6% and is a marginal improvement on the 2017 score but trend data shows an increase over the 5 year period.
- I would recommend my organisation as place to work scored 65.9% and is above the national average.
- If friend or relative needed treatment happy with standard of care provided by organisation scored 68.6% and is higher than national average but shows a year on year decrease over 3 year period.
- Frequent opportunities to show initiative in my role scored 75.5% and is consistent with the previous 2 year results and only 0.2% lower than the national average.
- Able to make suggestions to improve the work of my team or department scored 76.8% is 0.2% lower than last year and 2% below national average.
- Able to make improvements happen in my area of work scored 56.6% and is below national average and demonstrates a year on year decrease over a 3 year period.

3.11 SBU Results

The themed data from the staff survey will also be broken down into SBU and Service Line level so that we can understand the areas of good practice versus those areas that may need some additional targeted support.

In summary for Corporate 5 of the themes are above the organisational average, 3 are average and 2 are below average; for East and North SBU 6 themes are above average, 3 are average, and 1 is below average; for Learning Disabilities and Forensics SBU 6 are above the organisation average, 2 are average and 2 are below average; and for West SBU 1 is above organisational average, 3 are average and 6 are below average.

More detailed analysis will be undertaken with regards to this data. This information will be shared with the SBUs and Human Resources Business

Partners and will inform the workforce elements of the SBU plans for the next year.

4.0 Improvements and areas where we need to improve

The areas where we have seen improvement over the last year are as follows:

- Organisation takes action on concerns raised by service users
- When errors, near misses or incidents are reported the organisation takes action to ensure it does not happen again
- Staff are given feedback about changes made in response to incidents
- Being enthusiastic about my job
- Care of service users is organisations top priority
- Values discussed as part of the appraisal process

The areas that we need to improve are:

- Staff being able to make improvements at work
- Making adequate adjustments to be able to carry out work
- Taking positive action on health and wellbeing
- Acting fairly regarding career progression and promotion
- Staff experiencing bullying, harassment, abuse or physical violence work from managers
- Unrealistic time pressures and having adequate equipment to do my Job
- Receiving clear feedback from immediate managers

5.0 Conclusion and Actions

The 2018 national staff survey is another positive survey for HPFT. It should be noted that is in the context of increased demand, increased acuity, and increased pressure on staffing, with challenges regarding recruitment and retention remaining. Whilst overall there is no significant change between the 2017 and 2018 scores some of the findings are on a slight downward trend (although of no statistical significance) so it is essential that the Trust does not become complacent and continues to identify central and local action plans to improve staff (and service user) satisfaction.

The achievement of the best score for safety culture demonstrates all the positive actions that have been put in place since the last staff survey including the introduction of SWARMs, safety huddles, moderate harm panels, improved reporting of incidents and the use of zonal observations. By engaging staff and empowering them on a day to day basis this has had a positive impact on safety throughout the Trust.

The Trust has maintained a good overall, above average, staff engagement score demonstrating the value of current organisational development, learning and development and wellbeing initiatives and a range of staff engagement events. Engagement activity will continue in line with the Engagement Strategy including local Good to Great roadshow events, The Big Listen and Local Listens. The area category within this theme that requires improvement is the ability for staff to contribute towards improvements at work. The embedding of continuous quality improvement throughout the organisation, opening of the innovation hub, and the investment in the training and development of staff in continuous quality improvement approaches should help, support and encourage improvements in this area and stimulate ideas to improve the services provided. The implementation of the high performing team model will also support the ability to facilitate change, and will further embed collective leadership where managers share ownership and encourage engagement and participation of their teams in delivering their work.

It is acknowledged that we need to improve the staff experience for all staff and we need address areas of concern such as staff experiencing bullying and harassment and physical violence. There is more that we need to do to address some of the perceived inequalities across different groups, in particular for those staff from an ethnic background, and disabled staff. We need to support the activity in the Workforce Race Equality Standard programme as a priority and work with the staff networks to address areas of concern and continue to promote and embed inclusivity and act on discrimination. Over the next year we will look to embed a

It is also acknowledged that staff are experiencing continuing work demands and are working across complex systems and with an increasing number of staff reporting coming into work when unwell and working extra hours. We will continue to focus on health and wellbeing activities over next year. Although recruitment and retention remains challenging and is representative of the national picture, the recruitment and retention group will be focus on reducing time to hire, look at models of workforce for the future, increasing apprenticeship opportunities, and implementing and embedding new roles and new ways of working. In addition the retention initiatives will continue to be embedded throughout the organisation with a real focus on career development and career opportunities which are available for all staff.

The response to the staff survey show that there is also more work that needs to be undertaken with immediate line managers to ensure that they are supporting staff to perform to their best ability at all times. The continuation of the Team Leader Development programme and the newly formed Modern Matron Development programme will support this, as well as the implementation of the High Performing Team model and the roll out of the newly launched Management Fundamentals training.

This report will inform the OD Activity Plan for 2019 – 20. Specifically:

- Embedding a culture of continuous quality improvement
- Development of teams
- Health and wellbeing
- Improving the staff experience for BAME and disabled staff
- Management and Leadership Development
- Talent Management
- Engagement activities

Within the OD activity plan there are a number of activities which continue to invest in the development of workplace culture where staff feel valued and motivated to deliver at their best:

- On-going roll-out of unconscious bias training as part of the equality diversity and inclusion plan
- Continued implementation of the Health and Wellbeing strategy
- Implementation of the High Performing Teams model to support collective leadership
- Embedding continuous quality improvement throughout the Trust

The survey data enables us to drill down into SBU and service line results for the themes where there were enough respondents for them to remain anonymous. This information will be invaluable for the SBU's to focus and prioritise their activity and to feedback to staff and have further open dialogue discussions about improving the experience in their areas of work. The data will be made available to SBU Senior Leaders, Professional Leads and HR Business Partners and plans will be developed and implemented to support those targeted areas. If the negative outliers continue to be addressed it will improve the Trust scores. A collated plan will be presented to the Workforce and Organisational Development Group in May 2019.

The Trust continues to be in a strong position compared to other Mental Health Trusts and we will promote this as part of the employer brand and offering. The organisation must not and is not standing still if we want to achieve the aspiration of going from 'Good to Great'. The prioritised actions will aim to maintain and improve performance across all areas of the staff survey next year. These target improvements will also drive the activity for next year and will be improved by focusing on team effectiveness, collective leadership, and improving the staff experience especially for BAME and disabled staff.

The quarterly Pulse Surveys will provide an on-going measure of improvements and feedback as well as evaluation of the OD strategy, engagement plan and making our services safe activities. SBU activity will be monitored through performance review meetings. The WODG will receive regular updates of the delivery of workforce and OD activity and the Equality Strategy. Staff survey action plans are also monitored by commissioners through quality review meetings.

Trust Board

Meeting Date:	7 March 2019	Agenda Item: 8
Subject:	Removing Dormitory Accommodation	For Publication: Yes
Author:	Keith Loveman Director of Finance	Approved by:
Presented by:	Keith Loveman Director of Finance	Keith Loveman Director of Finance

Purpose of the report:

To:

- notify the Board of action taken to improve the quality of inpatient environments and service user experience
- confirm removal of all dormitory style (shared room) accommodation from Trust inpatient environments

Action required:

To:

- review and appraise the action taken to date and next steps
- note estimated capital and revenue costs and funding
- seek any clarification or further action necessary

Summary and recommendations to the Board:

Introduction & Background

Modernising our Estate

The Trust is committed to transforming the estate provision of adult acute beds for east & north Hertfordshire with an ambition to significantly improve the quality of environments; a commitment made through Investing in Your Mental Health, Leading by Design and the Modernising our Estates programme from 2012-date.

There are three significant factors that have shaped the longer term requirements to complete a final stage of transformation of our adult acute inpatient environments:

- (1) The commitment to relocate beds from the Lister site remains. It is well evidenced and certainly clear through service user and staff experience that MH beds on acute hospital sites is inappropriate. In addition, the nature and status of the environment/infrastructure within the Lister MHU means that significant quality improvement is not feasible. This includes the need to eradicate the only remaining dormitory provision within HPFT's inpatient estate.
- (2) Stand-alone units such as Albany Lodge are not economically viable and present significant challenges in terms of workforce sustainability. Paramount in consideration however are current and future service requirements, including the acuity and presentation of admissions, which mean that the quality and safety of isolated units cannot be sustained in the longer term and these would no longer carry clinical support as a viable solution.

There is also a need to establish a second AAU function within HPFT that will be supplemented by a commitment to significant commissioner investment in the crisis pathways from 2019/20-21.

- (3) Significant work has been undertaken since 2014 in relation to the potential long term provision of adult acute beds for east & north Hertfordshire. In particular, this has included exploring options for beds on the Hailey site (now sold) for east Hertfordshire residents and numerous searches for either land or existing buildings and consideration of potential alternatives. Discussions with the local authority have now concluded with no potential solution available. None of these have been viable and in particular, the feasibility of a stand-alone unit (as per 2 above) is not clinically supported.

The Executive has agreed the above approach and commissioned the development of a business case for appropriate reprovision to deliver the quality environments experienced through earlier elements of the estate transformation programme, supporting the inclusion of investment within the strategic programme for approval by FIC and Board. This is estimated to be a three year programme. In the interim, we are planning to refurbish existing estate and to proactively address the concerns around shared accommodation raised more generally by the CQC and set out below.

Dormitory Accommodation

In July 2018, the CQC published its state of care in mental health services report and raised concerns about the number of wards nationally that had dormitory (or shared room) accommodation. More recently the mental health chief for the Care Quality Commission, Paul Lelliott, has raised concerns over the significant number of dormitory style beds still used in the sector, suggesting more capital funding is required to resolve the issue of mental health beds housed within shared accommodation wards.

Dr Lelliott stated: "It really isn't right in 2019, that people who are really very distressed when they are admitted to hospital are asked to sleep in the same room as a stranger, who is probably equally distressed."

The CQC has recently sent a request to providers asking how many of these wards they still have and the outcome of this survey is awaited.

The health building note [issued in 2000], gives guidance on how mental health wards should be designed setting out that there should be single rooms with an en-suite bathroom throughout. In his recent review of the Mental Health Act, Sir Simon Wessely noted mental health needed major capital investment, adding the sector had some of the "worst estate the NHS has".

Current Position

The Trust has undertaken a significant transformation programme, 'Modernising Our Estate' over the last six years, including 'state of the art' environments for inpatient services at Kingfisher Court. The only remaining beds on a DGH site are located at Aston ward, Lister site, Stevenage. Aston ward has the only remaining shared room facilities in the Trust, with five two bedded rooms.

Action to date

As noted earlier, the plan to provide a permanent solution for inpatient beds in east and north Hertfordshire has an estimated three year timeline and have plans for a general refurbishment of both Aston ward and Albany Lodge in 2019/20.

Initially we have moved to make our remaining five dormitory rooms on Aston ward single bed accommodation only, giving an immediate and substantial quality gain. To facilitate this arrangement and maintain sufficient bed provision through the transition, the five bed in-house reduction has been supplemented with a facility to access five beds in alternative

units on a 'spot purchase' basis.

Next Steps

Our current plan is the reconfiguration of dormitory facilities to provide single room accommodation, which is estimated to take up to six months although phasing options are being explored. In order to maintain sufficient bed provision during the transition period it is proposed to procure five beds on a spot purchase or block basis depending on demand. These options will be explored and an appropriate solution recommended to FIC for approval.

Finances

Revenue - the estimated cost of a purchased general adult acute bed, based on prevailing rates, is c.£75k for six months, giving a potential six month cost for the of c.£375k which will be budgeted within the 2019/20 plan.

Capital - estimated cost of refurbishment of the five dormitories on Aston ward to provide up to ten single rooms c.£750k - £1m with a high level programme timeline of October to December completion dependent on configuration. This will be built into the 2019/20 capital programme.

This will see the end of the use of Dormitories in HPFT.

Recommendation

The Board is asked to note that the estimated cost of temporary bed procurement and reconfiguration of Aston ward is c.£1.1-1.4m.

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

Summary of Implications for:

- 1 Finance
- 2 IT
- 3 Staffing
- 4 NHS Constitution
- 5 Carbon Footprint
- 6 Legal

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

Evidence for Essential Standards of Quality and Safety; NHSLA Standards; Information Governance Standards, Social Care PAF:

Seen by the following committee(s) on date:

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

Board of Directors

Meeting Date:	7 th March 2019	Agenda Item:
Subject:	Developing our Service Strategies 2019-2024	For Publication:
Author:	Jess Lievesley Director Service Delivery and Service User Experience	Approved by:
Presented by:	Jess Lievesley Director Service Delivery and Service User Experience	

Purpose of the report:

The Hertfordshire Partnership University Foundation NHS Trust (HPFT) Board has previously approved and supported the development and implementation of our *Good to Great* strategy with its central commitment to deliver Great Care and Great Outcomes, co-produced with those in our care at its core.

The service strategies reflect this ambition and propose the vision for the development of our major service areas over the next 5 years, responding to the views of our service users and carers about what is important to them, the national policy direction of mental health and learning disability care and the local priorities as defined by our commissioners and Sustainability and Transformation Partnership (STP).

The service strategies set out at a high level the proposed direction of travel for each of our 5 major service lines across HPFT's core operational services – provided across Hertfordshire, Essex, Norfolk & Buckinghamshire.

**The accompanying slide deck for the service strategies is included in full within the board pack and an abridged version will be presented at the board meeting focusing on the specific service areas below.*

Action required:

The Board are asked to endorse the direction of travel set out in this paper and the accompanying slide deck

Summary and recommendations to the board:

Mental Health and Learning disability services enjoy a strong reputation and profile locally thanks both to the excellent work of our staff and to the role this board has played in the STP and with commissioning partners. The current profile of mental health and learning disability care is supported by a welcome and ambitious policy agenda which make clear commitments to invest in new models of care at a local, regional and national level.

HPFT are exceptionally well placed to influence the development of the services that we currently provide as well as adapting to emerging requirements and potential vehicles for commissioning such as, lead and alliance provider models of delivering improved population health.

Our proposed service strategies have been developed to reflect the future needs of the populations we serve and to ensure that HPFT is able to meet their medium and longer term needs.

Specifically the proposals also seek to place an increased emphasis on areas such as Children's & Young people's mental health and crisis care, as well as cementing our role in the delivery of holistic, person centered health and social care.

The proposals draw upon the specific requirements and vision for the five service lines set out in within the paper. In their broadest terms the service strategies provide a direction of travel that will enable the future prioritisation of resources to support the required changes and transformation of our services over the coming five years.

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

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

Equality & Diversity and Public & Patient Involvement Implications:

Evidence for Essential Standards of Quality and Safety; CNST/RPST; Information Governance Standards, other key targets/standards:

**Seen by the following committee(s) on date:
Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit**

Summary

The Hertfordshire Partnership University Foundation NHS Trust (HPFT) Board has previously approved and supported the development and implementation of our *Good to Great* strategy with its central commitment to deliver Great Care and Great Outcomes, co-produced with those in our care at its core.

The service strategies reflect this ambition and propose the vision for the development of our major service areas over the next 5 years. In developing these proposals we have sought to respond to the views of our service users and carers about what is important to them, the national policy direction of mental health and learning disability care, as well as the local priorities as defined by our commissioners and Sustainability and Transformation Partnership (STP).

Through the development of the vision for our services, we have embraced the views, experience and feedback of the current ways in which we deliver services, specifically proposing new opportunities that will improve the means by which we respond to our population's needs, including the requirements of responding to the increasing age profile of our communities, as well as significant demographic challenges that are faced by all NHS and Social care services.

The plans seek to balance the quality and safety of the services we provide with the need to ensure their productivity, effectiveness and efficiency and will be developed in concert with the development and implementation of our Digital and Quality Strategies respectively.

The service strategies are intended to provide a high level direction of travel for each of our 5 major service lines across HPFT's core operational services provided across Hertfordshire, Essex, Norfolk & Buckinghamshire.

With the support of the board the service strategies will provide a framework for the development of service development plans across our four strategic business units.

Context

It is beholden on HPFT to embrace their system leadership role, advocating for mental health and learning disability care and ensuring that the national policy direction, set out in the Mental Health Five Year forward view and the NHS Long Term, is translated into the commensurate level of investment and service transformation locally.

Mental Health and Learning disability services have a strong profile within the current policy context and this has been supported by commitments to invest in new models of care at both a local, regional and national level.

HPFT are exceptionally well placed to influence the development of their services as well as adapting to emerging vehicles of commissioning such as lead and alliance provider models.

Our proposed service strategies will ensure that HPFT is able to meet the medium and longer term needs of those experiencing mental health difficulties, those with a diagnosis of a learning disability as well as that of their respective carers. Specifically the proposals also seek to place an increased emphasis in areas such as Children & Young peoples' mental

health and crisis care, recognising our role in the delivery of holistic, person centered health and social care and support.

The proposals draw out the specific requirements and vision for the five service lines set out in figure 1 below. At their broadest terms the service strategies provide both a direction of travel as well as specific areas for planned change and transformation of our models of provision.

Our Ambition

Through the development of our service strategies and incorporating all of the aspects previously rehearsed within this paper in their design, HPFT's core services are setting an ambitious vision for the development and delivery of our services over the coming five years.

The accompanying presentation details the drivers, context and enablers that will support the effective implementation of the plans, securing commissioner investment, meeting the needs of those service users and carers for whom we are privileged to support, now and over the coming five years.

Specifically within the next 5 years, HPFT considers the following priorities as critical to the successful continued delivery of *great care and great outcomes* for our service users and carers:

Children and Young People

- Moving towards a 0-24 Pathway of Care, recognising the current challenges of moving to adult services at 18 and improving the transition to be better aligned with the neurodevelopmental maturity of the person.
- Embracing a system leadership role to support the delivery of the entirety of the CAMHS pathway beyond organisational boundaries
- Leading the implementation of the CAMHS trailblazer projects to increase mental health support in schools
- Building on our existing New Care Models in the provision of local services to reduce the use of out of area inpatient services and expanding this work to be part of regional developments in the field.
- Increasing the specialist capacity of our teams to offer complex treatment interventions, specifically supporting care closer to home.

Adult Mental Health

- Implementing a Mental Health 1st response to our service users in crisis, with 24 hour access and the ability to respond within 1 hour.
- Strengthening the level of access to IAPT (Improving Access to Psychological Therapies) across our commissioner geography.
- Alignment of specialist mental health staff within GP neighborhoods and localities

- A focus on the delivery of services for people with a diagnosis of severe mental illness with an emphasis on the coordination of their care and support
- Development of services to specifically meet the needs of individuals and carers of people with a diagnosis of a personality disorder.
- Continued reductions in out of county placements including the use of locked rehabilitation
- Maintaining a commitment to the delivery of improved outcomes that promote an individual's independence and connection with their families and communities
- Specifically investing in alternative estate solutions to improve our adult inpatient services ceasing the use of standalone adult acute inpatient facilities

Older People's Services

- Services that are aligned to GP localities and support integrated pathways of care, supporting the total needs of a service user and their carers
- Inclusive adult services that are able to respond to the needs of older adults irrespective of their age
- The establishment of a 24/7 crisis service to respond to individuals, carers and care homes to support the localised delivery of care, promoting personalisation, independence and choice.

Learning Disability Services

- Maintain and strengthen our lead provider role in Essex and support the transformation of the Essex's LD services
- Develop and deliver service that provide improved health outcomes of people with a learning disability, including the effective use of medication
- Support the further implementation of Transforming Care and reviewing the method of service delivery within the Specialist Residential Service

Forensic Services

- Strengthen the local capacity to offer community based forensic support
- Work in partnership at a regional level in the delivery of new care models
- Maintain our existing portfolio of inpatient provision and look for opportunities to broaden this level of provision across the region.

Implementation

With the support of the Board for these service strategies, each service area will require an implementation plan commensurate with the scale of change as well as the required level of investment. This wider program of service development will be supported by a governance structure to support the implementation of the plans; developed within the first two Quarters of 2019-20 by the Executive Director of Service Delivery and Experience along with colleagues from the wider Executive and senior leadership teams across the organisation.

These service strategies address the majority of service areas within the Trust's current portfolio as well as known areas of potential growth. Within the 5 year period for these strategies it is likely that additional opportunities will also emerge and in developing the plans, our approach has been to ensure that as a Trust we would be well placed to adapt and embrace such opportunities as they present.

Recommendation

The Board is asked to endorse the direction of travel set by the service strategies within this paper and the accompanying slide deck.

HPFT Service Strategy 2019 to 2024

Jess Lievesley

Director of Delivery and Service User
experience

Keeping the person at the centre of what we do

“The services we provide, first and foremost, must reflect our commitment to the very best outcomes for our service users and their carers, with services fit for the future, that keep the wellbeing and safety of those in our care at their heart”

Tom Cahill CEO
HPFT





About our Service Strategy

- Great care – Great outcomes & our values are at the heart of this strategy.
- The service strategy will be informed by, and in turn inform, our Quality and Digital strategies.
- It will help deliver our commitment to improved clinical and social outcomes for people
- HPFT services must fit with the NHS 10 Year Plan and the plan for social care when it is published.
- Our services must be responsive to the Hertfordshire and West Essex STP, Buckinghamshire, Norfolk and other local and national commissioners
- The services must work together with the full range of health, social care, independent sector and other public bodies so that people experience integrated care.
- Our workforce is central to delivering great services.

Structure of this document

- National context (10 year plan)
- Local and system drivers
- Internal context
- The headlines
- The detail for each client group
- Critical enablers – great people, great networks and partnerships, great organisation



National Context

NHS 10 Year Plan – relevant points

‘It makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people. (note builds on 5YFV which remains current)

- A new integrated primary care, community care and outpatient model.
- Integrated Care Systems in place everywhere by 2021 with commissioning becoming more strategic and ‘place based’ across the public sector.
- Option for lead providers to take responsibility for the integration of services for the whole population (new Integrated Care Provider contract).
- Increased funding **and** a continued drive for efficiencies.
- Increase in training across all professions and expanding innovative new training routes and roles (workforce implementation plan to come).
- Emphasis on personalization including access to personal budgets and records
- Clinical Review of Standards, social care, Implementation Plan all to come...

Children and Young People's Mental health the national context

- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it (currently 30%).
- ...boost investment in children and young people's eating disorder services.
- With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.
- Mental health support for children and young people will be embedded in schools and colleges (building on Trailblazers).
- ... extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector...

Adult mental health - the national context

- Continued expansion of IAPT services for adults of all ages with common mental health problems, with a focus on those with long-term conditions (access for 1.5m).
- Clear standards for patients requiring access to community mental health treatment, rolled out across the NHS over the next decade.
- New and integrated models of primary and community mental health care will support adults of all ages with severe mental illnesses (370,000).
- Expansion of services for people experiencing a mental health crisis (CORE and CORE24 standards, sanctuaries, ambulance staff, **all via NHS111**).
- ...ending acute out of area placements by 2021 (+ capital for physical environment of wards)
- reducing suicides will remain an NHS priority over the next decade.
- a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients

Learning disability – the national context

- Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Drawing on learning from the New Care Models in tertiary mental health services, local providers will be able to take control of budgets to reduce avoidable admissions, enable shorter lengths of stay and end out of area placements.
- Where possible, people with a learning disability, autism or both will be enabled to have a **personal health budget** (PHBs)
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels (on a like for like basis and taking into account population growth - < 30 beds per million adults).
- Increased investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. Every local health system will be expected to use some of this growing community health services investment to have a seven-day specialist multidisciplinary service and crisis care.
- Focus on improving the quality of inpatient care (NHS and independent sector)



Local & System Drivers

Local context (1)

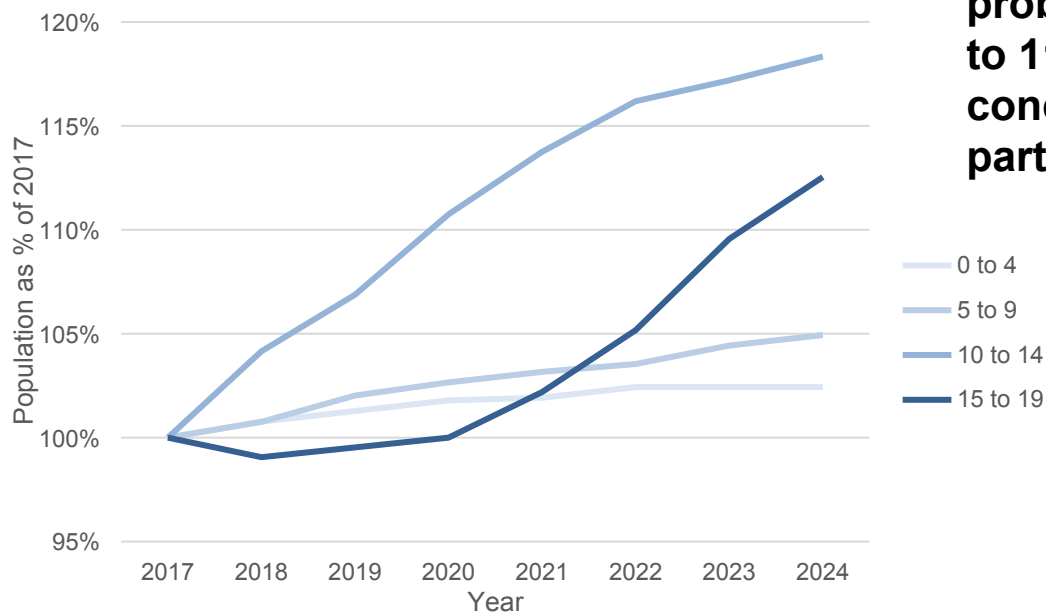
- STP principles: every contact counts, prevention, care pathways, identification of people at risk, targeted preventative interventions, efficiency, closer to home (responsive urgent and emergency services outside of hospital).
- Ensuring the county council's commitment to personalisation and connected lives is met
- Mental health to have equal value and parity of esteem as one of the 'key pillars' of the HWE STP.
- Focus on primary mental health care, IAPT, access to specialist mental health services for children and young people, and adults, physical needs of people with a LD, a comprehensive model for people with severe mental illness, less fragmented drug and alcohol services.
- Intervening early to reduce risk and keep people well and intervening early to reduce or delay need for people with long term physical and mental long term conditions.

Local context (2)

- Place based approach and early intervention for people with complex needs – physical health, mental health, substance misuse, criminal justice, housing and employment
- STP outcomes for people who are generally healthy – increased assessing of self-directed mental health resources
- STP outcomes for complex needs (including frailty) – Every child and adult with complex needs will have a care plan, long term care packages at home as opposed to living in a care home and annual physical health check for SMI
- STP outcomes for LTCs – working in neighbourhoods – Fostering a culture of sharing across the system – early identification and self management
- Mental health as part of standardised physical healthcare pathways for cancer, cardiovascular disease, muscular skeletal conditions, diabetes and respiratory disease.

Increasing demand

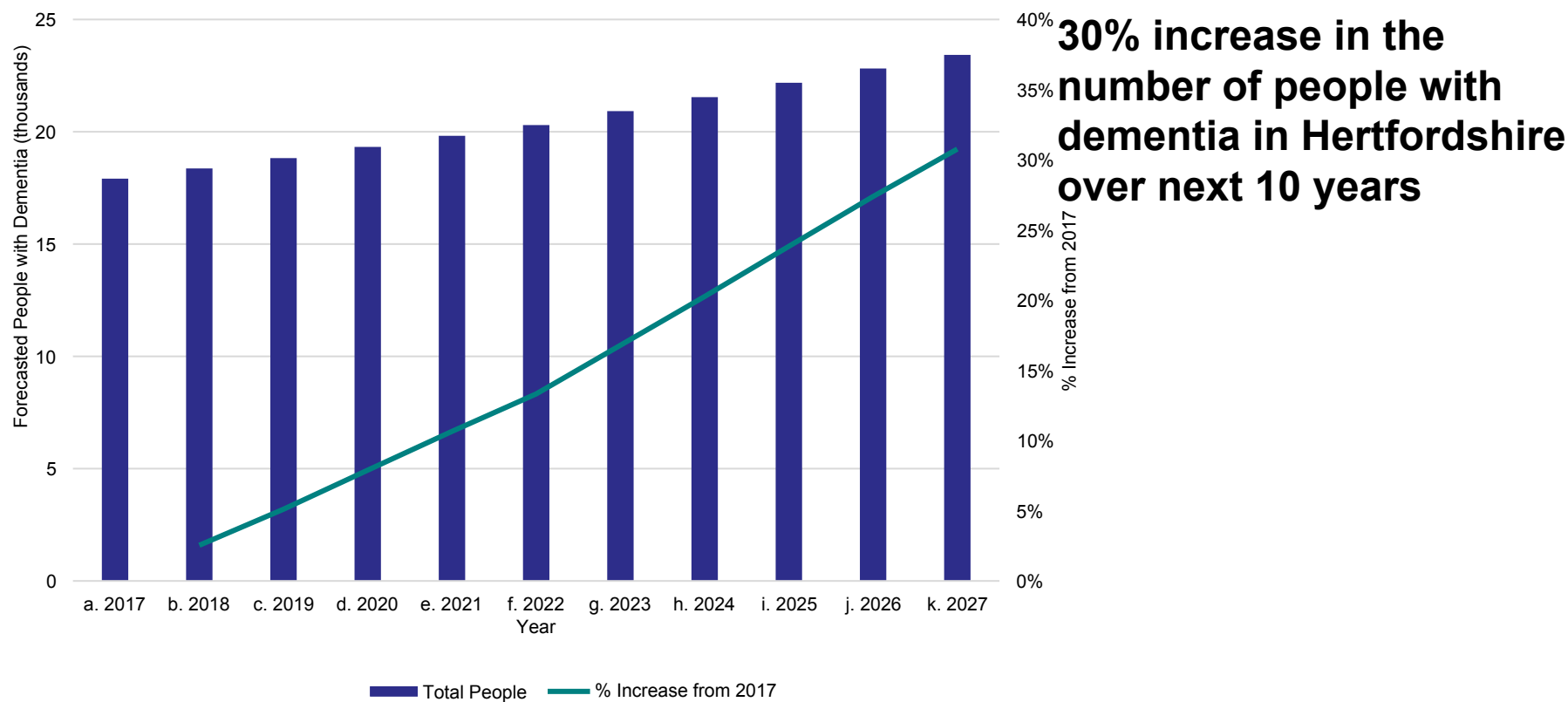
Hertfordshire Projected Population Growth by Age Cohort



Latest prevalence survey has shown only a modest increase in diagnosable problems since 2004 – from 10.1% to 11.2% – this overall figure includes concerning rates of mental distress particularly amongst late teenage girls.

**2020 to 2024 – increase of 12%
In 15 to 19 year olds**

Increasing demand





Internal Context

Fit with overall direction for HPFT

- National policy now has a focus on access to services, setting service standards and measuring outcomes.
- The 10 year plan recognizes the importance of recruiting and supporting staff. The plan seeks to find new access routes to training, new roles and more flexible working.
- Integration between health and social care, integrated physical and mental health, and strong trusting partnerships will be needed.
- Coproduction with service users and a focus on their recovery remains central
- To support Great Care, Great Outcomes a confident and outward looking organization will be required.
- Supports our move towards more technologically enabled treatment approaches and interventions



Rationale and case for change

- 10 year plan sets out clear service development 'must dos' for all HPFT services.
- The next period will be more about cooperation than competition with a likely duty on NHS Trusts to collaborate.
- It will also see people taking greater control of their care through personal budgets, holding their records, accessing care digitally and coproducing services.
- The highest performing NHS Trusts will be expected to take lead roles for their population. This is likely to mean local commissioners having long term strategic oversight while the NHS Trust uses its clinical expertise to both provide services and commission them from a number of other NHS, private and third sector partners
- The case for increased investment will have to be made. The new money will be for new services. Improved efficiency will still be necessary to make sure population needs can be met.
- The 10 year plan, and the local STP, provide an opportunity for the Trust to improve the reach and effectiveness of services for people with mental health problems and those with a learning disability.

The headlines

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

Moving towards the ambition of a comprehensive service for all children and young people aged 0 to 24 that responds early to the full range of mental health needs and is led by HPFT

Access to psychological therapies for depression and anxiety – working as part of the primary care team – specialist recovery focused teams for people with severe problems – one hour 24/7 response to a crisis

HPFT clinical staff embedded in neighbourhood teams supporting people, especially those who are frail, and their families, at home including care homes

Regional lead provider of integrated community and inpatient specialist health services for people with a learning disability

Jointly leading a regional New Care Model for community forensic and secure mental health and learning disability provision



Welcoming Kind Positive Respectful Professional

The detail – children and young people

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

Moving towards the ambition of a comprehensive service for all children and young people aged 0 to 24 that responds early to the full range of mental health needs. HPFT role - Lead for an Integrated Care Organisation that meets the mental health needs of all children and young people 'without tiers'. Contracting with a range of other providers to achieve a single whole system.

Supervision, training and consultancy from HPFT professionals to support CYP mental health workers in schools and colleges building on the trailblazer.

Therapy (e.g. DBT) for CYP with more severe and complex needs. Specialist teams where needed. E.g. for looked after children.

Work with partners to further develop the crisis response for CYP delivered in the most appropriate setting. Intensive home treatment and a CYP s136 suite when needed. Regional New Care Model lead for inpatient care.

 Our values

Welcoming Kind Positive Respectful Professional

Adult Mental Health (1)

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

HPFT role - Lead for an Integrated Care Organisation that meets the mental health needs of all adults. Contracting with a range of other providers to achieve a single whole system.

Continued development of recovery approaches and the Recovery College.

IAPT services reaching out (and meeting national targets) to people with depression and anxiety, especially those with long term health conditions.

HPFT professionals integrated with primary care and are part of neighbourhoods.

Develop pathway with NHS 111 for unplanned care. SPA to crisis teams offering one hour response 24/7 as well as intensive home treatment. One hour response 24/7 liaison teams in all HWE acute hospitals.

Our values

Welcoming Kind Positive Respectful Professional

Continued...

Adult Mental Health (2)

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

Specialist recovery focused community teams for people with severe mental illness (meeting national target). Building on the standards set by first episode in psychosis teams. Integrated with third sector providers to focus on housing, employment and relationships. Clear care coordination arrangements.

Specialist service for people with a personality disorder to ensure they can receive therapy and a structured response.

Develop crisis cafes jointly with the third sector, building on the work of ADTUs.

Reduce need for locked, out of county and long term placements through intensive support at home and in other care settings

Develop a second hospital site in East and North Hertfordshire with both assessment and treatment wards. Re-provide outdated facilities and ease providing care in single stand alone wards.

Our values

Welcoming Kind Positive Respectful Professional

Older people's mental health

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

HPFT specialist clinical staff embedded in neighbourhood teams supporting people with mental health problems, co-morbidities and frailty, and their families, at home, including care homes

Ensure adult mental health services are accessible to older people when their needs can best be met by these services e.g. IAPT, primary mental health care.

Crisis teams offering one hour response 24/7 as well as intensive home treatment, including support to care homes. One hour response 24/7 liaison teams in all HWE acute hospitals.

Provide short term care in a hospital environment for people with dementia and other mental health problems, where this is the least restrictive alternative. Continue providing 48 CHC beds.

HPFT to contribute to the integrated physical and mental health care assessment and gatekeeping of all CHC funded placements



Welcoming Kind Positive Respectful Professional

People with a learning disability

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

Regional lead provider of integrated community and inpatient specialist health services for people with a learning disability

Continue providing inpatient assessment and treatment for people from Herts and Bucks with a focus on improving the quality of care.

Explore alternative arrangements for the Specialist Residential Service so as to sustain quality of life for residents.

Take a lead provider roles for the further development of integrated and holistic community specialist healthcare services supporting people to remain out of hospital in their own home in line with the Transforming Care initiative

Ensure at least 75% of people have an annual health check with their GP. Ensure medication is not overused through the STOMP and STAMP programmes

Forensic services

Children and young people (0 – 24) mental health

Adult mental health

Older people's mental health

People with a learning disability

Forensic services

Increasing community forensic mental health and learning disability provision across the region – secure care when needed

Take opportunities through national, and local funding, to continue developing both mental health and learning disability community provision to work with the criminal justice system, prevent admissions and enable discharge at the most appropriate point.

Continue providing low secure inpatient mental health and learning disability services primarily to residents of Hertfordshire.

Explore the possibilities for moving to a single site for the provision of specialist medium secure learning disability services to the region and beyond

Collaborate with partner NHS Trusts in the East of England to form a New Care Model for secure services which can release money for investment in community forensic care



Critical Enablers

Great people

- Work with our partners at the University of Hertfordshire and Health Education England to increase the number of people being trained across all current and new disciplines. Promote new and flexible ways to access professional training.
- Review the workforce that will be required to sustain current services and provide new services in line with the 10 Year Plan.
- Promote flexible working as a way of increasing the capacity to deliver services.
- Develop and embed new roles such as nursing associates and peer support workers.
- Where there are specific difficulties with recruitment review skill mix and employ people from a broader range of disciplines e.g. pharmacists



Great networks and partnership

- Work with partners in the STP to provide services across the whole area of Hertfordshire and North Essex (building on the provision of IAPT in North Essex)
- Continue to work in partnership with Hertfordshire County Council to provide adult social care under a section 25 agreement
- Strengthen partnership working with Hertfordshire Community NHS Trust
- Integrate partnership working with the third sector to promote recovery for people with a serious mental illness
- Develop organization skills and capacity to become an Integrated Care Provider for community and inpatient Mental Health care for children and young people and for adults; specialist healthcare for people with a learning disability; and, in partnership with other providers in East of England for secure and forensic services

Great organisation

- Inform and be informed by the Trust's Digital and quality strategies
- Redesign access arrangements so that the Trust's response is timely and proportionate to the individual level of presenting need.
- Continued emphasis on Total Quality Improvement.
- Continue reviewing clinical processes to make sure that every contact counts. Use established processes such as Red to Green to achieve this. Minimise DNAs and promote the use of digital means of accessing care and support.
- Make best use of capital investment to improve patient experience, outcomes and efficient working practices

Trust Board

Meeting Date:	7 th March 2019	Agenda Item: 10
Subject:	Financial Summary for the period to 31 st January 2019	For Publication: Yes
Author:	Sam Garrett, Head of Financial Planning and Reporting	Approved by: Paul Ronald, Deputy Director of Finance
Presented by:	Keith Loveman, Executive Director of Finance	

Purpose of the report:

To inform the Board of the current financial position, the key highlights and risks, and the forecast of the likely financial position for the full year.

Action required:

To review the financial position set out in this report, consider whether any additional action is necessary, or any further information or clarification is required.

Summary and recommendations to the Board:

For January the financial position reported was a surplus of £74k for the month, ahead of the Plan of £69k by £4k, and a surplus of £482k for the year to date, ahead of the Plan of £182k by £300k, and exceeding the full year Plan of £360k. This is a small reduction on December due mainly to an increase in Secondary Commissioning expenditure, relating to additional Adult Mental Health Placements, increased PICU, and increased Observation costs, which had been forecast to increase from January. Costs has started to be incurred for current Estates and Environment works to address the outcomes of PLACE audits and a full review of environments recently undertaken by the Estates & Facilities Team.

All figures are reported before any income from the Provider Sustainability Fund (PSF), which is expected to be £1.4m for the year to date, which reflects that the Control Total has been met so far. The NHSI Use of Resources (UOR) Rating is an overall 1.

UOR	1	In Month Plan £000	In Month Actual £000	YTD Plan £000	YTD Actual £000	Full Year Plan £000	Trend
Overall Surplus (Deficit)		69	74	182	482	360	↓
Pay Overall		12,881	12,615	128,303	125,846	154,068	↔
Agency		611	496	6,106	5,988	7,328	↔
Secondary Commissioning		2,598	2,904	25,693	27,624	30,676	↔

The reported position remains encouraging, and ahead of both the Published Plan and the Forecast Recovery Plan. It does include £1.4m reversals of old year accruals and provisions in Quarter 1 with very strong improvements made in Quarters 2 and 3.

Key figures are summarised below, with the key message being the progressive improvements in recent months in a number of areas, such as secondary commissioning and agency costs:

1. Total Pay is reported below Plan for the year to date by £2.5m (1.9%) and for the month by £266k (2.1%). This reflects the level of vacancies, not all of which are covered, and agency levels which continue to reduce, now below the NHSI Ceiling for the month and for the year to date. Agency costs represent under 4% of the overall pay spend, the lowest level for several years (average 5.2% over the last 12 months).
2. Secondary commissioning is reported above Plan by £306k for the month and £1.9m for the year to date, an increase in expenditure from December. Increases include PICU External Placements (£83k); Adult MH Health Placements including Observation costs (£64k); and Social Care Placements (£64k); with several improvements across other areas totalling £22k.
3. Income reported better than Plan by £156k in the month and £796k year to date, with main block contracts worse than Plan by £48k in the month and £822k year to date mainly due to reduced Herts CQUIN expected (c. £290k), reduced activity for NHSE Specialist Services (c. £550k), and reduced CQUIN for North Essex LD for Quarters 1 and 2 (£58k). It is likely that overall Income will be over Plan at the end of the Financial Year by c. £1.0m.
4. Overhead costs continue to spend above Plan, at c. 3.7% year to date, this is a reduction from previously stated 5% as Sub-contracts which deliver services such as within IAPT and North Essex LD have been moved to Direct Costs which reflects their nature. Costs above Plan include in particular Consultancy and Information Technology expenses for various projects to improve services within the Trust. Costs have started to be incurred for current Estates and Environment works to address outcomes of PLACE audits and a full review of environments recently undertaken by the Estates and Facilities Team.

Overall therefore the Quarter 2 improvements were sustained in Quarter 3 and into Quarter 4, with a return to surplus. There remains a level of risk driven by the small surplus margin, significant demand volatility (particularly relating to Secondary Commissioning), and ongoing workforce

pressures.

Relationship with the Business Plan & Assurance Framework:

Effective use of resources, in particular the organisation's continuing financial requirements.

Summary of Implications for:

Finance – achievement of the 2018/19 planned surplus and Use of Resources Rating.

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

None

**Evidence for Essential Standards of Quality and Safety; NHSLA Standards;
Information Governance Standards, Social Care PAF:**

**Seen by the following committee(s) on date:
Finance & Investment / Integrated Governance / Executive / Remuneration
/Board / Audit**

1. Background to Financial Plan 2018/19

1.1 Whilst a significant surplus was achieved in 2017/18 the final position in Quarter 4 was c. £250k and was dependent upon addressing cost increases in placements and CAMHS Tier 4 NCM plans being implemented as planned. In addition there are new investments and cost increases emerging for 2018/19 as well as the ongoing issue of addressing service pressures and the operational stretch being consistently reported.

1.2 The CRES level assumed within the Plan is net £4.7m, and the NHSI Agency Ceiling is £7.3m, which is c. £1.4m below last year's actual spending. The Plan is summarised in Fig. 1a below:

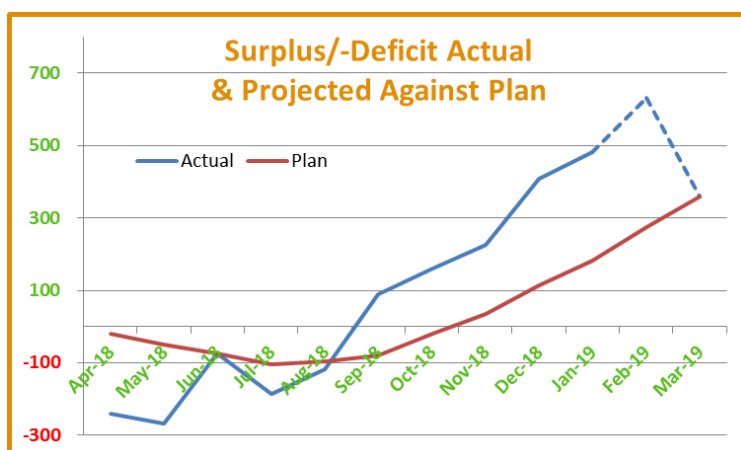
Fig. 1a Plan	2017/18 Plan	2017/18 Actual	2018/19 Plan
Income	221.7	225.6	229.8
Pay	147.8	147.1	149.8
Other Direct Costs	28.2	32.2	33.9
Overheads	35.6	34.8	36.7
EBITDA	10.1	11.5	9.4
EBITDA Margin	4.60%	5.10%	4.10%
Financing	9.3	8.1	9
Surplus	0.8	3.4	0.4

* This is before any amounts due under the Provider Sustainability Fund

2. Summary

2.1 The Trust's Use of Resources (UOR) Framework rating for Month 10 is a 1 calculated as per below:

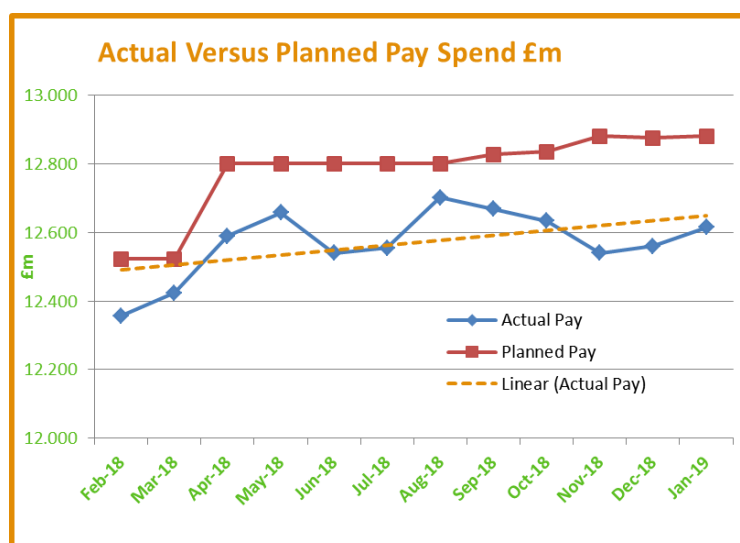
Metric	Rating	Reported Rating	Commentary
Capital Servicing Capacity	1.9 →	1 →	Stayed the same in month. NHSI sub region is confirming with regional lead that the bridging loan repayment can be excluded from the calculation. This rating will likely fall to a 2 in March when the next loan repayment is made.
Liquidity	1.1 →	1 →	Strong cash position of £58.6m supporting liquidity metric.
I&E Margin	2.1 ↑	2 →	Slight improvement in month due to increased surplus.
I&E Variance	1.8 ↑	1 →	Slight improvement in month due to increased surplus.
Agency Spend	1.9 →	1 →	Agency spend maintained below NHSI cap
UOR Overall		1 →	



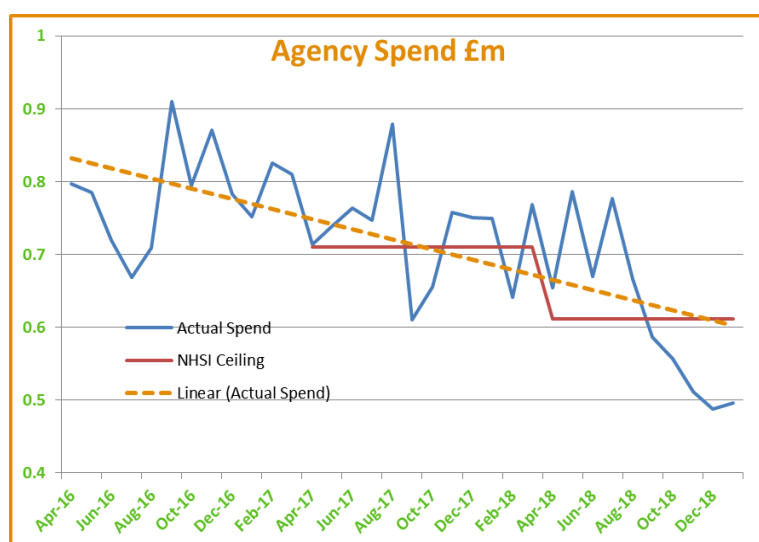
deficit for the year to date, portraying the position behind Plan through to Month 4, then increasing and remaining consistently ahead of Plan to date.

2.3 These figures are before the Provider Sustainability Fund (£1.2m expected to date).

3. Trading Position



months as shown by the linear trend (dotted orange line). Substantive pay spend was £10.8m in the month (86%); Bank pay was £1.3m (10%).



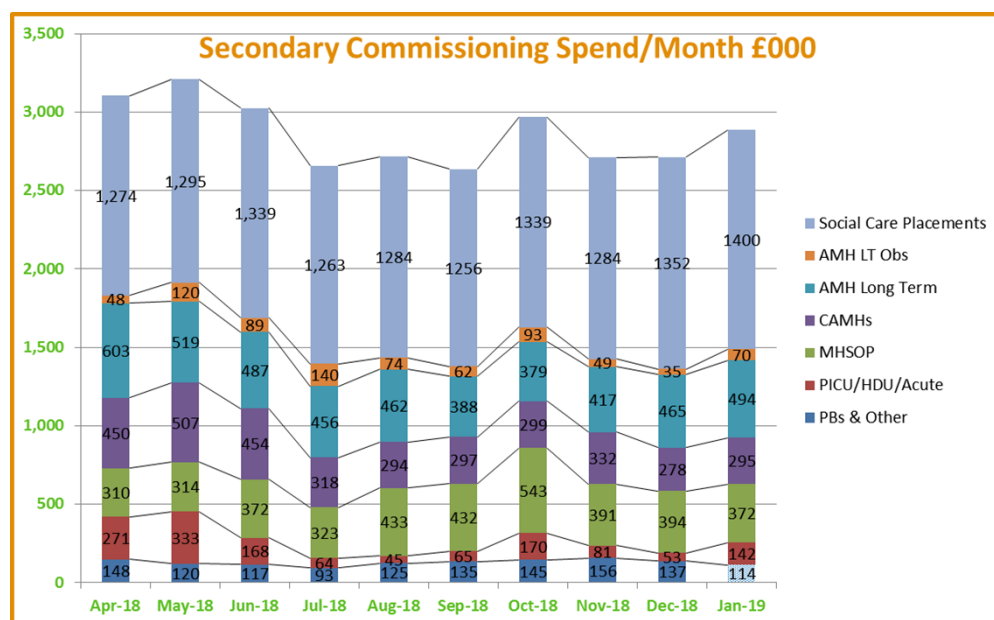
2.2 For month 10 the Trust reported ahead of Plan at £74k surplus for the month (Plan of £69k) and £482k surplus for the year to date (Plan of £182k). Chart shows the actual, planned and forecast surplus and

3.1 Pay costs totalled £12.6m in January as shown in the chart. There has been a decrease in recent months due to the backdated pay award being made in August, followed by agency reductions from September onwards. Overall pay has increased by a small amount over the last 12

3.2 Agency spend was £496k for the month, just under 4%, and below the NHSI Ceiling for the year to date. The chart shows a linear reduction (dotted orange line) over the last several years, from average £785k /

month 16/17, to average £600k / month 18/19 to date.

- 3.3 SBUs maintain regular forecasts of agency spend which are combined into an overall forecast trajectory for the Trust. It is likely that the NHSI Ceiling of £7.3m will be met for the end of the financial year. The use of Safecare has resulted in better planning for staff allocation in inpatient units and the adoption of “zonal observations” has also helped to reduce the number of agency shifts booked. Keeping spend within the Ceiling for the remainder of the financial year remains dependent upon continuing focus on recruitment and retention of key staff groups, particularly CAMHs Medical Staff and Care Co-ordinators within Adult Community and CAMHs Teams.
- 3.4 Secondary Commissioning reports above Plan by £306k for the month and £1.9m for the year to date, an increase in expenditure from January. Increases include PICU External Placements (£83k); Adult MH Health Placements (£64k); and Social Care Placements (£64k); with several improvements across other areas totalling £22k. The chart below shows the progress during the year.



- 3.5 Expenditure in all areas is being actively reviewed and monitored with several schemes to step service users down as soon as appropriate, however difficulties in discharging individuals from inpatient services and lack of housing availability remain barriers to further reductions in this area.
- 3.6 Overhead costs remain above Plan for the year at c. 3.7% to date, a reduction on previously stated 5% as Sub-contracts which deliver services such as within IAPT and North Essex LD have been moved to Direct Costs which reflects their nature. Costs above Plan in particular include Consultancy, Information Technology, Estates and Project Costs, and Site Costs. These all relate to improving environments and services across the Trust, in particular costs have started to be incurred (£220k in January) for Estates and Environment works to address the outcomes of recent PLACE audits and a full review of environments undertaken by Estates and Facilities staff.

4. Risks and Mitigating Actions

- 4.1 The full Statement of Comprehensive Income (SOCl) is set out as an Appendix, giving the detailed position and comparison to Plan for the month and year to date. Improvements in Quarter 2 have been sustained through Quarter 3 and into Quarter 4, however it remains important to maintain focus on further improvements. It is expected that the Trust's Control Total for the year will be achieved, but this will need continued focus including:
 - 4.1.1 Reductions in Agency spend – these started to impact the position from month 5 and have been sustained to date, with the NHSI Ceiling now being met year to date.
 - 4.1.2 Managing within current placement spend – this significantly reduced in Quarters 2 and 3 but does remain a significant risk, with some areas increasing again recently.
 - 4.1.3 Vacancy management processes – this has implemented more oversight of vacancies and other payroll related costs, scrutinising a number of areas.
- 4.2 There is therefore an ongoing requirement to closely manage expenditure and potentially provide headroom against further spikes in costs in the key areas of risk.

5. Income and Major Contracts

- 5.1 Total income planned for the year is £233.8m, including £215.9m from Main Commissioners, of which £170.9m is in respect of Hertfordshire. It is not expected that the values for current commissioners will change significantly during the year, though several additional amounts (£411k for extension of the Community Perinatal, £124k for ADHD Medical cover, £30k for the Wellbeing College) have been added.
- 5.2 CQUIN income is included in the position at 100% for all contracts except Hertfordshire, with most expected to achieve this. For Hertfordshire, CQUIN for 2018/19 is currently projected at only 82%, with a worst case estimate of 76% and best case of 86%. This reflects the challenge to achieve targets for physical health checks and full recording.
- 5.3 With effect from 1st November the Trust became the Lead Provider for Specialist Learning Disability Services across Essex, sub-contracting to EPUT and ACE in parts of the County. These are now included in the reported position with an increase of £560k income in month and £568k cost for sub-contracts (total part year effect £2.8m).

6. Delivering Value

6.1 2018/19

- 6.1.1 The net Delivering Value Programme requirement for 2018/19 is £4.7m. Forecast programme delivery remains unchanged at £4.9m, of which c. £500k will be non-recurrent. Individual schemes have been RAG rated in terms of the likelihood of full delivery, with further work required to ensure that the full value is achieved in year:

Fig. 6a Delivering Value Forecast Programme Delivery 2018/19	Amber	Green	Total
	£000	£000	£000
East & North SBU	918	827	1,745
West SBU	237	1,065	1,302
LD&F SBU incl. Placements	684	571	1,255
Corporate & Procurement	142	431	573
Total	1,981	2,894	4,875

6.2 2019/20

- 6.2.1 A list of schemes and opportunities for efficiency has been drawn up which identifies potential savings totalling between £4.0m and £5.5m.

Fig. 6c Indicative schemes and opportunities RAG rated	£000s	£000s
Green	1,531	1,731
Amber	2,323	2,868
Red	151	955
Schemes and opportunities RAG rated total	4,005	5,554

- 6.2.2 Schemes include maintaining current agency spend levels; exploring the use of technology to reduce inpatient observation costs; development of the capital charges savings for, or income generation associated with, empty buildings; exploring a number of suggestions made associated with Time to Care, which require project or IM&T support.

7. Statement of Financial Position, Cash flow and Capital

- 7.1. Receivables increased by £1.2m in month. This is mainly due to £1.0m of LDA income invoiced for and £400k accrued income relating to the grossing up of CAMHs Tier 4 contract which will increase accrued income by c. £400k until March. These increases were offset by £200k of overdue receivable debts paid.
- 7.2. Payables and accruals increased by £1.3m in month. This is due to the timing of payment runs of c. £300k, increase of PDC accruals of £300k not due until March, £100k increase relating to capital accruals, and an increase in deferred income of £600k relating to the deferral of some of the LDA income billed in month.

7.3. Cash balances have decreased by £200k in the month. The main movements in month are:

- Cash inflow from operating activities £500k
- Cash outflow from investing (£700k)

7.4. The Capital Programme comprises actual capital spend and revenue spend associated with the programme. The Programme was most recently updated for the September Finance and Investment Committee. There is currently a 5 year estates strategy being developed which will inform the 5 year capital financial plan.

7.5. Cumulative net capital spend year to date for 2018/19 is £4.1m. This includes the income received from the asset sale of 305 Ware Road of £1.4m.

7.6. There is a further £567k of revenue spend year to date, £232k in month. This primarily relates to the running costs for empty buildings and the dilapidation costs for Trust leased buildings.

7.7. Capital spend has increased from last month due to high levels of spend on IT infrastructure in month and a correction on the reporting of the Trust's business intelligence system. The main construction projects continue to be fire compliance works and the Forest House S136 extension in month 10.

7.8. PLACE works have begun and will continue until the end of the year as the Trust seeks to address some backlog maintenance issues within the scope of the improving financial position.

8. Forward Look

8.1 There has been a good recovery in the financial position and the year to date reported position is above the Control Total. The planned estates expenditure in months 10 and 11 will reduce the surplus in those months bringing it down to meet the Control Total. Importantly this does include however the £1.4m release in Quarter 1 to meet unbudgeted placement costs in PICU and CAMHs.

Current Trading - Income Statement for Period Ended 31-January-2019

Actual in month Jan-18	Actual YTD to 31-Jan-18	Description	2018/19 Plan	Month Actual	Jan - 19 Plan	Variance	Year to Date Actual	Jan - 19 Plan	Variance	Year to Date E&N	West	LD	Support	Other	Total
31 0	31 0	Number of Calendar Days	365	31	31		306	306							0
14,172	139,915	Contract #1 Hertfordshire IHCCT	170,897	14,185	14,259	(73)	142,154	142,380	(226)	21	(0)	(0)	(0)	142,133	142,154
1,909	15,894	Contract #2 East of England	22,876	1,828	1,906	(78)	18,491	19,063	(573)	(0)	(0)	(0)	(0)	18,491	18,491
794	7,942	Contract #3 Essex LD	12,378	1,355	1,363	(7)	9,547	9,653	(106)	(0)	(0)	(0)	(0)	9,547	9,547
168	1,686	Contract #4 Norfolk (Astley Court)	2,166	181	181	0	1,803	1,805	(2)	(0)	(0)	(0)	(0)	1,803	1,803
532	5,559	Contract #5 IAPT Essex	6,579	659	548	111	5,567	5,483	84	(0)	(0)	240	(0)	5,327	5,567
316	3,134	Contract #6 Bucks Chiltern CCG	3,807	317	317	0	3,173	3,173	0	(0)	(0)	(0)	(0)	3,173	3,173
17,891	174,131	Contracts	218,703	18,526	18,574	(48)	180,734	181,556	(822)	21	(0)	240	(0)	180,474	180,734
153	956	Clinical Partnerships providing mandatory svcs (inc S31 agrmnts)	1,085	122	90	31	914	904	10	1,005	(0)	(0)	(0)	(90)	914
389	3,471	Education and training revenue	3,094	496	256	240	3,565	2,574	991	82	412	320	834	1,916	3,565
60	1,899	Misc. other operating revenue	4,248	342	347	(5)	4,565	3,567	999	539	523	335	1,470	1,699	4,565
461	4,340	Other - Cost & Volume Contract revenue	5,332	419	444	(26)	4,212	4,443	(231)	(0)	(0)	4,212	(0)	(0)	4,212
300	2,126	Other clinical income from mandatory services	1,999	144	167	(23)	1,592	1,666	(74)	165	304	1,078	35	10	1,592
22	323	Research and development revenue	403	20	34	(13)	259	336	(77)	(0)	1	5	253	(0)	259
147	1,386	Provider Sustainability Fund	1,775	207	207	(0)	1,361	1,361	(0)	(0)	(0)	(0)	(0)	1,361	1,361
(0)	(0)	Other block	(0)	(0)	(0)	(0)	(0)	(0)	(0)	45,663	44,505	52,427	18,749	(161,344)	0
19,424	188,634	Total Operating Income	236,639	20,275	20,119	156	197,202	196,407	796	47,474	45,745	58,616	21,341	24,026	197,202
(10,489)	(102,093)	Employee expenses, permanent staff	(130,293)	(10,849)	(10,900)	51	(106,906)	(108,499)	1,593	(30,148)	(30,920)	(29,302)	(12,795)	(3,741)	(106,906)
(1,352)	(13,132)	Employee expenses, bank staff	(16,447)	(1,270)	(1,371)	101	(12,951)	(13,698)	747	(3,554)	(4,710)	(3,979)	(664)	(43)	(12,951)
(749)	(7,364)	Employee expenses, agency staff	(7,328)	(496)	(611)	115	(5,988)	(6,106)	118	(2,711)	(2,105)	(650)	(647)	125	(5,988)
(43)	(368)	Clinical supplies	(269)	(36)	(22)	(14)	(334)	(224)	(110)	(157)	(70)	(75)	(35)	2	(334)
(2,929)	(24,896)	Cost of Secondary Commissioning of mandatory services	(30,676)	(2,904)	(2,598)	(306)	(27,624)	(25,693)	(1,932)	(7,826)	(2,007)	(18,641)	(0)	849	(27,624)
(0)	(0)	Other Contracted Services	(4,034)	(655)	(667)	12	(2,669)	(2,699)	31	(0)	(0)	(2,669)	(0)	(0)	(2,669)
(25)	(213)	GP Cover	(279)	(22)	(23)	1	(228)	(233)	5	(94)	(3)	(160)	(0)	28	(228)
(311)	(2,457)	Drugs	(2,646)	(266)	(221)	(46)	(2,566)	(2,205)	(361)	(1,326)	(1,079)	(211)	43	7	(2,566)
(15,897)	(150,523)	Total Direct Costs	(191,972)	(16,499)	(16,412)	(87)	(159,268)	(159,358)	90	(45,816)	(40,895)	(55,686)	(14,098)	(2,773)	(159,268)
3,527	38,110	Gross Profit	44,667	3,777	3,707		37,935	37,049		1,659	4,850	2,931	7,243	21,253	37,935
18.16%	20.20%	Gross Profit Margin	18.88%	18.63%	18.42%		19.24%	18.86%		3.49%	10.60%	5.00%	33.94%	88.46%	19.24%
(51)	(565)	Overheads	(628)	(28)	(51)	23	(686)	(526)	(160)	(17)	(15)	(64)	(556)	(34)	(686)
(83)	(713)	Consultancy expense	(1,074)	(62)	(86)	24	(781)	(866)	86	(69)	(58)	(66)	(607)	20	(781)
(338)	(3,472)	Education and training expense	(4,104)	(387)	(341)	(46)	(3,731)	(3,421)	(310)	(120)	(189)	(282)	(3,105)	(35)	(3,731)
(335)	(3,324)	Information & Communication Technology	(5,144)	(475)	(428)	(46)	(4,545)	(4,287)	(258)	(4)	1	(3)	(0)	(4,538)	(4,545)
(483)	(5,665)	Hard & Soft FM Contract	(6,694)	(772)	(445)	(327)	(6,387)	(5,668)	(719)	(701)	(1,112)	(1,440)	(1,661)	(1,472)	(6,387)
(502)	(5,162)	Misc. other Operating expenses	(4,144)	(396)	(345)	(51)	(3,565)	(3,454)	(111)	(422)	(1,439)	(557)	(1,036)	(111)	(3,565)
(58)	(513)	Other Contracts	(399)	(48)	(33)	(15)	(522)	(333)	(189)	(127)	(99)	(210)	(74)	(12)	(522)
(535)	(4,890)	Non-clinical supplies	(5,547)	(549)	(462)	(87)	(5,195)	(4,622)	(573)	(21)	0	(2)	(3)	(5,170)	(5,195)
(0)	(1,000)	Site Costs	(1,955)	220	(166)	386	(280)	(1,630)	1,350	(0)	(0)	(0)	(0)	(280)	(280)
(316)	(3,003)	Reserves	(3,732)	(310)	(313)	3	(3,277)	(3,106)	(171)	(840)	(1,195)	(785)	(446)	(10)	(3,277)
(2,702)	(28,307)	Travel, Subsistence & other Transport Services	(33,422)	(2,808)	(2,671)	(136)	(28,967)	(27,914)	(1,053)	(2,321)	(4,106)	(3,409)	(7,489)	(11,642)	(28,967)
825	9,803	Total overhead expenses	11,246	969	1,036	(67)	8,968	9,136	(168)	(663)	744	(479)	(246)	9,611	8,968
4.25%	5.20%	EBITDA	4.75%	4.77%	5.14%		4.54%	4.65%		-1.39%	1.62%	-0.81%	-1.15%	40.00%	4.54%
(406)	(4,098)	EBITDA Margin	(354)	(400)	(419)	19	(4,056)	(4,188)	132	(0)	(0)	(117)	(0)	(3,939)	(4,056)
(36)	(358)	Depreciation and Amortisation	(0)	(24)	(29)	6	(269)	(295)	25	(0)	(0)	(0)	(269)	(0)	(269)
(0)	(0)	Other Finance Costs inc Leases	(0)	(0)	(0)	(0)	(32)	(0)	(32)	(0)	(0)	(0)	(0)	(32)	(32)
20	105	Gain/(loss) on asset disposals	168	34	14	20	284	140	144	(0)	(0)	(0)	284	(0)	284
(260)	(2,926)	Interest Income	(3,900)	(299)	(325)	26	(3,052)	(3,250)	199	(0)	(0)	(146)	(0)	(2,906)	(3,052)
143	2,526	PDC dividend expense	2,135	281	276	4	1,843	1,543	300	(663)	744	(741)	(231)	2,734	1,843
0.74%	1.34%	Net Surplus / (Deficit)	0.90%	1.38%	1.37%		0.93%	0.79%		-1.40%	1.63%	-1.26%	-1.08%	11.38%	0.93%
(4)	1,140	Net Surplus margin	360	74	69	4	482	182	300						
		Net Surplus / (Deficit) before PSF													

Trust Board

Meeting Date:	7 th March 2019	Agenda Item: 11
Subject:	Trust Annual Plan 2019-20	For Publication:
Author:	Karen Taylor, Director of Strategy & Integration	Approved by: Karen Taylor, Director of Strategy & Integration
Presented by:	Karen Taylor, Director Strategy & Integration	

Purpose of the report:

This paper provides an overview of the draft Annual Plan for 2019-20. It aligns with the draft operating plan we submitted to NHSI; with known commissioning priorities and key areas of development at a local, regional and national level. Our plan, which builds on the significant progress we have made as a Trust during 2018/19, will be finalised by the end of April to reflect discussions with the Council of Governors, the final contracts with our Commissioners together with any feedback received from NHSI.

Action required:

To review and approve the draft priorities for the Trust Annual Plan

Summary and recommendations to the Board:

High level summary of the 2019-20 Plan

The year ahead is exciting, building on the momentum and significant improvements we have made during 2018-19. Our relentless focus on continuously improving our services to provide high quality care will continue in 2019-20. This includes targeted work to further improve the safety of the care we provide, the experience and the outcomes for our service users. We will be focusing on releasing more time to care - more time to spend with our service users and carers to deliver the outcomes that matter to them.

We know that great care starts with a great workforce. That is why in 2019-20 staff development and staff experience remains our priority. We will be focusing on our inclusive and just culture, together with the roll out of our High Performing Team model. This together with our commitment to continuous quality improvement will support and encourage our workforce to make the changes they believe are needed to deliver great care. We also know we need to have the right number of staff with the right skills in the right place. Recruiting to our vacancies, developing new roles and retaining our existing workforce are priorities for the forthcoming year.

Externally, pace is building as our local health and social care organisations begin to move together towards a population health model of care. This, together the potential of New Models of Care for specialist services, will mean a continued focus during 2019-20 on the future development

of our organisation and services – always focusing on improved outcomes for our service users and carers.

This, alongside our continued commitment to coproduction with our service users, staff and other key stakeholders means we are confident 2019-20 will see the Trust make significant strides along our journey to achieve ‘Great Care, Great Outcomes’.

Overview of priorities

Strategic Objective	2019/20 priorities
We will provide safe services, so that people feel safe and are protected from avoidable harm	<ul style="list-style-type: none"> • We will continue our drive to reduce suspected suicides and prevent avoidable harm • We will continue to ensure our service users feel safe across our inpatient units • We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice
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"> • We will improve the timeliness and experience of accessing our services and subsequent treatment • We will improve the quality and experience of the environment across our services for service users and staff.
We will improve the health of our service users through the delivery of effective evidence based practice	<ul style="list-style-type: none"> • We will improve the effectiveness of our interventions through the implementation of evidence based pathways • We will improve physical health for people with serious mental illness and learning disability • We will develop our approach to research to strengthen the relationship between practice, research and audit
We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	<ul style="list-style-type: none"> • We will continue to focus on and deliver key high impact recruitment and retention activities • We will develop an inclusive and just culture where all staff feel safe and valued. • We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged
We will improve, innovate and transform our services to provide the most effective, productive and high quality care	<ul style="list-style-type: none"> • We will create a culture and environment where we embed continuous quality improvement approach to deliver Great Care and Great Outcomes. • We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently • We will enable more effective ways of working that value service user, carer and staff time.
We will deliver joined up care to meet the needs of our service users across mental, physical	<ul style="list-style-type: none"> • We will develop and deliver new models of care in our older persons services • We will implement our new model of care across Learning Disability Services in Essex

and social care services in conjunction with our partners	<ul style="list-style-type: none"> • We will develop a new model of primary mental health across Hertfordshire • We will improve our physical health practices across the Trust
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"> • We will lead and drive the development of a population based model for Mental Health & LD focused on improving care & outcomes • We will actively support the development of the STP and population health, including the development of the Integrated Care System and Integrated Care Alliances. • We will support and drive the development of a new model of care for CAMHS across Hertfordshire • We will work at a region wide level to establish New Care Models

Recommendations

- It is recommended the Board approves this the priorities outlined in this Draft Plan
- It is recommended the final plan with the full outcomes, milestones and aligned resourcing plan is presented to the 9th May 2019 Trust Board.

Relationship with the Business Plan & Assurance Framework:

Annual plan outlines the key deliverables for the Trust

Summary of Implications for:

1. Finance – Delivery of the Annual Plan will be aligned with the Trust's Financial Plan
2. IT – Priorities are outlined within the Plan
3. Staffing – Priorities are outlined within the Plan
4. NHS Constitution – N/A
5. Carbon Footprint – N/A
6. Legal – N/A

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

The development of the plan has been done in conjunction with a number of stakeholders

Evidence for Essential Standards of Quality and Safety; NHSLA Standards; Information Governance Standards, Social Care PAF:

Delivery of the plan will support delivery of the above

Seen by the following committee(s) on date: Finance & Investment / Integrated Governance / Executive / Remuneration /Board / Audit

Executive Committee (Senior Leadership Team meeting) 20 February 2019

DRAFT ANNUAL PLAN 2019-20

1. Introduction

This paper provides an overview of HPFT's draft Annual Plan for 2019-20. It aligns with the draft operating plan the Trust submitted to NHSI and with known commissioning priorities/developments at a local, regional and national level. Our plan, which builds on the significant progress we have made as a Trust during 2018/19, will be finalised by the end of April to reflect discussions with the Council of Governors, final contracts with our Commissioners together with any feedback received from NHSI.

2. Background - Good to Great

Our 'Good to Great' Strategy (2016-2021) describes how we are going to deliver our vision of 'Delivering Great Care, Achieving Great Outcomes – Together'. Achieving our vision means that we put the people who need our care, support and treatment at the heart of everything we do. It means we consistently achieve the outcomes that matter to those individuals who use our services, their families and carers by working in partnership with them and others who support them. It also means we keep people safe from avoidable harm, whilst ensuring our care and services are effective, achieve the very best clinical outcomes and support individual recovery outcomes. Our 'Good to Great' triangle below depicts the key areas of focus for the Trust in terms of its people, improving the way we do things, partnerships and quality (experience, effectiveness and safety).



3. Strategic Objectives 2016-2021

The Trust has a number of strategic objectives:

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 will feel positively about their experience
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)

4. Our Annual Plan for 2019-20

The year ahead is exciting, building on the momentum and significant improvements we have made during 2018-19. Our relentless focus on continuously improving our services to provide high quality care will continue in 2019-20. This includes targeted work to further improve the safety of the care we provide, the experience and the outcomes for our service users. We will be focusing on releasing more time to care - more time to spend with our service users and carers to deliver the outcomes that matter to them.

We know that great care starts with a great workforce. That is why in 2019-20 the development and experience of our staff remain our priority. We will be focusing on our inclusive and just culture, together with the roll out of our High Performing Team model. This together with our commitment to continuous quality improvement will support and encourage our workforce to make the changes they believe are needed to deliver great care. We also know we need to have the right number of staff with the right skills in the right place. Recruiting to our vacancies, developing new roles and retaining our existing workforce are priorities for the forthcoming year.

Externally, pace is building as our local health and social care organisations begin to move together towards a population health model of care. This, together with the potential of New Models of Care for specialist services, will mean a continued focus during 2019-20 on the future development of our organisation and services – always focusing on improved outcomes for our service users and carers.

This, alongside our continued commitment to coproduction with our service users, staff and other key stakeholders, means we are confident 2019-20 will see the Trust making significant strides along our journey to achieve 'Great Care, Great Outcomes'.

5. Development of the Plan

Our 2019 plan takes into consideration and reflects national planning guidance, Herts & West Essex Sustainable Transformation Partnership (STP) priorities, local contract discussions and agreements. It

is informed by feedback and discussions from stakeholders including our staff, our senior leadership team, the Council of Governors, our service users and carers and our commissioners.

6. 2019-20 Priorities, Actions and Outcomes

The Annual Plan is split into seven sections with priorities identified for each Strategic Objective in 2019/20 (see Table below). The actions to be taken are clearly defined (See Appendix 1). The outcomes will be finalised, with measurable targets agreed; underpinned by a detailed set of milestones and outcomes by quarter for each priority.

Strategic Objective	2019/20 priorities
We will provide safe services, so that people feel safe and are protected from avoidable harm	<ul style="list-style-type: none"> We will continue our drive to reduce suspected suicides and prevent avoidable harm We will continue to ensure our service users feel safe across our inpatient units We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice
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"> We will improve the timeliness and experience of accessing our services and subsequent treatment We will improve the quality and experience of the environment across our services for service users and staff.
We will improve the health of our service users through the delivery of effective evidence based practice	<ul style="list-style-type: none"> We will improve the effectiveness of our interventions through the implementation of evidence based pathways We will improve physical health for people with serious mental illness and learning disability We will develop our approach to research to strengthen the relationship between practice, research and audit
We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment	<ul style="list-style-type: none"> We will continue to focus on and deliver key high impact recruitment and retention activities We will develop an inclusive and just culture where all staff feel safe and valued. We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged
We will improve, innovate and transform our services to provide the most effective, productive and high quality care	<ul style="list-style-type: none"> We will create a culture and environment where we embed continuous quality improvement approach to deliver Great Care and Great Outcomes. We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently We will enable more effective ways of working that value service user, carer and staff time.
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"> We will develop and deliver new models of care in our older persons services We will implement our new model of care across Learning Disability Services in Essex We will develop a new model of primary mental health across Hertfordshire We will improve our physical health practices across the Trust
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"> We will lead and drive the development of a population based model for Mental Health & LD focused on improving care & outcomes We will actively support the development of the STP and population health, including the development of the Integrated Care System/Alliances We will support and drive the development of a new model of care for CAMHS across Hertfordshire We will work at a region wide level to establish New Care Models

7. Monitoring and Review

The Annual Plan priorities are cascaded via the development of Business Plans for the Strategic Business Units and Corporate Services. These, in turn, should be reflected in team plans through to individual Personal Development Plans. At Trust Board Level, progress against milestones and outcomes will be reviewed on a quarterly basis. Progress is also monitored quarterly with the Strategic Business Units.

In addition, a more extensive review will take place mid-year with the Trust Board to allow for a fuller assessment of any changes required to the plan to achieve the Trust's agreed priorities. In the event of changing factors (internal or external to the Trust) the plan may need to be adjusted/updated to ensure delivery of the required outcomes. This reflects the need to ensure the plan, although produced at the beginning of the year, remains a 'live' reflection of our work and priorities across the Trust.

8. Conclusion

2019/20 is the fourth year of our 'Good to Great' journey and our Annual Plan describes the key actions we will take to this year to further develop our services and to ensure we are able to provide the highest quality care for those individuals with a mental health illness and/or learning disability. This paper has described how we have developed our plan, the key priorities for the year ahead and how they support delivery of our Strategic Objectives. It also describes how we will monitor and track progress throughout the year, ensuring the Annual Plan outcomes are delivered.



APPENDIX 1

DRAFT TRUST ANNUAL PLAN

2019-20

Strategic Objective 1 - We will provide safe services, so that people feel safe and are protected from avoidable harm

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users and staff)
We will continue our drive to reduce suspected suicides and prevent avoidable harm	<ul style="list-style-type: none">• We will develop and deliver an enhanced approach to supporting primary care to identify and communicate effectively about those at risk of suicide• We will put in place a new approach/tool for identifying and avoiding harm, following a review and update of how we undertake and record risk assessments;	<ul style="list-style-type: none">• Service users will not feel that suicide is their only option and will be getting the right care, in the right place by the right people.• Reduction in the number of suspected suicides
We will continue to ensure our service users feel safe across our inpatient units	<ul style="list-style-type: none">• We will further embed our ‘Feeling safe’ activities (e.g. peer support listening, safety huddles, red to green, safety crosses)• We will implement The Making our Services Safer Together (MOSS 2gether);	<ul style="list-style-type: none">• Service users will feel safe when they use our services• There will be less incidents of violence and aggression on our wards• Staff will feel safe when they are working on our wards
We will ensure seclusion and restrictive practices and environments across the Trust are in line with best practice	<ul style="list-style-type: none">• We will strengthen our Shared Decision making with service users through implementing The Making our Services Safer Together (MOSS 2gether); using the “Safe wards” model as the underpinning• We will build new seclusion/safe care suites at identified service areas, configured to deliver best-in-class standards and seclusion environments approach.	<ul style="list-style-type: none">• Staff, service users and carers will work together to support service users to manage their feelings and behaviour using the least restrictive practice• Improved safety and experience for service users and staff• Service users will be supported using the least restrictive practice to recover and to move out of seclusion as quickly and safely as possible

Strategic Objective 2 - We will deliver a great experience of our services, so that those who need to receive our support feel positively about their experience

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users or staff)
We will improve the timeliness and experience of accessing our services and subsequent treatment	<ul style="list-style-type: none"> We will improve our crisis function through the roll out of a 24/7 First Response Pathway. 	<ul style="list-style-type: none"> Service users will have better access to crisis care (within an hour) Service users experiencing a mental health crisis will be able to access the service more easily than 999 and A&E
	<ul style="list-style-type: none"> We will improve access to our Children and Adolescent services We will put in place the CAMHS trailblazer development 	<ul style="list-style-type: none"> Service users will have improved access to assessment and treatment Service users will have improved outcomes and less reliance on crisis services
	<ul style="list-style-type: none"> We will improve access to our Adult Mental Health Services, focusing particularly on establishing primary mental health teams across Hertfordshire 	<ul style="list-style-type: none"> Waiting times will reduce Service users and carers will have improved outcomes Reduced demand for adult community secondary mental health care.
	<ul style="list-style-type: none"> We will improve access to our IAPT services 	<ul style="list-style-type: none"> Increased GP Satisfaction
	<ul style="list-style-type: none"> We will implement our new model of care for LD Services in Essex 	<ul style="list-style-type: none"> Staff will report greater ability to provide great care to service users
We will improve the quality and experience of the environment across our services for service users and staff.	<ul style="list-style-type: none"> We will complete the refurbishment of Albany Lodge and Aston Ward We will progress the business case & commencement of re-provision of adult acute beds for E&N Hertfordshire We will implement ‘life-cycle’ refurbishment programme of works. We will continue the remodelling of the community hubs – Saffron Ground, Colne House, Rosanne House. 	<ul style="list-style-type: none"> Staff will be able to access the clinical and office space needed to work effectively Experience of people accessing and receiving services in our community Hubs will improve The physical environments of our inpatient wards and Community Hubs will improve

Strategic Objective 3 - We will improve the health of our service users through the delivery of effective evidence based practice

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our service users or staff)
We will improve the effectiveness of our interventions through the implementation of evidence based pathways	<ul style="list-style-type: none">Fully implement new pathways and services for<ul style="list-style-type: none">PsychosisDementiaAll age Personality DisorderCrisis care pathwayLearning Disability services in Essex	<ul style="list-style-type: none">Service users with psychosis, dementia and personality will experience best in class care and outcomes, aligned with NICE guidelines.Staff will be able to report, review and use outcome measure to support their practices, with outcome measures captured on SPIKEReduced readmission and re-referral rates for service usersAppropriate Length of Stays achieved within pathwaysReduced crisis admissions
We will improve our physical health practices across the Trust	<ul style="list-style-type: none">We will ensure all pathways across the Trust include physical healthWe will transform our physical health training for our staff across the TrustWe will ensure we develop our practices to incorporate meeting the physical health needs of our service usersWe will work with partners and experts in physical health to improve and develop our services, ensuring collaborative relationships with primary medical services, community healthcare and acute hospitals to meet the physical healthcare needs of people with mental illness.	<ul style="list-style-type: none">Service users will have access to support to make healthy lifestyle choices (e.g. diet, exercise and smoking) and supported to access routine age and gender appropriate physical health screening and vaccinationsService users will be monitored for adverse physical effects of antipsychotic treatment or other poor physical health.Staff will report having the skills and training necessary to support service users with their physical health needsService users will have an agreed health and wellbeing plan
We will develop our approach to research to strengthen the relationship between practice, research and audit	<ul style="list-style-type: none">Develop new model of research and research strategy for the organisation, which is fully aligned to innovation and improvement.Raise the profile of research across the organisation	<ul style="list-style-type: none">Staff are empowered to participate in research practiceResearch strategy developed (aligned with University of Hertfordshire)Clinical research capability increased within the organisationHigher profile of research across the organisation

Strategic Objective 4 - We will attract, retain and develop people with the right skills and values to deliver consistently great care, support and treatment

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for our staff or service users)
We will continue to focus on and deliver key high impact recruitment and retention activities	<ul style="list-style-type: none"> Recruitment – we will strengthen our approach and marketing to attract high calibre people to join the organisation Retention – we will continue to focus on what our staff have said matters to them including; their health & wellbeing; flexible working; working as part of a team; career progression and acknowledgement; access to training. 	<ul style="list-style-type: none"> Staff will want to join the Trust and stay working in the Trust Staff will have more opportunities for flexible working Staff will be able to progress more easily through new career pathways Staff will be able to access non-mandatory training Staff will feel their contribution is acknowledged via long service awards Service users will receive great care
We will develop an inclusive culture where all staff feel safe and valued.	<ul style="list-style-type: none"> We will work with all groups of staff with protected characteristics to further develop our Just and Inclusive Culture across the Trust We will significantly improve the experience of our BAME staff and staff with a disability We will continue our campaign to eliminate bullying and harassment across the Trust 	<ul style="list-style-type: none"> All staff will be aware of and understand what our Just and Inclusive Culture means for them and how they work with colleagues BAME and disabled staff will have an improved staff experience BAME staff will be on all senior recruitment panels The number of staff reporting they have been bullied and harassed by a manager will reduce
We will continue to develop the collective leadership culture of the organisation where staff feel empowered and engaged	<ul style="list-style-type: none"> We will implement our High Performing Teams model We will implement our CQI model across the Trust including; putting in place training and development for staff; resourcing a CQI team We will continue and build on our staff engagement activities across the Trust 	<ul style="list-style-type: none"> Staff will feel that they can make improvements at work Staff will report improved support from line managers Staff will feel more engaged and motivated to deliver great care and great outcomes to service users and carers Improved team working with the high performing team model

Strategic Objective 5 - We will improve, innovate and transform our services to provide the most effective, productive and high quality care

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for service users or staff)
We will create a culture and environment where we embed continuous quality improvement approach to deliver Great Care and Great Outcomes.	<ul style="list-style-type: none"> We will implement our CQI model across the Trust including; putting in place training and development for staff; resourcing a CQI team We will create time, space and resource to embed CQI through our first Innovation Hub, and further development of hubs across the Trust 	<ul style="list-style-type: none"> Staff will be supported to develop their skills and knowledge of continuous quality improvement Staff will be supported to generate ideas and test new improvement ideas and approaches to solving problems Service users will experience improved safety, effectiveness of inventions, timeliness to access service and better experience with improved outcomes.
We will provide staff and teams with better access to the right information to do their jobs effectively and efficiently	<ul style="list-style-type: none"> We will finalise our Digital Strategy identifying key areas of development of focus for the Trust over the next 5 years We will continue our drive to use data across the Trust to support decision making to improve care and outcomes. Streamline and further develop our Electronic Patient Record system to support delivery of care and system interoperability. 	<ul style="list-style-type: none"> Staff will have improved access to different data sources (interoperability) to support delivery of care Staff will have access to improved reporting through the development of SPIKE Staff will be able to make informed decisions through triangulation of data Staff will report improved functionality, improved access and ease of access to information
We will enable more effective ways of working that value service user, carer and staff time.	<ul style="list-style-type: none"> We will develop and implement plans to increase time to care across our services We will implement a productivity dashboard across the Trust 	<ul style="list-style-type: none"> Staff will have the necessary equipment and technology to deliver high quality, effective care Staff will be able to use more of their time for direct service user care Service Users will report they have more time to discuss their care CRES programme delivered with no quality impact for service users

Strategic Objective 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

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for service users or staff)
We will develop and deliver new models of care in our older persons services	<ul style="list-style-type: none"> We will develop and mobilise the Trust's response to the STP Frailty pathways and locality working We will develop new ways of working with care homes We will implement new Dementia Pathways 	<ul style="list-style-type: none"> Service users will experience more joined up care Community older peoples services will be aligned with GP locality boundaries More mental health practitioners will be embedded within community Integrated Care Teams in EN Herts Care home staff will have expert mental health support Carers of service users with dementia will report improved support Staff will feel supported and able to make improvements
We will implement our new model of care across Learning Disability Services in Essex	<ul style="list-style-type: none"> Mobilise and implement transformation of LD Services Potential bed reconfiguration option appraisal to be completed and implemented 	<ul style="list-style-type: none"> Service users will experience more joined up care Service users will have better access to services Service users will have high quality care and better outcomes Staff will work in joined up teams across Essex Staff will feel supported and able to make improvements
We will develop a new model of primary mental health across Hertfordshire	<ul style="list-style-type: none"> Establish primary mental health care teams across Hertfordshire. 	<ul style="list-style-type: none"> Service users will have improved access to local services Service users and carers will have improved outcomes Service users will experience reduced waiting times to access Adult MH services and support Staff will feel motivated and able to make improvements Service users and GPs will report increased satisfaction
We will improve our physical health practices across the Trust	<ul style="list-style-type: none"> We will work with partners and experts in physical health to improve and develop our services, ensuring collaborative relationships with primary medical services, community healthcare and acute hospitals to meet the physical healthcare needs of people with mental illness. 	<ul style="list-style-type: none"> Service users will have access to support to make healthy lifestyle choices (e.g. diet, exercise and smoking) and supported to access routine age and gender appropriate physical health screening and vaccinations Service users will have an agreed health and wellbeing plan

Strategic Objective 7 - We will shape and influence the future development and delivery of health and social care to achieve better outcomes for our population(s)

What are the key priorities?	Actions we will take (what we will do)	Outcome (what will be different for service users or staff)
We will lead and drive the development of a population based model for Mental Health & LD focused on improving care & outcomes	<ul style="list-style-type: none"> We will develop a stakeholder board to develop a vision and approach to the development of population based MH services We will work with partners to refocus the STP MH work stream to focus on key transformational activities across the STP 	<ul style="list-style-type: none"> Mental Health (MH) and Learning disabilities (LD) continues to be recognised and prioritised for investment and development across the STP Clear direction and delivery model for MH & LD Service users will experience better outcomes Staff will feel motivated and able to deliver great care
We will actively support the development of the STP and population health, including the development of the Integrated Care System and Integrated Care Alliances.	<ul style="list-style-type: none"> We will ensure Board Directors and senior managers participate and lead key work across the STP We will ensure HPFT staff are represented and active in locality working groups and provider boards We will continue to lead the STP mental health and learning disabilities work stream 	<ul style="list-style-type: none"> HWE STP population health model continues to develop with MH & LD clear role within the future system architecture MH & LD is overtly prioritised within the STP strategy and delivery work streams Mental Health Investment Standard is met within 2019/20
We will support and drive the development of a new model of care for CAMHS across Hertfordshire	<ul style="list-style-type: none"> We will work across the system to fully understand the increased demand on CAMHS services to inform a new service model We will work with commissioners and system partners to reduce variation and improve experience for children, young people and their families. 	<ul style="list-style-type: none"> Children & Young people (CYP) will experience better access to services CYP will report being satisfied with the services available to support them Staff will report being able to provide high quality services and being able to make improvements to care
We will work at a region wide level to establish New Care Models	<ul style="list-style-type: none"> Work with partners across East of England to set up a provider collaborative to deliver Enhanced and improved model of Secure Care, Adult Eating Disorders & CAMHS T4. 	<ul style="list-style-type: none"> Develop regional pathways of care to support the improved quality, effectiveness and efficiency Service users will have increased local choice and provision to support them at home and in their community

Trust Board

Meeting Date:	7th March 2019	Agenda Item: 11
Subject:	Financial Plan and Contract Update 2019/20	For Publication: No
Author:	Ian Love - Deputy Director Commercial Development Paul Ronald Deputy Director of Finance & Performance	Approved by: Keith Loveman Executive Director - Finance
Presented by:	Keith Loveman Executive Director - Finance	

Purpose of the report:

To update the Board on the further considerations and actions in relation to the matters below. This is a follow on from the previous paper presented on February 7th 2019 :

- 2019/20 Operational & Financial Planning requirements
- The requirements of the NHS Long Term Plan

Action required:

The Board is asked to

- Note the report and accept its recommended action to delegate the decision on final agreement of the Hertfordshire Services Contract to the Trust Chief Executive Officer, Trust Chair, Director of Finance and Chair of the Finance and investment Committee.
- Critically appraise the information and intended actions presented
- Advise any additional information required or further actions necessary to meet the objectives set out below
- To note the risks and intended mitigations

Summary and recommendations to the Board:

Introduction

The Purpose of this paper is to provide an update on progress against the renewal of the Trust's main contracts and in the setting of the Financial Plan for FY19-20 and the submission to NHSI on April 4th 2019.

In relation to the Contract discussions then the objectives set are

- To successfully renew our main service contracts so as to ensure the continued provision of clinically and financially sustainable services.
- Sustaining relationships through the contracting process
- Deliverable contracts
- Ensure, as a minimum, we achieve parity of esteem in the funding of our services recognises current and future demand
- We are adequately commissioned to meet the requirements of the five year

forward view

- Place the Trust in a position to continue to play an important part in the provision of integrated care in the local health and social care system.
- Secure a five year contract (Herts only)

A governance structure across all contracts being renewed is in place within the Trust, with the Director of Finance as SRO. The renewal of the Hertfordshire contract has an additional joint governance process with commissioners.

In relation to the Hertfordshire contract then good progress has been made across the wide range of issues required to conclude the contract including a commitment to a five year contract with the opportunity for a two year extension beyond that. However a number of issues remain to be resolved:

- While the funding uplift for mental health is significantly greater than in the past there are a number of offsetting funding pressures that may mean we are unable to fully meet the Five Year Forward View targets while sustaining our existing services.
- While retaining ambitious targets for access to our services for Adults and Children and young people ensuring that we can meet these targets during the life of the contract.
- Meeting the requirement to make sufficient efficiency savings over the contract period generally and specifically on the social care aspects of our services during years two – five of the contract.
- Securing the ongoing funding from Cambridgeshire and Peterborough CCG at its existing levels or having the equivalent sum provided from the Hertfordshire commissioners

Work is underway to address each of these areas. **With the target date for contract signature the 21 March 2019 and a number of key matters still to be concluded the final contract agreement will need to be confirmed ahead of the next Trust Board.**

For Essex LD the current focus is the agreement, within the already established financial envelop, of a series of local service agreements with the local Essex CCGs. This work is now well progressed.

For NHS England we have reached an agreement that secures the financial out turn for 2019-20 (at 2018-19 prices), and provides the opportunity to significantly improve on this. Prices have been uplifted for 2019-20 by the national tariff inflator of 2.65%

In relation to the Financial Planning process for FY1920 then as advised previously its further development and refinement will be done in conjunction with the further progression of the Annual Plan, the contract discussions and any further requirements of NHSI the STP requirement. With a view to ensuring;

- It is set in accordance with the Trusts objectives and all relevant Planning Guidance
- Provides a clear assessment of the requirements and risks to financial sustainability;

and

- That the Financial Plan remains a key tool to monitor performance.

As detailed above the key focus over the last weeks have been the contract discussions where good progress has been made, work on the development of the Annual Plan and within the underpinning workstreams principally on the strategic plans covering Service Development, Digital and Estates as well as the work on the Delivering Value Program. These work streams will inform the Financial Plan which will be completed during March ahead of the submission to NHSI on April 4th.

As reported separately the FY18/19 year-end forecast continues to show a stable and slightly improving position despite the continued activity pressures. This year's Control Total will be met and there has been the opportunity to address some of the estates refurbishment work during this quarter due to the improved financial position. This is encouraging however despite having a reduced Control Total break even requirement for next year; this will be financially challenging particularly given the pay increase pressure and the commissioner expectations on service development.

The indicative annual CRES requirement has been initially calculated at circa £6.5m and ongoing programmes and new schemes are being developed to achieve this. The full requirements in terms of CRES or service changes are unknown at this time awaiting an assessment of the final contract changes. What is clear is that the efficiency requirement is higher than this year.

Recommendation

Due to the timing of Board meetings and required contract sign off the Board is requested to delegate the decision on final agreement of the Hertfordshire Services Contract to the Trust Chief Executive Officer, Trust Chair Director of Finance and Chair of the Finance and investment Committee.

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

Process ensures the creation of the Trust's Annual Plan within the required timelines

Summary of Implications for:

1. Finance – N/A
2. IT – N/A
3. Staffing – N/A
4. NHS Constitution – N/A
5. Carbon Footprint – N/A
6. Legal – New NHS Contract, two NHS Sub contracts and a Partnership Agreement

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

N/A

**Evidence for Essential Standards of Quality and Safety; 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

Previous paper for which this is an update seen

Executive Team 19 December 2018

Finance & Investment Committee 22 January 2019

Section 1 - 2019/20 Operational Planning and Contracting.

1. Introduction

The Purpose of this paper is to provide an update on progress against the renewal of the Trust's main contracts against our objective:

"To successfully renew our main service contracts so as to ensure the continued provision of clinically and financially sustainable services."¹

2. Background:

Following an initial letter dated 16 October NHS England and NHS Improvement issued, in January 19, its "Operational Planning and Contracting Guidance" supported by a range of associated appendices. These laid out the basis of funding for the contracts and the timetable for concluding contract discussions.

Funding

For 2019-20 CCGs are required to "increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019-20"²

For the local Herts systems we calculate this represents an uplift of E&N Herts CCG of 6.42% and Herts Valleys CCG of 6.44%. Not all of this uplift will come to the Trust but provides an indication of the growth we should expect in our contract.

For other contracts, where we do not account for the bulk of mental health service provision, we should expect a tariff uplift of net 2.7%³.

Timetable

The key dates for the contracting process are summarised in table below:	Date
CQUIN guidance published	January 2019
Final 2019 NHS Standard Contract published	22 February 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019

To enable the contract to be signed by the target date, not only do we need to have reached agreement with the commissioners but we also need the key documents above to be published, in particular the NHS Standard Contract. At the time of writing these key documents are not yet available.

¹ Commercial Development Plan 2018-19

² NHS Operational Planning and Contracting Guidance 2019/20

³ 2019/20 national Tariff payment System – A consultation notice table 10

Within this context our aim across all our contracts is to successfully renew our main service contracts so as to ensure the continued provision of clinically and financially sustainable services.

3. The Contracting Process

The joint governance structures for managing the Hertfordshire contract have been established with the expectation of reaching agreement on a five year (plus two) contract.

Internally, the contracting process across our major contracts is reviewed on a monthly basis. This is chaired by Director of Finance (SRO) with MDs, Business Managers and representatives from finance and performance.

The process is project managed by the Trust's Contracts Manager.

Hertfordshire Contract Renewal - Governance

As with previous renewals the process is reviewed monthly by a Joint Steering Group with work progressed through sub groups, and a weekly progress review. The shared project plan set a target completion for the process of 25 Feb 19 to provide time for the production of the contract documents ready for signature by 21 March 18.

Objectives

Within the overall contract renewal objective there a number of specific objectives for the renewal of the Hertfordshire contract:

- To successfully renew our main service contracts so as to ensure the continued provision of clinically and financially sustainable services.
- Sustaining relationships through the contracting process
- Deliverable contracts
- Ensure, as a minimum, we achieve parity of esteem in the funding of our services recognises current and future demand
- We are adequately commissioned to meet the requirements of the five year forward view
- Place the Trust in a position to continue to play an important part in the provision of integrated care in the local health and social care system.
- Secure a five year contract (Herts only)

Good progress has been made across the wide range of issues required to conclude the contract including a commitment to a five year contract with the opportunity for a two year extension beyond that. However, as we close in on the target date for signature a number of key issues and risks remain.

Section 75

Our review of the current Agreement showed the only area that needed revision, as opposed to updating, relates to our current safeguarding arrangements that came into place after the existing Agreement was signed.

A revised version of the Agreement is now with the Council's solicitors for a final review to check it is consistent with current legislation.

4. Key Issues

The current significant issues to be completed across the Hertfordshire contract are:

Issue / Risk	Detail	Consideration	Status
Adult 28 day Access Target	The 28 day access target at a current threshold of 98% is not achievable unless there is change to the pathway with a focus on primary care mental health	Ensuring we retain an ambitious yet achievable target.	Agreement is still to be reached with HPFT proposing a 95% threshold supported by the introduction of Mental Health Primary Care Teams
CAMHS 28 day access target	Concern that current target is unachievable	Achieving changes in the CAMHS pathway beyond HPFT services that will support improved and consistent access to our CAMHS service	Agreement in principle that works on the wider pathway will take place with HPFT's close involvement.
Five Year Forward View Commitment	Despite the uplift there may be insufficient funds to enable the Five Year Forward View Commitments to be met in full (see Financial Pressures below)	Need to ensure a balanced approach that sustains existing services while continuing to make progress towards the Five Year Forward View targets	Further discussions with CCG finance and commissioning leads are taking place.
Social care savings	We have been requested to make savings of 4% p.a. for years 2 to five of the contract. The bulk of the cost sits within the placements budget	Ensuring that our objective of sustainable services is maintained	Accepted in principle with discussion focused internally on how these efficiency savings will be made.
Cambridgeshire & Peterborough CCG Funding	C&P CCG have yet to confirm their funding (£1.6m in 2018-19) for the new contract	Failure to renew this funding or to reduce it would limit the scope for service development and delivery of the Five Year forward view targets	Commissioners are engaged with C&P CCG to seek clarity and continued funding at existing levels
Time	The delay in key documents and the later than anticipated announcements on CCG allocations has reduced the available time to close out negotiations and prepare contracts	Ensuring all contract matters are agreed as close to the original timetable as possible	At the time of writing a series of meetings are agreed to close out the remaining few issues

5. Financial Pressures

At the time of writing, commissioners have indicated that the broad additional funding for mental health in Hertfordshire is c. £10m, to include inflation and demographic uplift. We have yet to fully validate that this achieves the expected percentage uplifts described above, in line with the requirements of the Mental Health Investment Standard. This validation is in process and will be completed imminently.

We have identified the cost pressures the available uplift will need to address (see table below) and these exceed the anticipated circa £10m funding as shown below:

	E&N Herts £m	Herts Valleys £m
2018/19 pay award	0.6	0.6
2019/20 pay award	1.7	1.7
2019/20 non-pay inflation	0.435	0.435
Demographic change	0.65	0.65
Inflation & demography	3.385	3.385
Drugs – price cap removal	0.05	0.05
CYP Community Eating Disorders	0.125	0.125
2018/19 5YFV FEP FYE	0.147	0.147
Sustaining Existing Services	0.322	0.322
2019/20 5YFV IAPT pye*	1.487	1.279
2019/20 5YFW Crisis & HTT FYE	0.478	0.478
Delivering 5YFV	1.965	1.757
Primary Care Mental Health (NR)	0.685	
Personality Disorder pathway (NR)	0.34	0.34
Other improvements	1.025	0.34
Total	6.697	5.804

*further work is ongoing to confirm the phasing of expenditure against expected recruitment

In addition to these we need assurance that the funding received, non-recurrently, during 2018-19 will be sustained into 2019-20 to maintain a range of existing services:

- Community Perinatal £1,405k
- ADHD medical £248k
- Family Safeguarding £482k
- IAPT LTC (HVCCG) £552k

In approaching these discussions with commissioners we will first prioritise securing our existing services, our second order priority will be to progress towards the Five Year Forward View targets and finally we would look to fund additional service requirements.

6. Contract Close

With the target date for contract signature the 21 March 2019 and a number of key matters still to be concluded the final contract agreement will need to be confirmed ahead of the next Trust Board.

The Board are therefore asked to delegate the decision on final agreement on the Hertfordshire Services Contract to the Trust Chief Executive Officer, Trust Chair, Director of Finance and Chair of the Finance and Investment Committee.

7. Essex Learning Disability Services

The new contract for the provision of Learning Disability Services was signed in October 2018. The current key focus as described in this contract is the agreement, within the already established financial envelope, of a series of local service agreements with the local Essex CCGs. This work is now well progressed.

We anticipate the net uplift to be in line with the national uplift of 2.65%.

8. Other Contracts

The position on the other contracts is summarised in the table found in Appendix A.

9. Risks

Some of the risks initially identified (the possibility of procurement and the significant loss of income on our contract with NHS England) have been fully mitigated and therefore removed from the risk log. The main risks remaining relate to funding by Cambridgeshire and Peterborough CCG and the adverse impact of funding pressures on ability to meet in full the Five Year Forward View Targets. The risk log can be found in Appendix B below.

Section 2 - Financial Planning 2019/20

This section updates the full analysis provided to the Board last month.

10. Background

As the first year of the NHS Ten Year Plan NHSI has made major changes to the provider sector's financial architecture particularly focussed on addressing the long term deficits across the acute sector. Whilst the headline settlement figures and the continuing commitment to the Mental Health Investment Standards appeared encouraging the reality is different and our analysis confirmed with peer organisations is that the contract uplifts will be largely absorbed on pay with little left for delivering on service developments.

In developing the Financial Plan we will use the central tests set to measure progress of;

- Improve productivity and efficiency
- Reduce unwarranted variation in the quality of care
- Improve demand management
- Better use of capital investment.
- Incentivise systems to work together to redesign patient care.

11. Current Year Outturn

The summary details are shown in table below, which shows minimal change from last month with slightly lower pay costs and further discretionary spend in Q4

The latest estimate is a surplus of circa £0.36m against a Plan of £0.36m. The table shows that this includes some material non-recurrent impacts in Q1 and in Q4. This would show:

- An underlying position below Plan driven by increased Other Direct costs (which is placements)
- The improved position after Q1
- The additional costs in Q4 on the estate.
- There are also small savings on overheads and financing.

FY18-19 Projection (before PSF) £m

	Q1	Q2	Q3	Q4	Total	Plan	Var
Revenue	57.8	58.5	59.6	59.9	235.8	234.9	0.9
Pay	37.6	37.9	37.7	37.8	151.0	154.0	3.0
Other Direct	10.7	9.1	10.7	10.8	41.3	37.9	-3.4
Overheads	8.8	9.2	8.8	8.3	35.1	33.2	-1.9
EBITDA	0.7	2.3	2.4	3.0	8.4	9.8	-1.4
Financing	2.3	2.1	2.1	2.1	8.6	9.4	0.8
Surplus	-1.6	0.2	0.3	0.9	-0.2	0.4	-0.6
Adjustment	1.5			-0.9	0.6		0.6
Reported Surplus	-0.1	0.2	0.3	0.0	0.4	0.4	0.0

The above is before the Provider Sustainability Funding (PSF) which is contingent on the achieving of the Control Total (which we will achieve). This is £1.78m and no further amounts are assumed. This includes a level of exceptional spend on Estates in Q4 and some further non recurrent expenditure. It excludes any impact on the SOCI from building impairments, (as this is excluded from the calculation of PSF and is not considered part of the normalised surplus position.)

12. Initial draft assumptions for FY1920

The underpinning plan assumptions are included within appendix C below and remain as last month.

In relation to the additional cost pressures identified last month these are updated as follows;

Cost Pressures/New Investment

Cost Pressures/New Investment	Update
Additional costs within the Innovation & Improvement area	Part financed through role realignment
Creation of a specialist community PD team	This is seen as priority service development
Further investments in technology to support service quality including additional	Currently undertaking stakeholder workshops will part be capital funded and

functionality required within PARIS	utilising available NHS project funding
Likely additional cost with Interserve on existing services	Level of increase less than first anticipated with partial mitigation through CRES program
Potential increase in Microsoft licence cost	Costs lower than first expected with impact more in following year
Extension of space at Colonnades	Partial funding through NHS Workforce central income

13 Likely CRES level and key components

The assessment of the CRES value was initially as detailed below. This assessment will continue to evolve over the next weeks as the contractual detail becomes clearer.

Latest CRES assessment

Delivering Value programme 2019/20 requirement – latest estimate	Estimate	Estimate
	£000s	£000s
Pay Award		
- FY1819 Pay award separately funded in that year	1,780	
- FY1920 pay award estimate	5,000	6,780
FY1920 non pay inflation		1,643
Additional CIP amount in Control Total		351
Service Investment/Other cost pressures		
- Innovation Team	250	
- PD investment in Community Team	566	
- Additional cost of Colonnades	100	
- IM&T costs	250	1,166
Contingency amount		1,000
Estimated cost pressures		10,940
Demography pressures (assumed 1% of direct variable costs)		1,000
Net national tariff uplift		(5,535)
Estimated efficiency requirement		6,405

14 Summary

This is the first year of the NHS Long Term Plan and is accompanied with a number of fundamental changes to the financial framework. Until the full detail is understood and some of the other changes such as the pension increases are clear then it is difficult to assess the full implications.

In addition it will be important to understand the evolving development of system wide control totals particularly given the clear focus on tackling provider deficits and whether this will compromise the intended investment set out above. For example for ICS organisations part of the PSF allocation is based upon the achievement of the system control total.

It is stated within the guidance that the Single Oversight Framework metrics will continue next year, but may be subject to change. The draft Plan showed the Trust achieving a FRR rating of 1 which is the strongest rating.

At this point it is expected that the recommendation will be to accept the Control Total offer but further work will be undertaken to assess the areas of uncertainty or where information is outstanding.

Appendix A: Other Major Contracts

Contract	Services	Value p.a.	Term Expires	Issues / Outline Approach	Current status
NHS England	Perinatal Services Low Secure LD Low Secure Mental Health Medium Secure LD CAMHS T4 OCD & BDD	£18.4m	31 March 2019	<p>CAMHS T4 New Models of Care: This was established as a pilot and the contracts reflect this. We will need to re-establish the basis of the underpinning financial and service arrangements between NHS E and HPFT</p> <p>Forensic Services: The service has underperformed on volume this year which acts as the baseline for next year's contract. This is likely to have an adverse impact on the value of the contract. The initial estimate is £0.8m. We will be working up our negotiating position to compensate for this.</p> <p>Additionally, commissioners are looking to decommission secure forensic activity as part of their focus on repatriating care closer to home.</p>	<p>Commissioners have confirmed that uplifts will be applied to the values in the existing NMC agreement. We are awaiting confirmation of these values</p> <p>We have reached agreement on the activity and prices for all our specialist services.</p> <p>This agreement secures the financial out turn for 2019-20 (at 2018-19 prices), and provides the opportunity to significantly improve on this. Prices have been uplifted for 2019-20 by the national tariff inflator of 3.9%</p>
Essex LD	Inpatient and community Learning Disability Services across Essex	£16.2m	31 Oct 2025	<p>Contract just recently signed but has a number of updates that will need to be agreed ahead of the new financial year.</p> <p>Any central guidance e.g. CQUIN will need to flow down in to the significant associated sub-contracts</p>	<p>Focus is on progressing locality plans.</p> <p>We expect confirmation of the national uplift for the head contract. We will then need to adjust the associated sub contracts.</p>
Norfolk	Inpatient	£2.2m	31 March	A small contract with five CCGs party to	

Contract	Services	Value p.a.	Term Expires	Issues / Outline Approach	Current status
	Learning Disability Services		2021	agreement making the paperwork slow but there are no issues	
NE Essex	IAPT	£2.8m	31 March 2019	We are in the process of negotiating a one year extension to the contract	Funding for the one year contract extension has been agreed we are finalising the documentation
Mid Essex	IAPT	£2.0m	31 March 2019	The commissioners have recently requested a three year extension to the existing contract. However, the basis for such an extension remains unclear.	We are seeking to formalise a three month extension to allow time to negotiate a full three year agreement.
West Essex	IAPT	£1.8m	30 June 2020	No material issues	n/a
Bucks	Inpatient and community Learning Disability Services	£3.8m	30 Aug 2019	The contract has an option to extend by two years which we understand the commissioners wish to exercise. We see no material issues in contract discussions	The existing contract will be uplifted by the national inflator of 3.9%

Appendix B: Risk Log

No	Risk	Owner	Detail	Current Risk			Mitigation	Post Mitigation Risk		
				Impact	Likelihood	Total		Impact	Likelihood	Total
1	Funding	Keith Loveman	While the funding increase for mental health is superficially large there a large number of offsetting funding pressures. This may limit our ability to sustain existing services and meet the Five Year Forward View Targets	3	4	12	As part of our role in Herts local system ensure we recive full uplift for mantal health in line with gudance. Work with commissioners to look to balance investment so we can continue to move towards the Five year forward view targets	2	4	8
2	Time Line	Ian Love	Delay in announcing fiancial allocations to CCGs and the release of key documents may result in the taget of signed documents by 21 March being missed	3	3	9	Work with commissioners to resolve in a pragmatic way	2	3	6
3	Development Agenda	Ian Love	Significant change is likely over the life of the contract as integrated care and the local integrated care system develops. The detail of this is not fully understood and we are unable to commit to it at this stage. This may generate frustration on behalf of the commissioners leading to a shorter than intended contract	4	3	12	The "Change Protocol" agreed as part of the current contract will be refreshed to give all parties confidence in the contract and clarity on the process fro flexing it to meet changing requirements over the life of the contract.	4	2	8
4	Cambridgeshire & Peterborough CCG Funding	Keith Loveman	Cambridgeshire & Peterborough CCG are a party to the pooled funding agreement among commissioners that funds the services contract. There is concern that the contribution from C&P CCG is cross subsidising other commissioners and they might therefore reduce that contribution. This would reduce the funds available from commissioners for HPFT services	4	3	12	Careful negotiation of the financial settlement to ensure services are adequately funded	3	3	9

Appendix C Assumptions& Risks

Area	Assumption	Risks
Income	Net increase in all key contract values of 2.65% with a +3.8 % inflation allowance offset by a -1.1% national efficiency requirement and a top slice applied for centralised procurement arrangements of 0.05%.	Proposal currently under consultation. The increase includes the Agenda for Change Pay awards for both 19/20 but also the amount funded out with the tariff in 2018/19 (which was £1.8m) No current detail on top slice other than that contribution higher for acute Trusts. Currently part of the overall contract value is funded by Cambridge CCG. The CCG is seeking to reduce this contribution. There is an option to move some of the contractual payments from a block contract to a new blended payment system. At this point there has been no discussion with commissioners on this and therefore it is unlikely to be implemented for FY1920
	For the two Hertfordshire commissioners there is an increase expected above the inflation allowance to reflect the additional CCG allocations which are circa : HVCCG 5.74% E&N CCG 5.72% In addition there is £1.1m of additional funding noted in aggregate for the two CCGs the purpose not currently clear	Commissioner contracts scheduled for agreement within national timetable during March. Details of how MH Investment Standard obligation will be applied by CCGs will need clarified and agreed.
	The new commitments on MH spending set out in the Guidance requires additional funding beyond the MHIS requirements; <ul style="list-style-type: none"> • CCGs given minimum % increase target • Increased share of MH spend to be with MH providers • Increase in children and YP spend 	Whilst both CCGs have confirmed an intention to meet this there is further discussion required of the detail. Guidance provides for STP and MH lead provider to review CCG plans
	There is an update to the Market Forces	Further understanding required of how MFF changes have been applied to CCG's

Area	Assumption	Risks
	Factor (MFF) which is to be implemented over a five year period. This should not apply to current block contract arrangement	funding and any implications for MH block arrangements
	3.8% increased funding does not include the funding to be provided to fund increased pension contributions	Details of how this will be funded still awaited
	Whilst the amount of CQUIN funding provided through commissioner contracts is to be halved it is assumed that this will be replaced	Confirmation of this and details of how this will be funded still awaited
	In relation to specialised services commissioned through NHS England then it is assumed that the above will apply where applicable	Commissioner contracts scheduled for agreement within the national timetable during March. Previously the CAMHS T4 funding has been seen as outside the standard contract rules. Bed occupancy levels have been below contract levels resulting in income levels below Plan
	In relation to the remaining contracts (Essex Norfolk and Buckinghamshire) there will be no material change in the contract values other than the net tariff increase set out above with changes in service specifications expected to generate similar income levels to current	If level of bed occupancy at Astley Court is at the contract minimum of six this will reduce the current contract contribution level. There has been ongoing contract performance issues within Essex over the IAPT contracts
	In relation to HCC there will be no income reduction in FY19/20	Commissioner contracts scheduled for agreement within national timetable
	There will be a level of transformation income to be carried forward and available in 18/19 to meet the operational costs related to the continuing healthcare	

Area	Assumption	Risks
	transformation and BI development.	
	A minimum 90% of CQUIN income will be achieved in each year on all contracts	Level of CQUIN in 18/19 likely to be at 80-85% based upon recent assessment. Further details required of changes in CQUIN proposed
	There will be no significant change in the education and training income over the period	Review of any further guidance or publications required
New Business	Full year impact of the extension of the Essex LD service	Business Plan is very small surplus during initial contract phase
Lost Business	The current Essex IAPT contracts will continue Potential changes in relation to LD residential accommodation provided at Kingsley Green, with national policy being to close these facilities.	Contract negotiations continue on Essex IAPT Early discussions on alternative care provision. Financial impact assessments will be on change options identified.
Pay costs	There will be an increase in costs in accordance with new Agenda for Change scheme introduced in July 2018. The draft tariff suggests an average 5% uplift across 18/19 & 19/20	The costs are more complex to assess during this period of transition to the new pay scales.
	There will be an increase in headcount on frontline staff to meet the additional services/expansion agreed with commissioners	This will be impacted by the recruitment and retention challenges
	There will be a review of the existing Recruitment and retention schemes	Due to be completed during Q4 FY1819
	NHSI Agency expenditure ceiling has been confirmed as £7.3m, equivalent to the 2018/19 cap	

Area	Assumption	Risks
	No planned redundancies	
Non-Pay Costs	2% included for non-pay inflation on some costs i.e. drugs, and utilities	Utility and other property related costs may be higher. Ongoing drug cost inflation may continue.
	Any cost implications of Brexit will be met through the national contingency planning	
	The costs for any exceptional continuing care claims over and above the existing provision will be met by commissioners	£2m was returned to the CCGs as part of this arrangement
	Any significant double running costs from the refurbishment of the estate will be met from transformation income c/f	There will an amount of Deferred Income c/f to meet this cost
Investment	Capital Investment Plans are currently being reviewed in particular within; Estates I.T investment	Will review capital programme in the light of affordability
	Investment interest continues to be restricted to deposits with the Government Banking system	



BOARD OF DIRECTORS

Meeting Date:	7 th March 2019	Agenda Item: 13
Subject:	Annual Review of Audit Committee Terms of Reference	For Publication:
Author:	Jill Hall Company Secretary	Approved by: Jill Hall Company Secretary
Presented by:	Keith Loveman, Executive Director of Finance	

Purpose of the report:

To approve the Audit Committee Terms of Reference.

Action required:

To approve the Terms of Reference of the Audit Committee

Summary and recommendations to the Board:

Annually the sub-committees of the Board review their Terms of Reference and refer any changes to the Trust Board for approval. The Board may also review and modify a Sub-Committee Terms of Reference any time. The Board sub-committees Finance and Investment (FIC), and Integrated Governance (IGC) were approved at the 7th February 2019 Board.

Audit Committee agreed to clarify the membership of the committee and that although all Non-Executive Directors were members, the core membership will be the chair of the Audit Committee, and Chairs of the FIC and IGC;

Recommendation:

For the Board of Directors to approve the Terms of Reference of the Audit Committee as appended to the report.

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

It is good governance that committee's review their terms of reference annually to ensure they remain fit for purpose to ensure the organisation can discharge its statutory functions.

Summary of Financial, IT, Staffing & Legal Implications:

none

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

none

Evidence for Essential Standards of Quality and Safety; NHSLA Standards; Information Governance Standards, Social Care PAF:

Evidence of robust governance review processes

Seen by the following committee(s) on date:
Finance & Investment/Integrated Governance/Executive/Remuneration/
Board/Audit

Audit Committee – 4 December 2018

TERMS OF REFERENCE

Audit Committee

Status:	The Audit Committee is a non-executive sub-committee of the Trust Board.
Chair:	Non – Executive Director
Membership:	The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of:
Core membership:	Chairs of the: Audit Committee Integrated Governance Committee Finance and Investment Committee All Non-Executive Directors are invited to attend.
In attendance:	Director of Finance Representatives of Internal Audit Representatives of External Audit Company Secretary The Chief Executive will be invited to attend at least once per annum.
Frequency of Meetings:	5 meetings per annum
Frequency of Attendance:	Members will be expected to attend all meetings. If members miss two consecutive meetings, membership will be reconsidered by the Committee Chair (subject to exceptional circumstances).
Quorum:	A quorum shall be two Non-Executive Directors.

1. Remit

- 1.1 The Audit Committee is a non-executive committee of the Board and has no executive powers, other than those delegated in the Terms of Reference.
- 1.2 The remit of the Group is:

“To review the establishment and maintenance of an effective system of governance, risk management and internal control, across the whole of the organisation’s activities (both clinical and non-clinical), that supports the achievement of the organisations objectives.”

2. Accountability

- 2.1 A report will be made by the Chair to the Trust Board following each committee meeting. The report will contain:
- A note of all the items discussed by the committee
 - Matters for noting by the Board
 - Recommendations to the Board regarding decisions to be taken by the Board on governance matters
 - Matters for escalation to the Board from the committee
 - Annually the committee will report on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the risk management system in the organisation and the integration of governance arrangements.
 - Any other issues as agreed by the Chair & Company Secretary.
- 2.2 The minutes of Audit Committee meetings shall be formally recorded by the Company Secretary and submitted to the Board.
- 2.3 A report will be included within the annual report describing the work of the committee in how it has discharged its responsibilities. The committee chair will attend the annual general meeting at which the annual report is presented.

3. Responsibilities & Duties

The duties of the Committee can be categorised as follows:

3.1 Governance, Risk Management and Internal Control

The Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement and compliance with registration requirements), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Protect.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

3.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.

This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
- consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- annual review of the effectiveness of internal audit

3.3 External Audit

The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:

- consideration and recommendation to the Board of Governors of the appointment and performance of the External Auditor.
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan.
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- review all External Audit reports, including agreement of the management letter before submission to the Trust Board and Board of Governors and any work carried outside the annual audit plan, together with the appropriateness of management responses.

3.4 Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the Integrated Governance Committee and any Risk Management committees that are established.

In reviewing the work of the Integrated Governance Committee, and issues around clinical risk management, the Audit Committee will wish to satisfy themselves on the assurance

that can be gained from the clinical audit function. The Audit Committee places reliance on the work of the Integrated Governance Committee to review and assess the assurance framework and report any significant control issues. As a result the Audit Committee requires a six monthly update report from the Integrated Governance Committee on these issues (to include the Trust Risk Register).

3.5 Counter Fraud

The Audit Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

3.6 Management

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

3.7 Financial Reporting

The Audit Committee shall review and scrutinise the content of the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- the clarity of wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee,
- changes in, and compliance with, accounting policies and practices
- unadjusted mis-statements in the financial statements
- major judgmental areas
- significant adjustments resulting from the audit.

The Committee should also ensure that the systems for financial reporting to the Board and NHS Improvement, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board and NHS Improvement.

The Audit Committee shall be informed of the work of the Finance and Investment Committee of the Board and receive a six monthly update report for this purpose.

3.8 Quality Reporting

The Audit Committee shall review and scrutinise the content of the Quality Report and Quality Accounts prior to their submission to the Board for approval.

The Committee should also ensure that the systems for reporting to the Board and NHS Improvement are subject to review as to completeness and accuracy of the information provided to the Board and NHS Improvement.

3.8.1 Board Committees

In addition to the work of the Finance and Investment Committee and the Integrated Governance Committee, the Audit Committee shall review the work of any other

committee set up by the Board as appropriate, the period and regularity of the reporting to be determined by the Audit Committee to reflect the nature and purpose of the committee.

5. Other Matters

The Committee shall be supported administratively by the Company Secretary, whose duties in this respect will include:

- agreement of agenda with the Chair and attendees and collation of papers
- taking the minutes & keeping a record of matters arising and issues to be carried forward
- advising the Committee on pertinent areas

6. Monitoring of Effectiveness

6.1 The group will review its own performance and terms of reference at least once a year to ensure it is operating at maximum effectiveness.

Terms of Reference ratified by: Audit Committee

Date of Ratification: December 2017

Date of Review: December 2018

Terms of Reference Version: