

Hertfordshire Partnership University NHS Foundation Trust
Council of Governors Meeting PUBLIC

The Colonnades

14 February 2019 13:00 - 14 February 2019 15:30

INDEX

Agenda Item 00 CoG PUBLIC 14 February 2019.docx.....	3
Agenda Item 3 CoG Public Minutes 13 December 2018.docx.....	5
Agenda Item 5 CEO Brief.docx.....	16
Agenda Item 8.2 Performance Sub Committee report.doc.....	20
Agenda Item 9 Q3 Performance Update.ppt.....	23
Agenda Item 10 Spot the Signs Save a Life intro COG.pptx.....	29
Agenda Item 11 Minutes of Public Board 29 November 2018.docx.....	40

Meeting of the PUBLIC Council of Governors

Thursday 14th February 2019

The Colonnades, Beaconsfield Road, Hatfield AL10 8YE

Da Vinci A&B

13:00 – 15:30pm

A G E N D A

Service User Presentation 13.00 -13.30

Beth Watkins – CAMHS eating disorder service

Item No.	BY	SUBJECT	REPORT	ACTION	TIME
PART 1- PUBLIC					
1	Chairman	Welcome and Apologies for absence		Note	
2	Chairman	Declarations of Interest		Note	
3	Chairman	Minutes of the Public CoG meeting held: 13th December 2018	Attached	Approve	
4	Chairman	Matters Arising Schedule	Verbal	Review/ Update	
5	Tom Cahill	CEO Report	Attached	Receive	
6	Chairman	Chairs Report	Verbal	Receive	
7	Keith Loveman	Report on Board Sub-Committee <i>To receive an outline of the work of the Audit Committee</i>	Presentation	Receive	
8	Jon W Ilana R Jon W	Reports from Council of Governors' Groups: 8.1 Quality & Service User Experience 8.2 Performance 8.3 Membership & Engagement	Verbal Attached Verbal	Receive Receive Receive	
9	Ronke Akerle	Headline Performance Report including Annual Plan Q3	Presentation	Receive	
10	Emma Paisley	Spot the signs and save a life	Presentation	Receive	
11	Chairman	Minutes of the Public Board meeting held: 29th November 2018	Attached	Receive	
Questions from the public					

The role of the Council of Governors is to:

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

MINUTES OF THE PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
Thursday 13th December 2018 at 13:00-16:30hrs

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

Attendance: Please see end of Minutes

Item	Subject	Action
1	Welcome & Apologies Chris Lawrence welcomed all to the meeting and apologies were noted.	
2	Service User Experience presentation CL introduced Ben Hazlewood who presented to the Council on his experience of Beech Unit and Cygnet House. Ben also shared a clip of a video he had made with his fellow service users to highlight the stigma of Mental Health. Ben is also an expert by experience and has done some involvement work. CL thanked Ben for sharing his story and also commented on the impact provided by the video. A request was made for the link to be circulated to governors. Action: KW to circulate the video link to governors	KW
3	Declarations of Interest There were no declarations reported.	
4	Minutes of previous public meeting held: 20th September 2018 The minutes were approved as an accurate record of the meeting. The Minutes of the 20th September 2018 were APPROVED	
4	Matters Arising Schedule CL detailed the request from MdW on agenda item 4 around the progress of the Trailblazer programme. TC responded commenting that at present there was nothing further to update, however the Council would be kept informed and further feedback provided in the New Year. The Matters Arising Schedule was NOTED	
5	CEO Report The Council of Governor's received the Chief Executives report, and the following headlines reported: <ul style="list-style-type: none"> NHSI 10 year plan – the Trust was due to receive details of this around the 20th December. There was a clear direction of travel around Learning Disabilities and Mental Health services. The focus would be on young people, people in crisis and specialist Mental Health. 2019 would be the first year of the plan and currently it was unclear whether monies would be received via the CCG or STP. TC voiced his concern around how the NHS deficit would be settled. 	

	<ul style="list-style-type: none"> • Winter Pressures remained a big concern with the situation on a 'knife edge' in terms of coping with demand. Quarter 2 had seen a greater demand on services than we had ever seen so although targets had not been met demand had increased. • Waiting Times were also at risk with 18 week waiting times under increased strain. • NHSI and NHSE had appointed new Directors with Ann Radmore taking up appointment as the Regional Director for NHS East of England. Ann is Chief Executive of Kingston Hospital Foundation Trust, which was rated as "outstanding" by the Care Quality Commission earlier this year. She had previously worked as director of the Better Care Fund programme at NHS England, as Chief Executive of the London Ambulance Service and Chief of several Primary Care Trusts in London. • Review of the Mental Health Act – TC advised there had been 18 formal recommendations. The review sets out changes on how patient's wishes and preferences are considered. A decision had been taken to separate the Mental Capacity Act and the Mental Health Act. Work around choice to make it more difficult to put people on section and community orders were also part of the review. TC noted the changes would mean significant work for the Trust. • STP – Paul Burstow had been appointed as the independent chair for the STP. Plans needed to be put in place for the Trust and STP. • HCT – HCT had appointed Clare Hawkins as Chief Executive. The Trust continued to work with HCT with TC commenting that an update would be provided at a future Council. • West Herts – West Herts Hospitals had appointed Christine Allen as their new Chief Executive. Christine is currently Chief Executive at James Paget University Hospitals NHS Foundation Trust where she is well regarded. • Trust – Performance overall remained stable. Demand continued to rise however we were managing this reasonably well. CAMHS 28 day waits remain under pressure and adult services continue to see high levels of demand. • Quality - TC reported on the imminent CQC visit advising a focus group for governors was scheduled for the 29th January 2019. • NHSI – NHSI had visited the Trust on Tuesday 11th December 2018 to carry out a Deep Dive into Safety. TC reported that NHSI had generally been impressed with the Trust however had highlighted two key themes, namely: we don't talk enough about our Values and we don't talk enough about keeping people safe. • Finance – TC reported the Trust was 'back on track'. 	
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	<ul style="list-style-type: none"> Staff Awards – over 230 applications had been received with the awards presented to teams and individuals to recognise the outstanding work they had undertaken. TC remarked on the CEO Award which he had presented to a social worker who had gone above and beyond for their patient with a terminal illness. <p>Questions were invited from the Council.</p> <p>BC asked about the implications to the Trust with Interserve's viability as a going concern. TC advised the Trust had put contingency plans in place for affected staff should something arise and confirmed governors would be kept updated. CL further advised that this was an agenda item for the Private Board in December.</p> <p>RG commented on the MHA Review and asked about the summary which Tina Kavanagh had indicated would be circulated. TC confirmed this would be sent out to the Council in due course.</p> <p>CL recorded thanks to the teams for the work they were carrying out in preparation for the CQC visit.</p> <p>The CEO Report was RECEIVED</p>	
6	<p>Company Secretary Report</p> <p>The Company Secretary report was taken as read. JH provided the Council with the following items to note:</p> <p>Evalu8 – due to a technical glitch the Council of Governor evaluation form had not yet been circulated. This was being rectified and would be circulated to governors in due course. JH encouraged governors to use the free text boxes when completing.</p> <p>'You said – We did' following comments that governors were having difficulty opening attachments from their nhs.net accounts a password protected governor portal page had been added to the website and populated with key documents. JH also highlighted that she was aware governors were experiencing the non-delivery of emails to their nhs.net accounts. I.T. had been consulted with a suggestion they may be going in the 'Junk Mail' folder.</p> <p>Declaration of Interest form (DoI) – These had been emailed out to governors and were also available on the governor portal page. Hard copies could also be requested.</p> <p>The Company Secretary Report was RECEIVED</p>	
7	<p>Work of Board Sub-Committee - Presentation</p> <p>SBa presented to the Council on the work of the Finance & Investment Committee noting it was one of 3 sub-committees to the Board. SBa gave an overview on the work of the committee over the past 12 months which outlined the standing items of the committee, its business development and the Deep Dives which had been undertaken. SBa explained each meeting spent time looking at the performance of the Trust and the CRES (cash releasing efficiency savings). Each meeting also undertook between one and two Deep Dives and highlighted the recent Safety Deep Dive reflecting</p>	

	<p>on the tragedy of the Grenfell Tower fire. SBa concluded his update to the Council and invited questions. No questions were put forward.</p> <p>CL thanked SBa for his presentation and reflected on the enormous amount of work which takes place within the committee.</p> <p>The presentation was NOTED</p>	
8	<p>Lead Governor Report</p> <p>JW introduced the item and updated governors on the work of the Lead Governor:</p> <ul style="list-style-type: none"> • JW had attended an NHS Providers conference on CQC guidance for Governors • Friday 7th December attended the launch of the CAMHS Website • JW had also attended the Staff Awards which he noted had been an inspirational evening • The HPFT Carer Plan consultation was open and would be closing on the 27th December 2018. JW encouraged governors to provide their feedback. • Site Visits – these would be re-instated once governors had completed their DBS checks. JH updated stating there were 5 governors who still required their check, and highlighted that once the check had been completed to please send through the reference number to Kathryn Wickham. • ARC vacancies – JW reminded governors of the two vacancies on the ARC for a Public governor and an Appointed governor and supported governors to apply. • Council of Governor sub-groups were undertaking the annual review of their Terms of Reference. JW emphasised the importance of the sub-groups who represent the Trust and invited suggestions of groups which the sub-group members could visit. <p>The report was NOTED</p>	
9	<p>Reports from Council of Governor Sub-Groups</p> <p>9.1 Quality & Service User Experience</p> <p>The report was taken as read with no further updates provided. FD encouraged governors to attend.</p> <p>9.2 Performance</p> <p>The report was taken as read. IR noted re-assurance had been requested at the meeting on BREXIT and confirmed the committee had been informed this was now on the Trust Risk Register (TRR). CBL had raised training bursaries for nurses and asked what the Trust was doing to address this. JPad responded confirming that HPFT had raised</p>	

	<p>this internally and externally.</p> <p>IR concluded her report noting that the Performance sub-committee would be carrying out their evaluation of the committee using Evalu8.</p> <p>The next meeting was to be held on Wednesday 6th February 2019 – all governors were welcome to attend.</p> <p>9.3 Membership & Engagement The report was taken as read. BC made a request to find one area local to them which governors could visit and promote the Trust.</p> <p>The reports were RECEIVED</p>	
10	<p>External Audit – KPMG – Presentation CL welcomed Neil Hewitson, Audit Director and Jessica Hargreaves, Senior Manager from KPMG. NH thanked the Trust for appointing KPMG as their external auditors. NH explained to the Council that as external auditors they had 3 key responsibilities:</p> <ul style="list-style-type: none"> • The accounts • The annual report • The remuneration report <p>Alongside this they looked at 5 significant risks:</p> <ul style="list-style-type: none"> • Valuation of Land and Buildings • Valuation and existence of income and receivables • Fraud risk of revenue recognition • Fraud risk of expenditure recognition • Management override of controls <p>JH further updated explaining as external auditors they would look at the Quality Account which would encompass: Content and Consistency - Is the content of the quality report accurately reported in line with regulations? National Indicators (to be confirmed) - Is the content of the quality report accurately reported in line with regulations? Local Indicator (to be confirmed) - Is the indicator calculated in line with the agreed definition? JH advised this was the indicator to be chosen by the Council. A report would be prepared and sent to governors in May 2019.</p> <p>10.1 Quality Account (Agenda item 12) CL asked JV and JL to update the Council on the Quality Account and explain to governors the requirement for choosing a local indicator. JL presented the paper to the Council reiterating there was a requirement for governors to agree a selected local indicator from the 2017/18 Quality Report for KPMG to audit. This was required by early January 2019. The paper also provided governors with an update on the 2018/19 Quality Report. Following discussion amongst governors around the indicators CL requested a 'show of hands' to reach an agreement. An endorsement for Local Indicator 2: Patient (Service User) Safety which looked at 100% enhanced Care Programme Approach for patients receiving follow-up contact within seven days of discharge from hospital (NHSI) was put forward.</p>	

11	<p>Headline Performance Report including Annual Plan Quarter 2</p> <p>RA presented the Quarter 2 Performance Report to Governors. Key messages for governors to note were:</p> <p>Overall performance for the quarter remained broadly balanced in the context of the turnover rate, demand on services, referrals, notable improvement to our financial position and the positive improvement with the sickness rate which was achieving below target.</p> <p>Access to Services Improvement was being sustained with urgent referrals to CAMHS and SPA referrals. Areas which required improvement were: Routine (28 day) referrals to Community – at 80% target of 98% CAMHS (28 day) – at 83.2% target of 95% Number of People entering IAPT treatment – Herts Valley, West Essex & Mid Essex – Btwn 300-500 behind target</p> <p>Safe & Effective Services Sustained improvement in Care Programme Approach (CPA) within 12 months, Inpatients reporting feeling safe and IAPT Recovery. Areas needing improvement were: Risk Assessments – at 92.7% target of 95% Delayed Transfers of Care – at 7.25% target of 3.5%</p> <p>Workforce Sustained improvement had been seen in staff recommending HPFT as a place to work and our Sickness rate which was achieving below target. Areas which required improvement were: Turnover rates (at 15.8% target of 10%) PDP rates (at 90.4% target of 95%) Mandatory Training (at 87.5% target of 92%)</p> <p>Finance RK also updated the Council on the financial position of the Trust as at the end of September 2018. Headline messages were: The NHSI Use of Resources (UOR) Rating is showing as 1 for the first time this year. A surplus of £209 for the month which was ahead of the Plan of £34k by £173k, and a surplus of £88k for the year to date. The Agency spend was £40k above the NHSI cap.</p> <p>Annual Plan Quarter 2 RK provided the Council with an overview of the key areas in the annual plan on safety, innovation and shaping future care.</p> <p>Progress RK reported progress had been made with Oak and Beech unit however more work was required with Adult services.</p> <p>PARIS – software was being reviewed.</p> <p>Progress had also been seen with an improving vacancy position and a static turnover rate. An external provider had been appointed to review the Trust intranet. Quarter 3 would see the implementation phase of the Strategy and Good to Great roadshows had been booked.</p>	
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	<p>Innovation Effective work had been undertaken with 'Go To' meetings with Quarter 2 seeing a saving of 160 hours in travel. GDPR – work was on-going on the recording of the Freedom of Information requests (FOIs) and work continued with the quality improvement journey. SPIKE2 would provide better engagement.</p> <p>Shaping the Future Engagement with the STP was underway to integrate our services. Quarter 2 saw a stakeholder mapping exercise to ensure we engage with the right stakeholders.</p> <p>RA concluded her presentation and invited questions:</p> <p>CBL referred to IAPT and queried what areas required improvement. RA responded confirming that North Herts were performing well, the other areas required work. JL added to the response advising CBL that the specific challenge was around getting people through the doors to meet the target. Our recovery rate was still one of the best in the country.</p> <p>The report was RECEIVED</p>	
12	<p>Quality Account</p> <p>The report was RECEIVED under agenda item 10</p>	
13	<p>Care Quality Commission Update JPad presented an update on the Care Quality Commission to the Council noting this work was part of the Good to Great Strategy. The table on page 8 provided of these minutes provided a snapshot of where we are now with the arrows showing areas where there had been change. <u>Key:</u> Blue – Outstanding Green – Good Orange – Requires improvement</p> <p>The Trust PIR was sent to the CQC two weeks ago. Focus groups would be set up in January with the date for the governor focus group set for the 29th January 2019 @ 11:30am in Da Vinci B. The focus group was open to all governors and attendance encouraged. In line with last year the Trust were preparing a guidance booklet for governors which would be available in due course. For those governors who are unable to attend the focus group but would like to feed in their comments it was recommended they link in with a governor who was planning to attend and ask them to provide on their behalf.</p> <p>It was understood the Core Inspection would take place in the second or third week of February unannounced. The Well Led inspection would take place at the same time as the Core inspection to allow for triangulation. JPad updated governors on the Trust 'Success Factors':</p> <ul style="list-style-type: none"> • Positive care planning • Promoting safety at the heart of all we do • Supporting positive leadership at all levels across the organisation • Supporting staff to deliver best practice • Supporting and developing your teams and workforce 	

Ratings for mental health services						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Apr 2018	Requires improvement ↓ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Requires improvement ↓ Apr 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Forensic inpatient or secure wards	Good ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑ Apr 2018	Outstanding ↑ Apr 2018
Child and adolescent mental health wards	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018
Wards for older people with mental health problems	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Wards for people with a learning disability or autism	Good ↔ Apr 2018	Good ↑ Apr 2018	Outstanding ↑ Apr 2018	Good ↔ Apr 2018	Outstanding ↑↑ Apr 2018	Outstanding ↑↑ Apr 2018
Community-based mental health services for adults of working age	Good Sept 2015	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Mental health crisis services and health-based places of safety	Requires improvement Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Specialist community mental health services for children and young people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community-based mental health services for older people	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Community mental health services for people with a learning disability or autism	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015	Good Sept 2015
Overall	Requires improvement ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018

JPad concluded the update by reciting a quote she had heard “Live in fear of doing it wrong or Live in anticipation of doing it right!”

CL thanked JP for the update and recorded how immensely proud he was with the completion of the PIR.

The Update was RECEIVED

HPFT Constitution Review

The revised Constitution was received by the Council with JH advising that subject to the changes governors were required to approve the revised Constitution. JH stated the Trust was required to review the Constitution every 3 years with this last being undertaken in 2015.

A key change to note was proposal to increase the Council of Governors by one position to include Healthwatch Hertfordshire. The other changes were set out in table 2 of the report.

IR raised GDPR and the default automatic membership for staff to become Trust members. JH clarified stating that staff were now required to opt in rather than opt out.

CL asked all present if they were happy to approve the proposed changes to the Constitution. All present agreed.

	JH suggested it may be useful for the Membership and Engagement sub-committee to look at whether there had been an impact with staff opting in to be a Trust member since GDPR. The Constitution was APPROVED	
15	Minutes of the Public Board meeting 27th September 2018 The Council noted the minutes with no comments. The Minutes were RECEIVED	
16	AOB No further business was raised.	
17	Date/Time of Next Meeting: The next meeting is scheduled for Thursday 14 th February 2018	

Attendance:

Non-Executive Directors		
Chris Lawrence	Chair	CL
Janet Paraskeva	Non-Executive Director	JP
Simon Barter	Non-Executive Director	SBa
Executive Directors		
Tom Cahill	Chief Executive	TC
Keith Loveman	Director of Finance	KL
Mariejke Maciejewski	Interim Director of Workforce & Organisational Development	MM
Dr Asif Zia	Director Quality & Medical Leadership	AZ
Dr Jane Padmore	Director Quality & Safety	JPad
Ronke Akerle	Director of Innovation	RA
Jess Lievesley	Director Delivery & SU Experience	JL
Public Governors		
Caroline Bowes-Lyon	Public Governor	CBL
Bob Taylor	Public Governor	BT
Ilana Rinkoff	Public Governor	IR
Emily Burke	Public Governor	EB
Emma Paisley	Public Governor	EP

Eni Bankole-Race	Public Governor	EBR
William Say	Public Governor	WS
Barry Canterford	Public Governor	BC
Meredith Griffiths	Public Governor	MG
Jon Walmsley	Public Governor (Lead Governor)	JW
Appointed Governors		
Ray Gibbins	Appointed Governor (Viewpoint)	RG
Fran Deschampsneufs	Appointed Governor (Herts MIND Network)	FD
Staff Governors		
Grahame Wright	Staff Governor (Corporate)	GW
Herbie Nythani	Staff Governor	HN
In Attendance		
Jill Hall	Company Secretary	JH
Kathryn Wickham	Minutes	KW
Neil Hewiton	Audit Director KPMG	NH
Jessica Hargreaves	Senior Manager KPMG	JHar
Jackie Vincent	Deputy Director of Nursing & Quality	JV
Apologies		
Karen Taylor	Director Strategy & Integration	KT
Loyola Weeks	Non-Executive Director	LW
Tanya Barron	Non-Executive Director	TB
Sarah Betteley	Non-Executive Director	SB
Catherine Dugmore	Non-Executive Director	CD
Rosemary Farmer	Appointed Governor	RF
Mimi de Wolf	Public Governor	MdW
Colin Egan	Public Governor	CE

DRAFT

Council of Governors Meeting

Meeting Date:	14 th February 2019	Agenda Item 5
Subject:	CEO Brief	
Presented by:	Tom Cahill, Chief Executive Officer	

National update

NHS Long Term Plan

NHS England has published the NHS long term plan. The plan sets out ambitions for ensuring the NHS is fit for purpose and covers a 10 year window and importantly, an additional investment of £2.3bn for mental health services, including £250m earmarked for crisis services.

Mental Health features strongly in the plan with specific goals for Children and young people's mental health services, learning disability and autism, and adult mental health services. The Plan also focusses on the workforce challenges and the workforce implementation plan which will be overseen by NHS Improvement (NHSI) to ensure the delivery of its actions and to ensure the overall balance between supply and demand, for mental health, the plan promises 4000 more mental health and learning disability nurses will be trained by 2023/24.

Operating and Planning Guidance 2019/20

NHS England Operational Planning and Contracting Guidance

During January, NHS Improvement (NHSI) and NHS England (NHSE) have progressively released joint Operational Planning and Contracting Guidance, alongside its allocations to CCGs. This guidance describes their expectations for the Operational Plans they require from provider organisations and Local Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems.

These Operational Plan submissions cover a financial and related workforce submission, and an operational plan narrative outlining the providers approach to activity, quality, workforce and financial planning for 2019-20. Provider organisations are required to make a draft submission of their Operational Plan by 12 February 2019. Local STPs are required to submit a draft consolidated plan for their area by 19 February 2019. NHSI will review these plans, providing feedback that can be incorporated into final provider organisation plans that are to be submitted by 4 April 2019. Final aggregated STP / ICS Operational Plans are due for submission by 11 April 2019.

We are developing our draft plans for submission by the required deadline. This will be further refined, based on any feedback from NHSI and the final outcome of our contract discussions with our commissioners.

Regional NHSIE Structure and Director Appointment

The joint directors of the new NHS England and Improvement regional teams have been confirmed by the system managers. The East of England Regional Director has been confirmed as Ann Radmore, currently Kingston Hospital Foundation Trust chief executive. The new Regional Directors will form part of a new "NHS executive group" which is set to hold its first meeting in January 2019, with the new national and regional directors expected to formally lead their integrated directorates by April 2019. We look forward to building strong relations with the new team.

An NHS Workforce for the Future

The New NHS long term plan is conspicuous by the absence of a robust workforce strategy or plan. It remains unclear as to the timetable for the development of such a national strategy. However NHS Improvement under the leadership of Dido Harding has been requested by the Secretary of State to develop a national workforce plan. The plan is expected to cover a range of themes including, future Medical and Dental workforce, future Clinical workforce, NHS best place to work, leadership and talent development and tech Skill and enablement.

National WRES Report

The WRES national data report has been published for 2017/18. This shows a comparison of data for all Trusts submitted in 2018 as well as comparing it with the previous period. We remain committed to ensuring that our BME workforce has an improved and equitable experience. Nationally there has been an improvement seen between 2016 and 2018 across the range of workforce indicators. There has been an overall increase in representation of BME staff in the NHS since 2016, an increase of 10,407. HPFT continues to have a significantly higher proportion of BME staff at 33% than the NHS as a whole (19.1%).

There has been a sustained increase in BME nurses, health visitors and midwives in AfC bands 6 and above, an increase of 2,224 from 2017. In HPFT for 2018, there has been an increase in Bands 7 and 8 in nursing roles.

Regional update

Hertfordshire and West Essex STP

A new independent Chair has been appointed to the STP, Paul Burstow, formally a member of Parliament and current Chair of Tavistock and Portman MH Trust. Paul took up post on 1st December 2018. He continues to meet key partners across the system and to work with colleagues to redefine priorities for the coming year. This will take account of guidance set out in the NHS Long Term Plan. Priorities will include establishing a new Integrated Care System (ICS) by the end of 20/21 and delivering milestones set out in both the Health and Care Strategy and the medium term Financial Plan. Further work will be undertaken to understand how Commissioning Organisations can better work together and support the development of the ICS. Recruitment for a replacement of the current STP lead, who steps down in April, is under consideration.

Hertfordshire chosen as a national trailblazer in school mental health support

It was announced in late December that schoolchildren experiencing mental health difficulties in Hertfordshire would get early help from special support workers in a new initiative. <https://www.healthierfuture.org.uk/news/2018/december/hertfordshire-chosen-national-trailblazer-school-mental-health-support>. HPFT will play an active and leading role in the development of this service

West Herts Adult Community Services (Physical)

Following the outcome of Herts Valleys CCG's recent market testing tender process for adult community health services in West Hertfordshire it has been announced that Central London Community Healthcare NHS Trust (CLCH) will be the new provider for these services in West Hertfordshire from the Autumn, indicating that Herts Community Trust's bid was unsuccessful. CLCH have said in their press statement that this new way of working will bring physical and mental health and social and voluntary care organisations closer together so that patients can benefit from more co-ordinated care together with an opportunity to deliver an integrated model of care that builds on CLCH's experience as an established healthcare provider in Hertfordshire, where they already provide both sexual health and respiratory.

We have already made contact with colleagues at CLCH to begin conversations about how we best work together going forward. We are also in contact with colleagues from HCT to understand the impact on current joint working arrangements

Performance

Our overall performance has remained stable against the pressures of an increase in referrals and a turnover rate of 16.3%. We continue to sustain our performance in ensuring we have minimal inappropriate out of area placements and ensuring that people under adult mental illness specialties are followed up both within 72hrs and 7days of discharge from psychiatric in-patient care.

There continues to be challenges in achieving the 98% target on 28 day wait for referrals to the community mental health team. The new initiative on DNA protocol of stopping the clock following non-engagement in SPA will support in reducing some of the pressures including the roll-out of Primary Mental Health Pilots of which HVCCG have announced an additional £650k to support. There are continuous efforts to improve the rate of risk assessments completed for our service users with a focus to improve on the quality and effectiveness of the risk assessment process.

Within the workforce, we continue to focus on retention initiatives with a goal to retain our current staff and also encourage staff that have retired to return to work with us again and we continue to proactively work with medical colleagues to recruit to vacant posts.

Quality & Safety

Working with the nursing leaders and Clinical Directors, an increased focus on the Safewards methodologies, safety huddles and safety crosses are examples of how staff are working more proactively to work at reducing restrictive practices in the inpatient service areas as well as promote safety in all services.

Following the deep dive into unexpected deaths, there has been a focus on the quality of risk assessments and an education group is working to ensure staff have the right skills to deliver this.

We are now in the process of planning our clinical audit programme for 2019-2020. This enables us to constantly improve our approach to clinical effectiveness in the organisation. The final plan will be approved at the QRMC.

CQC

The Trust has now been given its date for the Well Lead and Core service inspection. These will be done jointly between the 4th- 8th March and marks the beginning of a new approach by the CQC to their inspection regime. With regards the Core Services they have advised that they will be inspecting the following services:

- 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
-

They have also scheduled a 'mop up' session for any outstanding issues regarding the Well Led review on 27 & 28 March 2019.

They have already had four days of focus groups with significant numbers of staff across Hertfordshire, Essex and Norfolk.

Additionally the CQC team responsible for Mental Health Act issues, will be on site in the trust between the 5th – 7th February (based at Kingsley Green) to review seclusion practice and long term segregation. This will feed into the overall review.

Workforce & OD

Recruitment and retention remains a challenge, however there has been an improvement in the time taken to hire staff which has fallen from 12 weeks to 8.5 weeks since quarter one. Additional work to improve the on boarding process for candidates continues as well as improving the experience for new starters within the Trust. This includes the launch of the new careers website. Following negotiations and agreement with staffside we have implemented changes to notice periods for new staff joining the Trust. All newly appointed Band 5 and Band 6 staff will have an 8 week notice period and Band 7 and above a 12 week notice period. Staff engagement continues with the recent Good to Great Roadshows held across the Trust throughout December and January. The Trust expects to receive the national staff survey results on the 8th February which will be embargoed until 26th February.

Financial update

For December the financial position reported was a surplus of £182k for the month, ahead of the Plan of £78k and YTD the position is now £408k which is £295k above Plan. This continues the run of favourable surplus variances of the last few months but at a higher 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 and has allowed the Trust to bring forward the program of investment in our estate, improving a number of clinical and inpatient areas with a program of work to be completed in February and 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.

Executive and NED Appointments

The Council of Governors are leading a process to recruit two new Non-Executive Directors to join our Board. These will cover the posts vacated by Michelle Maynard and Simon Barter when he finishes his term in July 2019. The recruitment process is underway and will conclude with formal interviews on 26th February.

The Council of Governors will also be aware that Jess Lievesley, Executive Director of Service Delivery and Experience, has been appointed as Director of Strategy at St Andrew's Healthcare, a charity providing specialist mental healthcare based in Northampton. The Remuneration Committee has agreed that the post should be advertised and it is expected that formal interviews should conclude in early March 2019.

Risk Management Strategy

The Risk Management Strategy has undergone a full review and has been updated and re-drafted in order to clearly set out the Trust's framework within which it leads, directs and controls the risks to its key functions. We have purposely separated the risk strategy from the risk policy to support this approach.

The Integrated Governance Committee received the Risk Management Strategy at its meeting on 23 January 2019 and agreed to recommend it to the Board of Directors for formal approval and adoption.

Tom Cahill
Chief Executive

Council of Governors

Meeting Date:	14 th February 2019	Agenda Item: 8.2
Subject:	Council of Governors Performance Meeting	For Publication:
Author:	Ilana Rinkoff, Chair of the Council of Governors Performance Meeting	Approved by: Ilana Rinkoff, Chair of the Council of Governors Performance Meeting
Presented by:	Ilana Rinkoff, Chair of the Council of Governors Performance Meeting	

Purpose of the report:

To update the Council of Governors on the work of the Performance sub-committee of the Council of Governors.

Action required:

Action required:
To note Summary and recommendations.

Summary and recommendations:

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

COG Performance Meeting Chair's update report to COG Feb 18

Last meeting held on 6th February 2019

It was pleasing to see a large number of attendees with some first time attendees too.

Q3 Performance update Report:

Ronke Akerele Exec Director Innovation and Transformation provided an overview for the

Governors and advised that overall performance in Q3 was maintained taking into account a high turnover rate and high demand. CAMHS remains an area for improvement as fell very slightly since Q2 but steps are being taken to address this and new appointments are being made to fill vacancies to meet the high caseloads in some areas.

Update on Service User Transitions:

CAMHS to Adult:

Melanie Woodcock provided a very informative presentation on the various processes for transition of service users from CAMHS to Adult services (in or out of Area), back to their GPs or out of services altogether where no longer required. The Governors were pleased to learn that at HPFT there is a flexibility on age rather than a sharp cut off at 18 to best meet the service users needs that is not present in all other trusts. Managing expectations of service users and carers of the differences in levels of support pre and post transition is key. The Young Peoples Council are consulted and involved in co-production of the model.

Adult to Older People:

Michael Henderson provided a very informative presentation on older adult service provision including the Specialist Mental Health Team for Older People, Crisis function team and Early Memory Diagnosis and Support Services (EMDSS). He explained to the Governors that most services are provided on an all age basis and there is no age cut off. The specialist mental health teams for older people accept referrals from SPA for people who have their first presentation of mental illness over the age of 65 or people who have previously been in receipt of services from Adult mental health who now have a clinical decision determining a physical frailty.

Audit committee report:

Catherine Dugmore sent her apologies due to health reasons and Chris Lawrence and Ronke Akerele led discussion on the report in her absence. The Governors noted that the report gives assurance to the Governors of the NED's robust involvement and high level of scrutiny on issues discussed at the Audit Committee. It was further noted that the Audit committee received a paper setting out the planning that is in place to mitigate the risks associated with a 'no deal' Brexit Scenario covering discussions at Finance and Investment Committee, Integrated Governance Committee and Board of Directors.

SPIKE II:

Chris Lawrence gave a quick overview on SPIKE II which is just being rolled out and appears to be generating interest from other trusts as HPFT have led the way on this internally generated dashboard tool. A presentation on this will be held at a future meeting.

Other:

- The Governors understand that the impact of Interserve and update on status of contracts is being urgently reviewed.
- It was agreed that a presentation of the Out of Hours Clinical Services by the Service Line leads would be helpful for a future Council of Governors meeting/training.

Next meeting:

17th April 2019 at 2-4pm

Governors to note all dates are in list circulated and reminders will be sent out 2 weeks in advance. Discussion held that all governors should attend at least one subcommittee if possible.

Council of Governors Meeting

Q3 Performance Update

14th February 2019



Content

- Performance at a Glance
- Access to Services
- Safe & Effective Services
- Workforce
- Finance



Access to Services

Sustaining Improvement

- Minimal use of 'inappropriate' out of area placements
- First Episode Psychosis two week wait performance (89.29% against 53% target)

Areas for Improvement

- Routine (28 day) referrals to Community – at 87.2% target of 98%
- CAMHS (28 day) – at 80.45% target of 95%
- EMDASS (12 wk diagnosis) – at 50.5% target of 80%
- Number of People entering IAPT treatment – Herts Valley, West Essex & Mid Essex – Btwn 170-350 behind target



Safe & Effective Services

Sustaining Improvement

- Delayed Transfers of Care (6.23% against 3.5%)
- CPA reviews (96% against 95%)
- 3 day and 7 day follow-up after inpatient discharge at 92.7% and 97.81% respectively

Areas for Improvement

- Risk Assessments – at 93.6% target of 95%
- Delayed Transfers of Care – at 6.23% target of 3.5%



Workforce

Areas for Improvement

- Sickness rates (at 4.61% target of 4%)
- Turnover rates (at 16.4% target of 10%)
- PDP rates (at 88% target of 95%)
- Mandatory Training (at 86% target of 92%)



Financial Position at December 2018

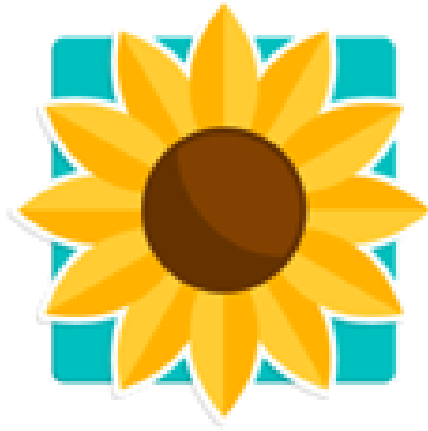
Headlines:

The NHSI use of resources (UOR) rating is showing as 1 for the first time this year
Surplus of £82 for the month, ahead of the plan of £78k and a surplus of £408k for the year to date

Key financial metrics:

UOR	1	In Month Plan £000	In Month Actual £000	YTD Plan £000	YTD Actual £000	Full Year Plan £000	Trend
Overall Surplus (Deficit)		78	182	113	408	360	↑
Pay Overall		12,876	12,560	115,423	113,231	154,068	↔
Agency		611	487	5,496	5,492	7,328	↑
Secondary Commissioning		2,598	2,713	23,095	24,720	30,676	↔





SPOT THE SIGNS & SAVE A LIFE

SPOT THE SIGNS OF SUICIDE RISK AND YOU COULD SAVE A LIFE

Introductory Session

What is Spot the Signs?

- Not a crisis service but an awareness campaign offering training for professionals, signposting and information for the public.
- Delivering Hertfordshire County Council's Suicide Prevention Strategy 2017 outlined by Public Health.
- Ambition of zero suicides in Hertfordshire is consistent with the national suicide prevention strategy for England. We also aim to improve support for those bereaved or affected by suicide.

What is Spot the Signs?

We aim to:

- Increase public awareness of depression and suicide and remove the stigma linked with suicide
- Provide suicide prevention training to GPs, healthcare providers and the voluntary sector in Hertfordshire
- Work with companies to create safer workplaces
- Signpost to mental health services available in Hertfordshire

‘Our vision is to make Hertfordshire a county where no one ever gets to a point where they feel suicide is their only option.’

Statistics Overview

- 5,821 suicides were registered in the UK in 2017.
- Hertfordshire has lower rates of suicide than the national and regional levels.
- 3/4 are unknown to mental health services at the time of their death but may have accessed other public services: Job Centres, Police, Housing Support.
- Suicide is the biggest cause of death in men aged under 35.
- 1 in 5 people will have thoughts of suicide at some point in their lives

2018 Successes

- Media Sensitive Reporting Charter signed by most local agencies in Hertfordshire.
- Suicide Prevention infographic
- Newsletter circulated to over 600 subscribers
- Twitter followers: 1,634 – a 52% increase in 2018.
- Events: 42 attended.
- Suicide Awareness Survey



Spot the Signs Training

- The training aims to:
- Increase awareness and knowledge
- Introduce practical steps about how to respond
- Make you feel more confident in spotting the signs of suicide

2018 Training

Full Day Training

Professionals working with adults : 892

Professionals working with CYP: 598

Young People

Children and young people from workshops: 1980

Organisations

23 sessions, 606 attendees.

GPs

6 sessions, 257 attendees.

2018 Successes

Funding:

- Funding successfully received to have a licence for **'Stay Alive' Suicide Prevention App** in Hertfordshire
- 5 full day training sessions
- 2 half day training sessions for West Herts Hospital.

Zero Suicide Alliance FREE Suicide Prevention Training

- The free, 20 minute course will teach you:
- How to identify when someone may be having suicidal thoughts or behaviour.
- How to talk openly and confidently to a suicidal person about their thoughts and feelings.
- The best process for signposting individuals to services or support networks that can help them.
- You can access the course here: <https://www.relias.co.uk/zero-suicide-alliance/form>



Find out more:

Spot the Signs Website:

<http://www.hpft.nhs.uk/information-and-resources/spot-the-signs/>

Twitter: @SpotSignSuicide #HPFTSpotTheSigns



Papyrus: www.papyrus-uk.org

National Suicide Prevention Alliance: <http://www.nspa.org.uk/>

Sign up to our newsletter using the signup form.

Questions

MINUTES OF THE PUBLIC BOARD OF DIRECTORS MEETING
Held on Thursday 29th November 2018
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
Catherine Dugmore CD	Non-Executive Director
Tanya Barron TBa	Non-Executive Director
Janet Paraskeva JPa	Non-Executive Director
Loyola Weeks LW	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	
Jill Hall JHa	Interim Company Secretary
Kathryn Wickham KW	PA to Chairman and Company Secretary
Andrew Nicholls AN	Head of Recovery and Psychological Services
Dr Jo Farrow JF	Clinical Director, West Strategic Business Unit
Julie Hollings JH	Deputy Director, Marketing, Communications & Engagement
MEMBERS OF THE PUBLIC	
Jon Walmsley JW	Lead Governor
Barry Canterford BC	Public Governor
Tap Bali TB	Public Governor
Sophie Langdale SL	Director for Mental Health, Department of Health & Social Care
Nicola Morale NM	Serco
APOLOGIES	
Karen Taylor KT	Director, Strategy and Integration
Sue Darker SD	Herts County Council

Item	Subject	Action
140/18	Presentation – New Leaf College A presentation on the New Leaf College was provided by Andrew Nicholls, Head of Recovery and Psychological Services.	
141/18	Welcome and Apologies for Absence CL welcomed all to the meeting and apologies for absence noted. A warm welcome was extended to Sophie Langdale, Director for Mental Health, Dementia and Disabilities, Department for Health and Social Care. CL advised this would be Julie Hollings last Board meeting as Julie would be leaving the Trust for a new post. CL thanked JH for her work and wished her every success for the future. CL concluded by welcoming governors, staff and a member of the public.	
142/18	Declarations of Interest Nothing declared.	

143/18	<p>Minutes of the meeting held on the 27th September 2018 The minutes of the meeting held on the 27th September 2018 were discussed and the following amendments made:</p> <p>Attendance: Jill Hall name to be removed as she was not in attendance</p> <p>Item 126/18 Fourth paragraph, the narrative corrected to: The CQC have <i>issued</i> national guidance.</p> <p>Item 126/18 Fifth paragraph, the narrative corrected to: We have seen an increase in rates of suicide nationally. To remove the narrative: Since 1981</p> <p>Item 130/18 Amend the narrative to include: The Trust invited Mersey Care to look at restrictive practice and seclusion. To amend the narrative: this came back <i>with no major</i> concerns.</p> <p>Item 131/18 To remove the last sentence.</p> <p>The remainder of the minutes were agreed as an accurate account of the meeting and approved subject to the agreed changes.</p> <p>APPROVED The Board APPROVED the minutes subject to the agreed changes</p>	
144/18	<p>Matters Arising The matters arising schedule was discussed and updates noted.</p> <p>JPa raised a question on SU Story feedback from the previous Board. CL responded explaining that this was not necessarily something which would come back to the board. JL confirmed that a range of measures had been implemented immediately and that all issues raised had now been addressed. A short conversation took place on how, going forward, the board responded to issues made following SU presentations. It was agreed to hold a workshop at a future board.</p> <p>Action: Board workshop to be scheduled to discuss SU Stories and Trust response as a Board</p>	
145/18	<p>CEO Brief TC presented the report to the Board which was taken as read. The below key headlines were highlighted:</p> <ul style="list-style-type: none"> • Budget The picture was positive with TC stating he was confident the money would come. Figures due to be published in December and the Improvement Plan in April 2019. Next year would be a 'transition' year for the NHS. TC noted the concern around gaps in the budget advising conversations were already underway to look at this. Unclear whether Mental Health Funding would be via the CCG or ring-fenced. 	

	<ul style="list-style-type: none"> • NHS Improvement and NHS England Proposed new structure outlined – this would be good news if followed through. • STP Integrated Care Systems were moving forward along with an Integrated Care approach. • Winter Pressures TC reported on the NHSi Q2 performance report noting the poor financial and performance figures, but highlighted demand was outstripping resource. • HCT HCT had appointed Clare Hawkins as CEO. A bid had been submitted for community services. • Trustwide Update TC highlighted that demand continued to increase Concern around access for adults and young people Good progress had been made with residential beds with a drop from 44 down to 11 Quality – we continue with the Good to Great journey Safety – good progress NHSi – the Exec team would be holding a Deep Dive on the 11th December • CQC The Trust had completed the required RPIR document and a copy of this would be shared with the Board. Focus groups would begin in January 2019. • Financial Update The Trust was holding a steady ship. Key spend was agency, out of area placements and PICU. Work was underway with commissioners and a number of schemes were in place. • Non-Executive Director recruitment TC confirmed the process was underway. • Trust Staff Awards 150 staff and family members had attended the afternoon award ceremony. In the evening TC commented on Nikki Prest who won the Unsung Hero award and noted he would be sharing her story with the Board. <p>TC concluded his update announcing that Jess Lievesley would be leaving the Trust in Spring 2019.</p> <p>RECEIVED The Board RECEIVED the report</p>	
146/18	<p>STP UPDATE TC introduced the paper which was taken as read and asked the Board to note the below 3 key points:</p>	

	<ul style="list-style-type: none"> • Development of a Herts and West Essex Integrated Health & Care Strategy • Development of a Herts and West Essex Financial Strategy Significant amount of money with a deficit of £80m. This was broadly accrued from the three acute Trusts and we would be working together to address this. • The future shape of the STP Paul Burstow had been appointed as Independent Chair. Deborah Fielding would be leaving in March 2019 and recruitment for this post was underway. <p>LW raised item 5.2 (overall page 28 of 222) from the report stating she had no sense of feeling that we had momentum to achieve the strategy. TC responded confirming there was lots of activity happening however the big ticket items had not yet been spoken about. NHSE had a new Director who would be taking this forward as part of his remit. CL concurred reporting the new appointment would see an increase in pace for the STP.</p> <p>TBa asked for clarification around the STP and private sector. TC advised the STP were not formal partners but were connected. Nationally there were barriers to the collaboration and no clear steer on what this would mean.</p> <p>RECEIVED The Board RECEIVED and NOTED the report</p>	
147/18	<p>Report of the Integrated Governance Committee – 8th November 2018</p> <p>SBe talked through the report to the Board which was taken as read and stated there were no issues for escalation.</p> <p>There was one new risk which had been recommended to be added to the Risk Register on the implications for the Trust arising from Brexit. An update had been given from WODG (Workforce and Organisational Development Group) which had highlighted there were good initiatives underway around staff retention and retire and return. The Trust 'time to hire' still required work. A pilot was running with the DoE around bank flexible working.</p> <p>The committee had received a report on WRES which was disappointing and showed no significant improvement. Dr Habib Naqvi, Policy Lead in the NHSE WRES team had agreed to join the working group to look at improving the experience of BME staff in the Trust. The committee had noted the benefits gained by Albany Lodge and Aston from the regular Quality meetings.</p> <p>Concern had been highlighted on the increased demand for the Section 136 Suite.</p> <p>In IM&T there had been positive progress on smarter ways of working and a steady increase for data incident reporting.</p> <p>A deep dive into restrictive practice had been received with a number of initiatives implemented.</p> <p>RECEIVED The Board RECEIVED and NOTED the report</p>	
148/18	Quality and Patient Safety Quarterly Report: Quarter 2	

	<p>JPad presented the Quality and Patient Safety Report for Quarter 2 to the Board and confirmed the report was taken as read. The below messages were detailed to the Board:</p> <p>Freedom to Speak Up – JPad confirmed Kevin Hallahan had been appointed as the Freedom to Speak Up lead and highlighted that a Non-Executive Director would also need to be appointed to this role now Michelle Maynard had stepped down. Following a short discussion LW agreed to undertake as the lead Non Executive for this role on an interim basis.</p> <p>Key areas to note were: An increase in the number of incidents reported in Quarter 2 and an increase in unexpected deaths. A deep dive to look at the overarching picture had been carried out with learning from this highlighting work needed to be undertaken around 'protective factors'. The regular safety huddles had provided significant impact on immediate and cultural learning and had shown improved scores on service users feeling safe; in particular to note was Forrest House. Overall there had been good progress with safety and improvement seen in each quarter.</p> <p>LW commended JPad on the learning and understanding. KL voiced his welcome of the Moderate Harm Panel and questioned whether there were any themes emerging from the numbers. JPad responded stating there had been an increase in service users dying from collisions with a train. To address this, work was underway with the Herts Suicide Prevention team and a specialist workstream had been set up with the Rail Network. The other theme coming into the picture was the use of ligatures in young girls and work would take place to look at this.</p> <p>CL referenced page 6 of the report (overall page 38 of 222) and referred to paragraph 2.4 which stated the area with the largest increase in reported incidents was the 136 suite. JL acknowledged and advised of the reasoning for this explaining it was often used by the police as a secure drying out room for intoxicated people as they had no alternative. A short discussion was held by Board members with a suggestion that this issue may be something for the Health & Wellbeing Board to address.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
149/18	<p>Safer Staffing Report: Quarter 2 JPad advised the report was taken as read with no further key messages to be highlighted to the Board. CL drew attention to the challenges around the significant risk to the Trust around the profile of HCA and RNs who are able to retire. SBa noted the challenges on the Care Hours Per Patient Day.</p> <p>RESOLVED The Board RECEIVED and NOTED the report</p>	
150/18	<p>Report of the Finance and Investment Committee – 13th November 2018 The report was taken as read. SBa introduced the paper and thanked RA and KL for their work into the deep dive which had looked at productivity and effectiveness in the Trust. Following a brief discussion it was agreed for a realistic timeframe on the outcome of this work to be agreed and which could be worked into the annual plan. SBa noted there was a degree of uncertainty in the planning for next year.</p>	

	<p>Congratulations were recorded for the commercial close of the Essex LD contract.</p> <p>An estates strategy paper would be presented at the next FIC meeting.</p> <p>Performance in Quarter 2 remained balanced.</p> <p>Financial summary for Quarter 2 looked more stable and likely to meet the control totals.</p> <p>JPa raised the difficulties she had seen staff experience when being shown PARIS recently. A short discussion was held with JL and RA providing assurance the system was being reviewed and modified and a paper due to be presented at the next FIC meeting.</p> <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
151/18	<p>Performance Report: Quarter 2</p> <p>RA presented the Performance Report for Quarter 2 stating that overall performance for the quarter remained broadly balanced in the context of the turnover rate, demand on services, referrals, notable improvement to our financial position and the positive improvement with the sickness rate which was achieving below target.</p> <p>RA outlined the challenges ahead in achieving the desired level of performance with October seeing a 20% increase in referral demand compared to the same quarter in 2017.</p> <p>RA provided the below key messages from the report: There had been good performance on SoF (Single Oversight Framework) indicators for the quarter which were all met with the exception of FEP (First Episode Psychosis) cardio-metabolic assessment and DQMI (Data Quality Maturity Index)</p> <p>Access to services – routine referrals for adult community services had seen a decline of 8% from Quarter 1. The main areas of challenge were within the SW and E&SE quadrants. Performance in other quadrants was fragile.</p> <p>CAMHS – 7 and 28 day waiting times had improved significantly for the quarter.</p> <p>IAPT services – mid and West Essex IAPT services remain an area of concern.</p> <p>Safe and Effective services – risk assessments achieved 92.74% against a target of 95%. Performance against risk assessment was at a steady decline for 6 consecutive months with all SBUs below the 95% target.</p> <p>Delayed transfers of care achieved 7.25% against a target of 3.5%.</p> <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
152/18	<p>Finance Report: October 2018</p> <p>The report was taken as read. KL advised the board of the below main points to note:</p> <ul style="list-style-type: none"> • KL reported there had been continued recovery for Quarter 2 in line with the planned trajectory • PICU placements had increased in month and were the key area of expenditure variation • Within CAMHS Tier 4, Eating Disorders were the area of key pressure – numbers of placements were small • Inpatient areas were under real pressure as reflected by near permanent 100% occupancy but the teams had continued to manage 	

	<p>well and importantly avoided external placements in adult services</p> <ul style="list-style-type: none"> • Acuity was high which added an additional pressure on staff • Progress was being made around the use of agency and this was notable with c.£5m reduction since 2015 • Current forecasts are that the Trust would achieve its year-end financial target <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
153/18	<p>Workforce and Organisational Development Report: Quarter 2</p> <p>The report was taken as read. MM presented the below highlights from the report:</p> <p>Quarter 2 had seen an improvement in workforce indicators with the vacancy rate achieving 13%. There had been more starters than leavers in the quarter and the reduction in time to hire had seen significant improvement. There had been a slight reduction in the quarter for staff turnover however October had seen an increase which would be addressed. Sickness rates were the lowest the Trust had ever seen with MM stating it was felt this was down to the introduction of staff health checks, massages and competitions which had been introduced for staff. Long term sickness staff were being given support on returning to work.</p> <p>Appraisal rates had increased as had Mandatory Training at 87.5%. In Quarter 2 640 staff had responded to the Pulse survey – the highest ever. There was a slight reduction in staff motivation and staff experiences. After a short discussion it was agreed to hold a Board workshop on Staff Engagement. CL raised Staff Induction with the suggestion there was a Non-Executive Director present at each of these. It was agreed for the Staff Induction dates to be circulated to the Non-Executives.</p> <p>Action: Board workshop to be held on Staff Engagement</p> <p>Action: Staff Induction dates to be circulated to Non-Executives</p> <p>RESOLVED That the Board RECEIVED and NOTED the report</p>	
154/18	<p>Update on NHS Improvement Planning Guidance</p> <p>KL reported we had not yet received the planning guidance however work on the Trust plan was already underway. Conversations with governors and stakeholders would be held for their input into the annual plan with dates being put into a planning timetable.</p> <p>RESOLVED The Board RECEIVED the update</p>	
155/18	<p>Annual Plan 2018/19: Quarter 2</p> <p>KL introduced the plan noting that page 2 of the summary outlined progress. There were 7 strategic objectives of which 5 had been rag rated green and 2 amber showing positive progress. There had been an increase in service users feeling safe and good progress with CAMHS tier 4. The workforce indicators had shown clear progress in particular with the introduction of Spike 2. Overall we were moving in a positive direction.</p>	

	<p>Our challenge is demand and access. The PD Pathway was in place and required implementation High Performing teams required development STP would gather pace giving a need to be 'front footed' in our leadership Looking ahead, there was a degree of confidence in the big ticket items.</p> <p>SBe commented stating the report was well written and easy to follow.</p> <p>RESOLVED The Board RECEIVED the report</p>	
156/18	<p>The Colonnades Lease Agreement KL presented the item and provided background to the report. Following discussion amongst Board members CL asked the Board for their formal approval of the new lease. All present approved</p> <p>APPROVED The Board APPROVED the lease</p>	
157/18	<p>Review of the Constitution JH stated the Trust was required to review the Constitution every 3 years with this last being undertaken in 2015. JH further explained it was good practice to review the terms of the Constitution and associated Standing Orders on a regular basis to ensure they remained fit for purpose and were compliant with relevant legislation and regulatory requirements. Appendix 1 of the papers set out the various amendments and updates which were proposed for approval. Bevan Brittan, the Trust solicitors had reviewed the proposed changes. Page 29 of the constitution, Annex 3, composition of the council of governors. The proposal to include Healthwatch Hertfordshire as a partner organisation was discussed with JL confirming that Viewpoint were now a subsidiary of Healthwatch. JH agreed to review this.</p> <p>Board members approved the Constitution subject to a copy of the final (proposed) Constitution being circulated and receiving clarification on Healthwatch Hertfordshire.</p> <p>APPROVED The Board APPROVED the proposed Constitution</p>	
158/18	<p>Board Assurance Framework JH reported the Board Assurance Framework (BAF) had been to the Integrated Governance Committee and now gave second and third line assurance. Ongoing work would be to ensure the use and inclusion of the BAF at Board committees.</p> <p>NOTED The Board NOTED the report</p>	
159/18	<p>Trust Risk Register JPad presented on the Trust Risk Register (TRR) and confirmed that the 3 requested changes had now been incorporated. There were currently 16 risks on the register.</p> <p>NOTED The Board NOTED the report</p>	

160/18	<p>Any Other Business</p> <p>CL advised that Mary Pedlow, a long standing Mental Health Act Manager would be stepping down from her role to move closer to family. As Mary had worked for many years in Health and Social Care and undertaken lots of volunteer work CL proposed we put Mary forward for an award. Mary would be a big loss to Hertfordshire and CL recorded thanks for Mary's contribution and work.</p>	
161/18	<p>QUESTIONS FROM THE PUBLIC</p> <p><u>Question:</u></p> <p>BC raised a question with regards to the sale of 305 Ware Road and the reinvestment into accommodation in Hoddesdon. BC stated he had been advised an incinerator was to be built in the area and therefore recommended there was no proposal for service user accommodation in that patch. KL thanked BC for his advice and took on board the comments.</p> <p><u>Question:</u></p> <p>BC raised a further question in relation to Lea Valley CCG GP practices and the possible move to Hoddesdon. JL responded stating the proposal was to expand the Upper Lea Valley to incorporate Lower Lea Valley. The challenge was to ensure that the service reflected local need, rather than assuming one size fits all. To that extent we will work with the locality to agree how this would be extended.</p> <p>TC thanked BC for his input into the two points he had highlighted.</p> <p><u>Question:</u></p> <p>JW voiced his approval of the proposed changes to the Constitution. JW asked if a copy of the CQC submission could be shared with the Governors. JPad responded advising that due to the size of the submission a summary would be prepared and shared at a future Council of Governors meeting.</p> <p>Action – JPad to prepare a summary of the CQC report for a future Council of Governors meeting</p> <p>There were no further questions raised from the Public.</p> <p>CL thanked SL for joining today's Board meeting with SL stating she had been extremely impressed with the high quality of papers, discussions and the transparency we hold as a Board. SL said she felt re-assured from our conversations and in particular would be taking back at a national level the dialogue around the issues with the 136 suite.</p>	
159/18	<p>Date and Time of Next Public Meeting:</p> <p>The next meeting is scheduled for Thursday 7th February 2019 @ 10:30am in Da Vinci B, The Colonnades</p>	